Productoryme:2004 or thest yee beginningULL_1	Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Deschart Do not seried to the IRS. Keep for your records Curve Name of exempt equinable or person subject to ix Tapager identification number CATHOLIC CHARTTIES OF THE ARCHDIOCESE OF Tapager identification number Marke of exempt equinable or person subject to ix Tapager identification number CATHOLIC CHARTTIES OF THE ARCHDIOCESE OF Tapager identification number Marke of exempt equinable or person subject to ix Tapager identification number CYNTHIA COLBERT Res 0.00000000000000000000000000000000000			2021	0000
International status ▶ Co to wow Line gow/Form8278ED for the latest information Inter of exampling principal status Provide the status Tapparer identification number CATHOLIC CHARTIES OF THE ARCHDIOCESE OF 74–1109733 Name and Bite of offer or person subject to tax 74–1109733 CATHOLIC CHARTIES OF THE ARCHDIOCESE OF 74–1109733 Description 75 <th></th> <th></th> <th>202.1</th> <th>ZUZU</th>			202.1	ZUZU
Name of example organization or person subject to ix Tappager identification number CATHOLIC CHARTTIES OF THE ARCHDIOCESE OF 74–1109733 Mame and tills of factor sprenn subject to ix 74–1109733 CYNTHIA COLBERT Partili Type of Return and Return Information (Whele Dollars Only) Creace the box on the stage. So, 45, 65, 66, or 76 bown, and the amount in the factor that makes the stage in the 12, 25, 34, 45, 56, 60, or 76 bown, and the amount in the factor that makes the stage in the stage. So, 45, 56, 56, 57, 75, whichever is applicable, blank (is ont enter -0). But, if you entered 0- on the extent. The stage devices the box on the stage. So, 45, 56, 56, 57, 75, whichever is applicable, blank (is ont enter -0). But, if you entered 0- on the extent. The stage of the stage. So, 45, 56, 56, 57, 75, whichever is applicable, blank (is ont enter -0). But, if you entered 0- on the extent. The stage of the stage. So, 46, 57, 50, 68, 77, 90, 75, whichever is applicable, blank (is ont enter -0). But, if you entered 0- on the extent. The stage of the stage. So, 46, 57, 50, 68, 77, 90, 70, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2				
GALUVESTON 74-1109733 Name and like of officer op passe subject to bx CYNTHIA COLBERT PRESIDENT AND CEO PRESIDENT AND CEO Partill Type of Faturn and Return Information (whole Dolars Only) Create the box for the return for which you are using this Form 8879:EO and enter the explicable amount, if any, from the return. If you check the box on the 17, 80, 48, 65, 68, or 75 box(how), and the amount on that line for the return bang fload with his form yoa blank, then leave line 15, 25, 34, 45, 56, 69, or 75 box(how), and the amount on that line for the return bang fload with his form yoa 175, 088, 220 2s Form 980-EC check here b Total revenue, if any (Form 990-EZ, line 9) 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 36 37 Form 4720 Check here b Total revenue, if any (Form 990-EZ, line 9) 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 76 36 36 Form 980-Enck here b Total revenue, if any (Form 990-EZ, line 9) 76 37 37 Form 4720 Check here	Name of exempt organization	or person subject to tax	Taxpayer i	dentification number
Name and Bite of officer or prices subject to tax CYNTHI TA. COLDERER PRESIDENT AND CEO Partill Type of Return and Return Information (Whole Dolars Only) Check the box of the return for which you are using hile Form 8879-ED and enter the applicable amount, if any, from the return. If you check the box of the return of which you are using hile Form 8879-ED and enter the applicable amount, if any, from the return. If you check the box of the return of which you are using hile Form 8879-ED and enter the anter 0-b. But, if you entered 0- on the return, then enter 0-b. But, if you entered 0-con the return, then enter 0-b. But, if you entered 0-con the return, then enter 0-b. But, if you entered 0-con the return. If any (Form 990, Prt VIII, column (A), line 12) 1b 175, 088, 220 28 Form 980-Ez check here b b total tax (Form 120-POL, inck (Form 990, PF, Part VII, lock) 4b 36 Form 980-Ez check here b b total tax (Form 1202, Part III, lock) 4b 46 Form 980-Fick here b b total tax (Form 1202, Part III, line 0) 7b 7a Form 4220 check here b b total tax (Form 4220, Part III, line 0) 7b 7a Form 4220 check here b b total tax (Form 4220, Part III, line 0) 7b 7a Form 4220 check here b b total tax (Form 4220, Part III, line 0) 7b 7a Form 4220 check here b total tax (Form 4220, Part III, line 0) 7b 7a Form 4220 check here b total tax officer or Person Subject to Tax Under penalties of polyny, I declare than (X) I am an officer of the ancount allower is on the copy of the electronic	CATHOLIC CHAR	ITIES OF THE ARCHDIOCESE OF		
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PRESIDENT_AND_CRO Partill Type of Return and Return Information (Whole Dollars Only) Check the box of the return for which you are using this Form 879-EO and enter the applicable amount, if any, from the return. If you check the box of ine 1s, 2s, 3s, 4s, 5s, 6s, or 7s below, and the amount on that line for the roturn being filed with the form was been the box on the state. As a, 4s, 4s, 5s, 6s, or 7s, below, and the amount on that line for the roturn being filed with the form was been the box on the orbital to the top the top the state of the on the state. The state of the on the state of the state state of the		•		
Part II Type of Return and Return Information (whee Dollars Only) Chack the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on the face, 38, 46, 66, of 70, whichever is applicable, bank (to not enter 0). But, if you entered 0- on the applicable in below. Do not complete more than one line in Parl 1. 14 Form 890 Check here ► ▲ ▲ ▲ b Total revenue, if any (Form 990-E2, line 9) 2b 2s Form 990-E2 check here ► ▲ b Total revenue, if any (Form 990-E2, line 9) 2b 2b 2s Form 990-E2 check here ► ▲ b Total tax (Form 1120-POL, line 22) 2b 2b 2s Form 990-E2 check here ► ▲ b Total tax (Form 120-POL, line 23) 2b 2b 2s Form 990-E2 check here ► b b Total tax (Form 120-POL, line 24) 6b 2c 2s Form 990-E2 check here ► b b Total tax (Form 120-POL, line 24) 6b 2c 2s Form 990-E1 check here ► b b Total tax (Form 120-POL, line 24) 6b 2c Part III Declaration and Signature Authorization of Officer or Person Subject to Tax 1cm complex. If which ecdare that a line an outflow of the above organization or				
Check the box for the return for which you are using this Ecom 8879-EO and enter the applicable amount, if any, from was bank, then leave line 14, 23, 34, 46, 56, 86, or 70 below, and the amount on that line of the return being filed with this form was bank, then leave line 14, 23, 34, 46, 56, 86, or 70 below, and the amount on that line of the return being filed with this form was bank, then leave line 14, 23, 33, 46, 56, 86, or 70 below, and the amount on that line of the return below. Do not complete more than one line in Part 1.				
check the box on line 1e, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the ratum being filed with line form was below, then leave 1a, 5b, 5b, or 7b, which veri as galaciable, blank (to no tenter -0). But if you entered 0- on the return, then enter 4- on the applicable line below. Do not complete more than one line in Part 1. 1a Form 990 check here b total revenue, if any (Form 990, Part VIII, ice 9) b total revenue, if any (Form 990, Part VIII, ice 9) b total tax (Form 120-POL, line 22) b total tax (Form 120-POL, line 22) b total tax (Form 120-POL, line 22) b total tax (Form 120-POL, line 24) b total tax (Form 980-7, Part III, line 4) c Form 980-7 theck here b b total tax (Form 980-7, Part III, line 4) c Form 980-7 theck here b total tax (Form 980-7, Part III, line 4) c Form 780-7 the form of the part III (Line 4) c Form 980-7 theck here b total tax (Form 980-7, Part III, line 4) c Form 780-7 the form of the part III (Line 4) c Form 980-7 theck here b total tax (Form 980-7, Part III, line 4) c Form 980-7 theck here b total tax (Form 980-7, Part III, line 4) c Form 780-7 the form of the part III (Line 4) c Form 780-7 the form of the part III (Line 4) c Form 780-7 the form 110-7 the form 110-7 the form of the part III (Line 4) c Form 780-7 the form 110-7 the form 110-7 the form 110-7 the form 110-7 the part III (Line 4) c Form 780-7 the form 110-7 the form 110-7 the part III (Line 4) c Form 780-7 the form 110-7 the form 110-7 the part III (Line 4) c Form 780-7 the form 110-7 the part III (Line 4) c Form 780-7 the form 110-7 the for	teresting and the second se			
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3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF, check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5b Form 8906 Check here b Total tax (Form 790-T, Part VI, line 5) 4b 5a Form 7800 - Check here b Total tax (Form 790-T, Part VI, line 1) 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Inder penalties of perjury, I declare that X I are an officer of the above organization or (IN) and that I have examined a compose subject to any konsteeled and balief, they are rive, correct, and compiles I. (Inter declare that the amount above on the scope of the electronic return. consent to allow my intermediate service provider, transmitter, or electronic return on the ISS and occupied of the return to the ISS and or scowled general direct debit part of the tax perparation or receive form the ISS and on scowled general direct debit part of the tax perparation or the tax properation of the tax perparation of the text properation of the tax perparation of the text perparation the text perparation of the text perparatin	1a Form 990 check here	► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	175,088,220.
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF, check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5b Form 8906 Check here b Total tax (Form 790-T, Part VI, line 5) 4b 5a Form 7800 - Check here b Total tax (Form 790-T, Part VI, line 1) 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Inder penalties of perjury, I declare that X I are an officer of the above organization or (IN) and that I have examined a compose subject to any konsteeled and balief, they are rive, correct, and compiles I. (Inter declare that the amount above on the scope of the electronic return. consent to allow my intermediate service provider, transmitter, or electronic return on the ISS and occupied of the return to the ISS and or scowled general direct debit part of the tax perparation or receive form the ISS and on scowled general direct debit part of the tax perparation or the tax properation of the tax perparation of the text properation of the tax perparation of the text perparation the text perparation of the text perparatin	2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)	2b	
Ba Form 898-0 check here b b Balance due (Form 8964, line 3c) 5 b c c form 899-7 check here b b Total tax (Form 990-7, Part III, line 4) 6 b c c form 4720, Part III, line 1) 7 b c c form 4720, Part III and the form 4720, Part III, line 1) 7 b c c form 4720, Part III, line 1) 7 b c c form 4720, Part III, line 1) 7 b c c form 4720, Part III and t form 4720, Part III and the form 4720, Part III and t c form 4720, Part III and the form 4720, Part III and t c form 4720, Part II	3a Form 1120-POL chec	k here 🛛 🕨 🚺 b Total tax (Form 1120-POL, line 22)	ЗЬ _	
Ba Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	4a Form 990-PF check h			
Tay Form 4720 check here ▶ ▶ To total tax (Form 4720, Part III, line 1) Total tax (Form 4720, Part IIII, line 1) Total tax (Form 4720,				
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Jnder penalties of perjury, I declare that I an an officer of the above organization or intervent of organization intervent of the 2020 electronic returm and accompanying schedules and statements, and, to the best of my knowledge and belief, they are entry or refunded as exvice provider, transmitter, or electronic returm organization (b) the reason for any delay in processing the return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return to the decider any return, and the financial institution account indicated in the tax preparation of their electronic payment of the federal taxes ower do not in seturn, and the financial institution account to this account. To revoke payment, I must contact the U.S. Treasury and the declaration processing of the electronic payment of the second on this return, and the financial institution account by this account. To revoke payment, I must contact the U.S. Treasury and the electronic payment of the second on the sec				
hame of organization)				
ER0 IIrm name Enter five numbers, t as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Ignature of officer or person subject to tax Image: Colspan="2">Optimized within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Ignature of officer or person subject to tax Image: Colspan="2">Optimized within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Ignature of officer or person subject to tax Image: Colspan="2">Optimized within this return in a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Cortification Optimized Cortification </th <th>Agent to initiate an electron oftware for payment of the payment, I must contact settlement) date. I also auto onfidential information ne dentification number (PIN) VIN: check one box only</th> <th>fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior horize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun</th> <th>esignated f ne tax prepa account. To to the payr axes to reco personal ds withdrav</th> <th>Financial aration o revoke nent sive wal.</th>	Agent to initiate an electron oftware for payment of the payment, I must contact settlement) date. I also auto onfidential information ne dentification number (PIN) VIN: check one box only	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior horize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	esignated f ne tax prepa account. To to the payr axes to reco personal ds withdrav	Financial aration o revoke nent sive wal.
do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Number of officer or person subject to tax May an officer or person subject to tax with respect to the organization, I will enter my PIN on the return's disclosure consent screen. Manature of officer or person subject to tax May an officer or person subject to tax May an officer or person subject to tax May and the intercent of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Number of officer or person subject to tax May and the intercent of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. May and the intercent of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Standard Law and the intercent of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Stant 1 am			to enter my	
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Signature of officer or person subject to tax Date 5/14/20 Part III Certification and Authentication Date 5/14/20 ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 72583970005 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm hat I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized RS e-file Providers for Business Returns. Date 3/1/2021 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Bate 3/1/2021	a state agency(ie PIN on the return As an officer or p electronically filed	s) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme 's disclosure consent screen. erson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a	on the tax state ager	IO to enter my year 2020 ncy(ies)
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number (EFIN) followed by your five-digit self-selected PIN. 72583970005 Do not enter all zeros Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm nat I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized erait setting the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized erait setting. R0's signature ▶ Date ▶ All and all areas Date ▶ Bate ▶ 2/1/2022 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				
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ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	hat I am submitting this ret RS <i>e-file</i> Providers for Bus	eric entry is my PIN, which is my signature on the 2020 electronically filed return indicat turn in accordance with the requirements of Pub. 4163, Modernized e File (MeF) Informa		
Do Not Submit This Form to the IRS Unless Requested To Do So	RO's signature 🕨 📕		100.	<u>64</u>
HA For Paperwork Reduction Act Notice, see instructions. Form 8879-EO (2020			So	
	HA For Paperwork Redu	uction Act Notice, see instructions.		Form 8879-EO (2020)

			EXTENDED TO MAY 16, 2022			_				
Far	_ _	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (n Incon	ne Tax	OMB No. 1545-0047				
FOR		00	Do not enter social security numbers on this form as it may							
Depa	artment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the lat 	-	-	Open to Public Inspection				
					0, 2021	mopootion				
		1	organization			ation number				
P	Check if applicab		OLIC CHARITIES OF THE ARCHDIOCESE OF							
	Addre		ESTON – HOUSTON							
Name Doing business as ** - ***9733										
Initial Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
	Final return	//	LOUISIANA ST.	7	13-526-4					
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	175,268,705.				
	Amer		TON, TX 77006	H(a) is	this a group re					
	Appli tion pend	F Name a	nd address of principal officer: CYNTHIA COLBERT	fo	r subordinates'	? Yes X No				
	-	SAME	AS C ABOVE	H(b) Are	all subordinates in	cluded? Yes No				
11	Fax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If	"No," attach a	list. See instructions				
			CATHOLICCHARITIES.ORG		oup exemption					
			X Corporation Trust Association Other L Y	ear of formati	on: 1952 M	State of legal domicile: ${f T}{f X}$				
Pa	art I				<u>a 10175</u>					
e	1	Briefly describ	e the organization's mission or most significant activities: GUIDED B	Y GOD	<u>S LOVE,</u>	CATHOLIC				
Jan			ES HELPS PEOPLE IN SOUTHEAST TEXAS BY	-	'D ON SO	-				
/err	2		x if the organization discontinued its operations or disposed of n			sets. 31				
g	3									
Activities & Governance	4		31 531							
itie	5	Total number		3601						
Ę	72		of volunteers (estimate if necessary)		·····	85,504.				
Ă			business taxable income from Form 990-T, Part I, line 11			84,430.				
		Not an olated			r Year	Current Year				
¢)	8	Contributions	and grants (Part VIII, line 1h)		42,845.	171,329,867.				
Revenue	9		ce revenue (Part VIII, line 2g)		89,422.	480,292.				
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	5	44,204.	1,003,635.				
£	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,299.	2,274,426.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		96,770.	175,088,220.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	14,8	72,374.	131,821,932.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	24,4	62,978.	28,525,473.				
sue	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>1,666,343.</u>		0.	0.				
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,666,343.</u>							
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		64,676.	8,062,462.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		00,028.	168,409,867.				
<u>, o</u>	19	Revenue less	expenses. Subtract line 18 from line 12		03,258.	6,678,353.				
ts of					f Current Year	End of Year				
Sse Bala	20	Total assets (F		4/,9	83,372.	54,189,997. 7,700,887.				
Net Assets or Fund Balances	21		(Part X, line 26)		72,642. 10,730.	46,489,110.				
	22 art II		fund balances. Subtract line 21 from line 20	,0,50	10,130.	40,409,110.				
			DIOCK I declare that I have examined this return, including accompanying schedules and sta	temente and	to the heet of my	knowledge and belief it is				
			Declaration of preparer (other than officer) is based on all information of which prep		-	הווטישובעשב מווע שכווכו, ול 31				
u u G	,			aror nuo arry M						

Sign	Signature of officer	Date								
Here	Iere CYNTHIA COLBERT, PRESIDENT AND CEO									
	Type of print name and utte									
	Print/Type preparer's name Preparer's signature	Date Check PTIN								
Paid	BRUCE S. PRENDERGAST, MS,	if p00151746								
Preparer	Firm's name 🕨 LAPORTE, APAC	Firm's EIN **-**8864								
Use Only	Firm's address 1770 ST. JAMES PLACE, SUITE 250									
	HOUSTON, TX 77056-3432 Phone no.713-963-8008									
May the IRS discuss this return with the preparer shown above? See instructions IV IS IS IS IS IS IS IS IN IS IS IS IN IS IS IS IN IS IS IS IN IS										
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON 74-1109733 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GUIDED BY GOD'S LOVE, CATHOLIC CHARITIES HELPS PEOPLE IN SOUTHEAST
	TEXAS BY PROVIDING CARING, COMPASSIONATE SERVICES AND ADVOCATING FOR SOCIAL JUSTICE IN COLLABORATION WITH PARISHES AND COMMUNITIES.
	SUCIAL JUSTICE IN COLLABORATION WITH PARISHES AND COMMONTLIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 135,826,630. including grants of \$ 124,101,142.) (Revenue \$
	SERVICES THAT STRENGTHEN FAMILIES HELPS INDIVIDUALS AND FAMILIES WHO
	ARE CURRENTLY STRUGGLING TO ACCESS ADEQUATE FOOD, CLOTHING, AND
	LONG-TERM HOUSING. THE FAMILY ASSISTANCE PROGRAM PROVIDES THOSE WHO ARE
	IMPOVERISHED WITH THE BASIC NECESSITIES OF FOOD, SHELTER, CLOTHING,
	MEDICATION, AND TRANSPORTATION. THE DISASTER RECOVERY PROGRAM PROVIDES
	FINANCIAL SUPPORT AND CASE MANAGEMENT TO ALL THOSE IN NEED IN THE WAKE
	OF DISASTERS. COUNSELING AND BEHAVIORAL HEALTH CLINIC PROVIDES MENTAL HEALTH SERVICES TO LOW INCOME FAMILIES AND INDIVIDUALS BOTH IN A
	CLINICAL SETTING AND IN INNER CITY CATHOLIC SCHOOLS, CATHOLIC CHARITIES
	STABLE HOMES PROGRAM PROVIDES HOUSING SERVICES, INCLUDING RENTAL
	ASSISTANCE TO PREVENT HOMELESSNESS. IN 2021, THE AGENCY SERVED AS
	CO-ADMINISTRATOR OF THE HOUSTON-HARRIS COUNTY EMERGENCY RENTAL
b	(Code:) (Expenses \$ 12,377,217. including grants of \$ 2,566,060.) (Revenue \$
N.	IMMIGRATION AND REFUGEE SERVICES PROVIDES HELP THROUGH THE REFUGEE
	RESETTLEMENT PROGRAM TO GOVERNMENT-APPROVED REFUGEES IN BECOMING
	SELF-SUFFICIENT BY PROVIDING EDUCATION, HOUSING, FOOD, FINANCIAL
	ASSISTANCE, CULTURAL ORIENTATION, JOB DEVELOPMENT, AND FAMILY
	REUNIFICATION SERVICES. THE AGENCY ALSO PROVIDES A RANGE OF LEGAL
	SERVICES, INCLUDING EDUCATION, ASSESSMENT, COUNSELING, REPRESENTATION
	AND ADVOCACY FOR IMMIGRANTS, REFUGEES, AND VICTIMS OF HUMAN TRAFFICKING
	AND OTHER VIOLENT CRIMES. ST. FRANCES CABRINI CENTER FOR IMMIGRATION
	LEGAL ASSISTANCE IS DEDICATED TO PROVIDING HIGH QUALITY, LOW-COST AND
	PRO BONO LEGAL SERVICES TO IMMIGRANTS AND REFUGEES WHO WOULD OTHERWISE
	NOT BE ABLE TO OBTAIN LEGAL REPRESENTATION.
c	(Code:) (Expenses \$ 7,145,871. including grants of \$ 836,135.) (Revenue \$ 526,566.) NURTURING AND CARING FOR CHILDREN INCLUDES THE BLESSED BEGINNINGS
	PROGRAM, WHICH ASSISTS YOUNG PARENTS DURING PREGNANCY AND THEIR
	CHILDREN UP TO AGE FIVE WITH MEDICAL REFERRALS, EDUCATION, COUNSELING
	SERVICES, PARENTING AND LIFE SKILLS COACHING. THROUGH THE ST. JEROME
	EMILIANI FOSTER CARE PROGRAM, THE AGENCY PROVIDES A NURTURING HOME
	ENVIRONMENT FOR UNACCOMPANIED REFUGEE CHILDREN AND YOUTH IN THE HOMES
	OF FOSTER FAMILIES WHERE THEY ARE PROVIDED WITH EDUCATION, MEDICAL
	CARE, LIFE SKILLS, ENGLISH CLASSES, AND LEGAL ASSISTANCE. IN ADDITION,
	THE AGENCY WORKS WITH THE U.S. OFFICE OF REFUGEE RESETTLEMENT TO
	REUNITE CHILDREN WHO ARE DETAINED AFTER ENTERING THE COUNTRY LACKING
	PROPER DOCUMENTATION WITH RELATIVES WHILE THEY ARE IN A LOVING, STABLE
	ENVIRONMENT AT ST. MICHAEL'S HOME FOR CHILDREN.
d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8,426,829. including grants of \$ 4,318,595.) (Revenue \$)
e	Total program service expenses 163,776,547.
	Form 990 (2020)
2002	12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)
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GALVESTON - HOUSTON

Form 990 (2020)

* * - * * * 9733 Page 3

Pa	t IV Checklist of Required Schedules					
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
•	If "Yes," complete Schedule A	1	х			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~				
3		3		х		
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23		
4				х		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u></u>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete					
	Schedule D, Part III	8		X		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?					
	If "Yes," complete Schedule D, Part IV	9		X		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments					
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X					
	as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
	Part VI	11a	Х			
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in					
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a	Х			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х		
14a		14a		Х		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5				
19		10		х		
20-	complete Schedule G, Part III	19 20a		X		
		20a		- 23		
b 01	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х		
000000			gan	2020)		
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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

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2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), inor 27 // "Yes," complete Schedule I, Parts I and III 22 3 Did the organization answer "Yes" to Part VIII, Section A, ino 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, 44 23 4 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule J, 140, or go to line 256 24 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 6 Did the organization mirest any onceeds of tax-exempt bonds beyond a temporary period exception? 24 6 Did the organization invest any onceeds of tax-exempt bonds beyond a temporary period exception? 24 7 Did the organization actions an anore behal of "issuer for bonds outstanding at any time during the year? 26 8 Did the organization actions any of the organization spior Forms 990 or 990 CF? If "ks," complete Schedule L, Part I 28 9 Did the organization actions any amount on Part X, line 5 or 22, for receivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or substantial contributor, or a 35% controlled entry orfamily member of any of these persons? II "Yes," complete Schedule L, Part II		
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 3D bit the organization nave: "Yes' to Part VI. Section A, line 3.4, of 5 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 4D bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 c Did the organization match an escrow account other than a refunding escrow at any time during the year? If 44 26 c Did the organization match and the reganization schuld the organization locates benefit transaction with a disqualified person in a prior year, and that the transaction was a that the rangaed in an access benefit transaction with a disqualified person in a prior year, and that the transaction nave at that engage in an access benefit transaction run and that the ransaction in the angenization access benefit to reganization. Schedule L, Part I 28 d Did the organization access benefit to enganization. Schedule L, Part I 28 d Did the organization organization. Schedule L, Part I 28 d Did the organization access benefit transaction with a disqualified person in a prior year, and that the transaction neoperation access benefit transaction neoperation access benefit transactin neoperation access benefit the schedule L,	Yes	/es
 Did the organization answer 'Yes'' to Part VII, Section A, Line 3, 4, or 5 about compensation of the organization's current and former officera, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J Did the organization market at exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a Did the organization market any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization market as an 'on behalf of' issuer for bonds outstanding at any time during the year 0 defease any tax exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year 0 defease any tax exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization act as an 'on behalf of' issuer for bonds outstanding principal amount of reserver the sectors of the complex control to any of the organization spice's creation for forme of the organization prove any and the any of the organization spice's creation of prove forms of the organization prove any of the separative's complete Schedule L, Part I Did the organization more thereof, or annity member of any of these persons? If 'Yes,' complete Schedule L, Part II Did the organization prove any of these persons? If 'Yes,' complete Schedule L, Part II Did th	х	v
and former officer, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 44 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, 1%o," or of line 25a. 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c c Did the organization and tain a secrow account other than a refunding secrew at any time during the year 0 defease any tax-exempt bonds? 24c d Did the organization and tain the operant during the year? If "Yes," complete Schedule L, Part I 25a 55 Section 501(6/3), 501(6/4), and 501(6/29) organizations. Did solutified person in a prior year, and b is the organization avec that it engaged in an excess benefit transaction with a disqualified person in a prior year, and b is 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 26a d 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	Δ	A
Schedule J 23 Via Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the issue dater Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to to line 25a 24a Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization acts as no behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization avame that it engaged in an excess benefit transaction with a disqualified person during the year? // "se," complete Schedule L, Part I 25a 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, truste, key employee, creator or founder, substantial contributor, or 35% 26 Did the organization provide a grant or thera seistance to any current or former officer, director, truste, key employee, creator or founder, substantial contributor? II 26 Did the organization provide a grant or thera seistance to any current or former officer, director, truste, key employee, creator or founder, s		
Max Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100.00 as of the list day of the lowart, 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 Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24a Did the organization invest as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax exampt bonds? 24d Did the organization axis an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Dis accions 07(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complets Schedule L, Part I 25a Did the organization aware that it engaged in a nexcess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization's prior Forms 900 or 900 C227 If 'Yes,' complete Schedule L, Part I 25a 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 onsthe 'ssee 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 I V 27 M the organization receive more than \$25,000 in non-cash contributions? If 'Yes, ' complete Schedule L, Part I V 28a A attem or former	х	v
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Is Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Is Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Is Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Is Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a proter year, and that the transaction with a disqualified person on any of these persons? If 'Yes,' complete Schedule L, Part II 25b Is the organization provide a grant or other assistance to any ourteent of from orficer, tructse, key employee, creator or founder, substantial contributor? If 27 Is bit the organization party to a business transaction with one of the following parties (see Schedule L, Part II 28 A cur	Δ	<u> </u>
Schedule K, H''No," go to line 25a		
b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 245 c) Did the organization anistina an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 246 d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 246 55 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year // 1*0s,' complete Schedule L, Part I 25a b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year // 1*0s,' complete Schedule L, Part I 25b b) Did the organization aware that it engaged on any of the organization's prior forms 990 or 990.E27 // 1*0s,' complete Schedule L, Part I 26 c) 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 35% controlled entity for loading an employee thereor) or family member of any of these persons? If ''Yes,' complete Schedule L, Part II 27 10 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ''ws,'' complete Schedule L, Part II 27 10 Did the organization neavide as a stansaction with one of the following parties (see Schedule L, Part III 28a 11		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d db Did the organization cat as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization on the adispublic deperson during the year? 25a b Is the organization avare 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-E27 II "Yes," complete Schedule L, Part I 25a db Oth 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 7D Did the organization a party to a business transaction with one of the tollowing parties (see Schedule L, Part III. 27 8W as the organization a party to a business transaction with one of the tollowing parties (see Schedule L, Part III. 28a 4W as the organization a party to a business transaction with one of the tollowing parties (see Schedule L, Part III. 28b 9W as the organization a party to a business transaction with one of the tollowing parties (see Schedule L, Part III. 28a 1W instructions, fo		
any tax exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 56 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 have to been reported on any of the organization s prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b 6 Did the organization provid a grant or there assistance to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any or these persons? If "Yes," complete Schedule L, Part II 26 7 Did the organization provid a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 8 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28a • A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a • A structure schedule L, Part IV 28a 30 • A current		
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A1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 12 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part II 32 13 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 32 14 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 34 154 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 16 Section 501(c)(3) organizations. 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 17 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 18 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 18 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 10 <t< td=""><td></td><td></td></t<>		
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Check if Schedule O contains a response or note to any line in this Part V	х	x
Check if Schedule O contains a response or note to any line in this Part V	- 11	21
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 987	Yes	
	res	162
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
	х	x
(gambling) winnings to prize winners? 1c 32004 12-23-20 Form		
32004 12-23-20 Form 5	550	50
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GALVESTON - HOUSTON

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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 531								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
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	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f									
g									
h	5								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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.	154							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
5	organization is licensed to issue qualified health plans 13b								
c	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
 b) If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 									
 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?									
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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Form 990 (2020)

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

Form 990 (2020)

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00	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>				[
ec	tion A. Governing body and Management				Yes	П	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		165	ť	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year finance of tax year finance o						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h		46	31				
	Enter the number of voting members included on line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
~	officer, director, trustee, or key employee?			2		┢	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			3			
4	Did the organization make any significant changes to its governing documents since the prior Form			4		╀	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5	Х	╀	
6	Did the organization have members or stockholders?			6	^	╀	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				37		
	more members of the governing body?			7a	Х	╞	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7b	Х	Ļ	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			8a	X	╞	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	Ļ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	at the			L	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue	e Code.)			т	
					Yes	ļ	
0a	Did the organization have local chapters, branches, or affiliates?			10a		ļ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, affiliates,			l	
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ ,$			10b		ļ	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	Х	l	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					l	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe				
	in Schedule O how this was done			12c	Х		
3	Did the organization have a written whistleblower policy?			13	Х		
4	Did the organization have a written document retention and destruction policy?			14	Х	Γ	
5	Did the process for determining compensation of the following persons include a review and approv					Γ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					L	
а	The organization's CEO, Executive Director, or top management official			15a	Х	I	
	Other officers or key employees of the organization			15b	Х	t	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			l	
	taxable entity during the year?			16a	Х	Ī	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					t	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•			l	
	exempt status with respect to such arrangements?			16b		Ī	
ec	tion C. Disclosure					1	
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TX					-	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (Section 501(c)(3	s only) avai	:	
•	for public inspection. Indicate how you made these available. Check all that apply.			,,e emj) avai		
	X Own website X Another's website X Upon request Other (explain	n on Sc	hedule ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			nd finai	ncial		
-	statements available to the public during the tax year.	Simot	or interest policy, al	a midi	.0101		
0							
	BART FERRELL - 713-874-6531	JUKS af					
	2900 LOUISIANA ST., HOUSTON, TX 77006						
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Form	aan	(2020)	

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

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

GALVESTON - HOUSTON

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

Week One and encountering from organization (W2/1089-MISC) from organization (W2/1089-MISC) from organization (W2/1089-MISC) other organization (W2/1089-MISC) other organization (W2/1089-MISC) (1) ELLEN GINTY 2.00 X X 0. 0. 0. (2) STEVE GILLIAND 2.00 X X X 0. 0. 0. (3) GRETCHEN PENNY 2.00 X X X 0. 0. 0. (4) ELLEABTH HUSSEINI 2.00 X X 0. 0. 0. SECRETARY 2.00 X X X 0. 0. 0. (4) ELLEABTH HUSSEINI 2.00 X X 0. 0. 0. SECRETARY 2.00 X X 0. 0. 0. 0. (6) DANIEL CARDINAL DINARDO 2.00 X 0. 0. 0. 0. DIRECTOR 1.000 X 0. 0. 0.	(A) Name and title	(B) Average hours per	(do box	not c , unle	(C Pos heck ss pe	C) ition more rson i	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) ELLEN GINTY2.00XX0.0.CHAIRXX0.0.0.0.(2) STEVE GILLILAND2.00XX0.0.0.(3) GRETCHEN PENNY2.00XX0.0.0.(4) ELIZABETH HUSSEINI2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) KEVIN K. RECH2.00X0.0.0.PAST CHAIRX0.0.0.0.(6) DANIEL CARDINAL DINARDO2.00X0.0.0.DIRECTORX0.0.0.0.0.(7) ALEXANDER GEORGE BORLENGHI1.00X0.0.0.DIRECTORX0.0.0.0.0.(9) ALICIA REGGIF FREYSINGER1.00X0.0.0.DIRECTORX0.0.0.0.0.(11) CUUCK GREMILLION1.00X0.0.0.DIRECTORX0.0.0.0.0.(13) TOMMY HERNANDEZ1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(14) DEBRIE KEMPLE1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(15) FAUL LAYNE1.00X0.0.0.0.DIRECTORX		(list any hours for related organizations below line)	<u> </u>					the organization	organizations	compensation from the organization and related
(2) STEVE GILLIAND 2.00 X X X 0. 0. 0. (3) GRETCHEN PENNY 2.00 X X 0. <td< td=""><td></td><td>2.00</td><td></td><td></td><td>v</td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>		2.00			v			0	0	0
VICE CHAIR X X X 0. 0. 0. (3) GRETCHEN PENNY 2.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. SECRETARY X 0. 0. 0. 0. 0. SECRETARY X 0. 0. 0. 0. 0. 0. G10 DIRECTOR X 0. <td></td> <td>2 00</td> <td><u>^</u></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		2 00	<u>^</u>					0.	0.	0.
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(16) PATRICK LEUNG 1.00 0.0.0.0. DIRECTOR X 0.0.0.0. (17) CHERYL MALDEN 1.00 0.0.0.0.		1.00	x					0.	0.	0.
DIRECTOR X 0. <t< td=""><td></td><td>1.00</td><td><u> </u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1.00	<u> </u>							
(17) CHERYL MALDEN 1.00			x					0.	0.	0.
		1.00	<u> </u>						•••	
			x					0.	0.	0.

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GALVESTON - HOUSTON

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Part VII Section A. Officers, Directors, True		ploy	/ees	, an	d H	ighe	st (Compensated Employee	es (continued)	<u> </u>			
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	sitior	n e than	one	Reportable	Reportable			imate	
	hours per	box	, unle	ess pe	erson	is bot or/trus	th an	· · ·	compensation	J I		ount o	of
	week (list any	<u> </u>						_ from the	from related			other	tion
	hours for	direct				_			organizations (W-2/1099-MIS0	2)		pensat om the	
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(112) 1000 11100	,		nizati	
	organizations	trust	nal tru		yee	ompe					and	relate	эd
	below line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	mer				orga	nizatio	ons
(10) 2700 00070	,	lnd	lns	æ	Key	em Hig	<u>9</u>						
(18) STAN MAREK	1.00	x						0.		ο.			0
DIRECTOR (19) WILLIAM "BILL" NEESON, III	1.00	^			-	-	-	0.		<u>.</u>			0.
DIRECTOR	1.00	x						0.		0.			0.
(20) GENE REED	1.00				+		-			<u> </u>			0.
DIRECTOR	1.00	x						0.		0.			0.
(21) JOHN ROSSETTIE	1.00				+		-			<u> </u>			0.
DIRECTOR	1.00	x						0.		0.			0.
(22) MARK SERICE	1.00				+		-			<u> </u>			<u> </u>
DIRECTOR		x						0.		0.			Ο.
(23) JIM STEVENSON	1.00				+								
DIRECTOR		x						0.		0.			Ο.
(24) SUSANNE H. SULLIVAN	1.00				+								
DIRECTOR		x						0.		0.			Ο.
(25) BICHLAN N. THAI	1.00												
DIRECTOR		Х						0.		0.			0.
(26) GREG TURNER	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								1,002,291.		0.		$\frac{3}{3}, \frac{3}{2}$	
d Total (add lines 1b and 1c)								1,002,291.		0.	109	9,38	33.
2 Total number of individuals (including but i	not limited to th	nose	e liste	ed a	lbov	ve) wl	ho r	received more than \$100	,000 of reportable	ł			7
compensation from the organization											— T	Yes	/ No
2 Did the exception list any former officer	director truct		kovi				- hi	about componented own		Г	\rightarrow	165	NO
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			кеу	emp	bioye	ee, o	r niç	gnest compensated emp	loyee on		3		Х
4 For any individual listed on line 1a, is the s			 omn		 atio	 n and	 d. of	than companyation from t	bo organization		3	_	
and related organizations greater than \$15									ine organization		4	x	
5 Did any person listed on line 1a receive or									dual for services	···	-+		
rendered to the organization? If "Yes," con	-					-		-			5		Х
Section B. Independent Contractors	•										L		
1 Complete this table for your five highest co	ompensated in	dep	ende	ent d	cont	tracto	ors	that received more than	\$100,000 of comp	bensa	ation fr	om	
the organization. Report compensation for	the calendar y	rear	endi	ing ۱	with	or w	/ithi	n the organization's tax y	vear.				
(A)								(B)		_	(C)		
Name and business								Description of s	ervices	C	ompen	satior	۱
RANGER SECURITY, 800 TOW				RY							047		
BLVD., SUITE 300, HOUSTO	N, TX 7	/0.	24					SECURITY			215	5,3	/6.
MOE'S TECHNIQUE				~ ^				CONSTRUCTION			11/		~ ~
743 SHADOWGLEN, CHANNELV					<u> </u>	T NT		CONTRACTOR			116	5,58	39.
MUNDAE CLEANING & RESTOR				CE:	S	TNO		CONSTRUCTION			100	· 1 ·	20
2003 CLAY STREET, HOUSTO	N, TX /	/ 0 1	0.5					CONTRACTOR			100	3,12	<u> </u>
2 Total number of independent contractors	(including but r	not li	mite	d to	b tho	ose li	stee	d above) who received m	ore than				
\$100,000 of compensation from the organ	ization 🕨					3							
SEE PART VII, SECTIO	N A CON	ΓĪ	NUZ	AT:	10	N S	SH	EETS		I	Form 9	990 (2	:020)
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						9							

				JF	.1.1	16	A	RCHDIOCESE O	בי _ **_ **_**	0733
								<u> </u>		9133
		npic	byee			lign	est			(5)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(0)			ition	app	5.0	Reportable compensation	Reportable compensation	Estimated amount of
	per		T		li iai	app I	''y) 	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted ei		(W-2/1099-MISC)		organization
	related	stee c	rustee			pensa				and related
	organizations	al tru	onal t		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JACQUELINE MOY	1.00	-	-	0	×	Ŧ	Œ			
DIRECTOR		x						0.	0.	0.
(28) FRANCOIS BARDI	1.00									
DIRECTOR		х						0.	0.	0.
(29) GREGORY PHILLIPS	1.00									
DIRECTOR		х						0.	0.	0.
(30) REGINALD SAMUELS	1.00									
DIRECTOR		х						0.	Ο.	0.
(31) ROSALIZ UFRET	1.00									
DIRECTOR		Х						0.	0.	0.
(32) CYNTHIA COLBERT	40.00								0	00 505
PRESIDENT/CEO	40.00			X				207,426.	0.	22,527.
(33) BART FERRELL	40.00			37				152 607	0	
CHIEF OPERATING OFFICER	40 00			X				153,607.	0.	24,554.
(34) BRIAN GILLEN	40.00					x		151 702	0.	0 000
VP OF DEVELOPMENT & STEWAR (35) NATALIE WOOD	40.00					^		151,792.	0.	8,092.
SENIOR VP OF PROGRAMS	40.00					x		137,579.	0.	23,717.
(36) SHANNON STROTHER	40.00							137,373.	0.	25,717.
VP OF CASE MANAGEMENT AND POVERTY AL						x		111,786.	0.	10,935.
(37) TERRY CODY	40.00									
PROGRAM DIRECTOR						х		109,024.	Ο.	5,359.
(38) BRENDA BOCANEGRA	40.00									
VP OF HUMAN RESOURCES & EMPLOYEE ENG						Х		131,077.	0.	14,199.
			-							
	1				1					
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u>	1,002,291.		109,383.

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GALVESTON - HOUSTON

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Pa	rt \	/111							
			Check if Schedule O contains a res	sponse	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
S S	-		Fodewated commuting		787,269.				
ant	1		Federated campaigns 11 Membership dues 11	-	187,209.				
٦Ğ				_					
ifts Ir A			· · · · · · · · · · · · · · · · · · ·	_	902,500.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1 Government grants (contributions) 1		147,537,849.				
Sil			All other contributions, gifts, grants, and						
ber			similar amounts not included above 11		22,102,249.				
1 G		a		a \$	10,617,980.				
anc		-	Total. Add lines 1a-1f			171,329,867.			
					Business Code	, ,			
ø	2	а	LEGAL SERVICES & COUNSELING		624100	480,292.	480,292.		
Program Service Revenue		b				-	-		
Se		с							
am eve		d							
Б0 ШШ		е							
ų.		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►	480,292.			
	3		Investment income (including dividend						
			other similar amounts)		Г	1,013,697.		85,504.	928,193.
	4		Income from investment of tax-exempt	•	· · ·				
	5		Royalties						
	_		(i) R		(ii) Personal				
	6			3,395.					
			Less: rental expenses 6b	0.					
				8,395.		8,395.	8,395.		
	7		Net rental income or (loss)	irities	(ii) Other	0,393.	0,393.		
	'	а	assets other than inventory 7a						
		h	Less: cost or other basis						
e		b	and sales expenses 7b		10,062.				
/eni		с	Gain or (loss)		-10,062.				
Revenue			Net gain or (loss)		· · · ·	-10,062.			-10,062.
ъ	8		Gross income from fundraising events (not			,			,
oth			including \$ o						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	1,848,184.				
		b	Less: direct expenses	8b	170,423.				
		С	Net income or (loss) from fundraising e	vents	►	1,677,761.			1,677,761.
	9	а	Gross income from gaming activities. S						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activ	ities	▶				
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of inver	nory	Business Code				
snc	44	2	MISCELLANEOUS INCOME		900099	588,270.	588,270.		
nec		a b							
ella ÿver		с С							
Miscellaneous Revenue			All other revenue						
Ž			Total. Add lines 11a-11d			588,270.			
	12		Total revenue. See instructions		>	175,088,220.	1,076,957.	85,504.	2,595,892.
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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

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 Form 990 (2020)
 GALVESTON - HOUSTON

 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).

Do	Check if Schedule O contains a respo not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	131,821,932.	131,821,932.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	419,683.	375,320.	27,567.	16,796
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		00 100 040	1 402 146	000 640
7	Other salaries and wages	22,579,644.	20,192,849.	1,483,146.	903,649.
8	Pension plan accruals and contributions (include		607 401	16 004	20 070
	section 401(k) and 403(b) employer contributions)	701,583.	627,421.	46,084.	28,078
9	Other employee benefits	3,195,039.	2,857,305.	209,867.	127,867
10	Payroll taxes	1,629,524.	1,457,274.	107,036.	05,214
11	Fees for services (nonemployees):				
	Management	87,069.	52,241.	34,828.	
b	0	62,300.	37,380.	24,920.	
		02,300.	57,500.	24,920.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	2,331,499.	2,066,931.	238,241.	26 327
10		138,123.	3,425.	363.	<u>26,327</u> 134,335
12 13	Advertising and promotion	266,404.	236,970.	25,873.	3,561
13 14	Office expenses Information technology	200,1010	23073701	2370731	5,501
14 15	Royalties				
16	Occupancy	2,837,258.	2,463,224.	278,784.	95,250
17	Travel	318,654.	243,846.	73,660.	1,148
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,293.	7,777.	3,538.	1,978.
20	Interest	, -			, ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	518,894.	503,811.	9,671.	5,412.
23	Insurance				· ·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL & MAIN	682,445.	428,623.	197,645.	56,177.
b	PRINTING & COPYING	255,144.	98,512.	47,231.	109,401
c	STAFF RECRUITMENT & DEV	234,457.	126,917.	106,235.	1,305
d	POSTAGE & SHIPPING	147,059.	100,704.	6,982.	39,373
е	All other expenses	169,863.	74,085.	45,306.	50,472
25	Total functional expenses. Add lines 1 through 24e	168,409,867.	163,776,547.	2,966,977.	1,666,343
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form **990** (2020)

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Form	990	(2020)

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GALVESTON - HOUSTON

Pa	rt X	Balance Sheet									
		Check if Schedule O contains a response or not	e to an	y line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			22,827,933.	1	19,280,850.				
	2	Savings and temporary cash investments			368,314.	2	4,035,051.				
	3	Pledges and grants receivable, net			2,274,576.	3	3,368,368.				
	4	Accounts receivable, net			4,639,442.	4	8,839,534.				
	5	Loans and other receivables from any current or									
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%							
		controlled entity or family member of any of thes	se pers	ons		5					
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined							
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6					
ts	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use	2,626.	8	6,296. 287,173.						
Ä	9	Prepaid expenses and deferred charges			284,987.	9	287,173.				
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	10a	21,416,101.							
	b	Less: accumulated depreciation		9,145,030.	12,615,432.	10c	12,271,071.				
	11	Investments - publicly traded securities			3,932,014.	11	5,342,324.				
	12	Investments - other securities. See Part IV, line 1			517,450.	12	599,543.				
	13	Investments - program-related. See Part IV, line			13						
	14	Intangible assets				14					
	15	Other assets. See Part IV, line 11			520,598.	15	159,787.				
	16	Total assets. Add lines 1 through 15 (must equa			47,983,372.	16	54,189,997.				
	17	Accounts payable and accrued expenses			2,801,043.	17	3,410,637.				
	18	Grants payable		18							
	19	Deferred revenue	864,108.	19	4,253,593.						
	20	Tax-exempt bond liabilities				20					
	21	Escrow or custodial account liability. Complete I				21					
Se	22	Loans and other payables to any current or form	ner offic	cer, director,							
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%							
iabi		controlled entity or family member of any of thes	se pers	ons		22					
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23					
	24	Unsecured notes and loans payable to unrelated	d third	parties	4,478,600.	24					
	25	Other liabilities (including federal income tax, pa	yables	to related third							
		parties, and other liabilities not included on lines	17-24)	. Complete Part X							
		of Schedule D			28,891.	25	36,657.				
	26				8,172,642.	26	7,700,887.				
ú		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🛛							
ice:		and complete lines 27, 28, 32, and 33.									
alar	27	Net assets without donor restrictions			27,879,497.	27	36,530,709.				
Ä	28	Net assets with donor restrictions			11,931,233.	28	9,958,401.				
ŭ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄							
г		and complete lines 29 through 33.									
tso	29	Capital stock or trust principal, or current funds				29					
sse.	30	Paid-in or capital surplus, or land, building, or eq	luipmei	nt fund		30					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31					
Ne	32	Total net assets or fund balances			39,810,730.	32	46,489,110.				
	33	Total liabilities and net assets/fund balances			47,983,372.	33	54,189,997.				
							Form 990 (2020)				

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CALVESTON		J			

Form	990 (2020) GALVESTON - HOUSTON	**_	***9	733	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,40		
3	Revenue less expenses. Subtract line 2 from line 1	3	6	67	8,3	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	,81		
5	Net unrealized gains (losses) on investments	5				27.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	46	,48	9,1	10.
Pa	rt 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," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2020)

032012 12-23-20

SCHEDULE A (Form 990 or 990-EZ)			Public Cha	rity Status ar	nd Puk	olic Si	upport		OMB No. 1545-0047
(For	m 990 or 990-ez)	c	Complete if the organ	nization is a section 50	1(c)(3) org	anization			2020
Departi	ment of the Treasury			47(a)(1) nonexempt ch Attach to Form 990 or					Open to Public
	Revenue Service			v/Form990 for instruct			nformation.		Inspection
Name	e of the organizat			TIES OF THE					identification number
		-	VESTON - HO						*-**9733
Par	t I Reason	for Public	Charity Status.	(All organizations must	complete t	his part.) S	See instruction	ns.	
The o	<u> </u>			(For lines 1 through 12,					
1				on of churches describe			1)(A)(i).		
2 [Attach Schedule E (For					
3 L	·	•		anization described in s			•		
4			ization operated in co	njunction with a hospita	al described	d in sectio	on 170(b)(1)(A	(III). Enter	the hospital's name,
F [city, and stat	-	for the banafit of a ac		d or oporo	tod by a a	overnmentel	unit dooorik	ad in
5 l			(Complete Part II.)	ollege or university owne	o or opera	ted by a g	overnmental	unit descrit	
6				mental unit described in	section 1	70(h)(1)(A)	(v)		
7				antial part of its support				the general	public described in
	0		Complete Part II.)					general	
8				(1)(A)(vi). (Complete Pa	rt II.)				
9 [An agricultur	al research o	rganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land	l-grant college of agric	culture (see instructions	. Enter the	name, cit	y, and state c	of the colleg	e or
	university:								
10	An organizat	ion that norm	nally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
				ct to certain exceptions					
	income and	unrelated bus	siness taxable income	e (less section 511 tax) f	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.
r			omplete Part III.)						
11		-	-	ively to test for public s	•				
12	-	-	-	sively for the benefit of,	-			-	
				ed in section 509(a)(1)					Sneck the box in
•				of supporting organizations of supporting organizations of the support of the sup					, aivina
а				egularly appoint or elect	•			• • •	
		-	complete Part IV, Se		amajonty				apporting
b			•	d or controlled in conne	ction with it	ts support	ed organizati	on(s), bv ha	vina
			•	anization vested in the			-		-
		-	ist complete Part IV,					•	
с	Type III fu	nctionally int	tegrated. A supportin	g organization operated	l in connec	tion with,	and functiona	ally integrate	ed with,
	its support	ed organizati	ion(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functional	Ily integrated. A supp	porting organization ope	rated in co	nnection \	with its suppo	orted organi	zation(s)
		-		zation generally must sa	-		-	d an attent	iveness
				nplete Part IV, Section					
е				written determination fr			а Туре I, Туре	e II, Type III	
			••	onally integrated suppor					
			on about the supporte	ad organization(a)					
<u> </u>	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization	ı		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see i	nstructions)	support (see instructions)
			-						
Tetel									
Total		duction Act	Notice see the last	l ructions for Form 990	or 990. 57	032021 01	05-01 Cobo	dule A (Ec.	m 990 or 990-EZ) 2020
				1		002021 01			

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Schedule A (Form 990 or 990 EZ) 2020 GALVESTON - HOUSTON

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	39297804.	63093109.	36946316.	42842845.	171329867	353509941
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	39297804.	63093109.	36946316.	42842845.	171329867	353509941
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						353509941
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	39297804.	63093109.	36946316.	42842845.	171329867	353509941
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	97,544.	41,384.	235,293.	575,464.	936,588.	1886273.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	40,443.	46,864.	65,002.	59,563.	85,504.	297,376.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				39,227.		1887411.
11	Total support. Add lines 7 through 10						357581001
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 1	,068,562.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and sto						▶∟
	ction C. Computation of Pub						
	Public support percentage for 2020 (14	98.86 %
	Public support percentage from 2019					15	99.38 %
16 a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qua						
17 a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fac	ts-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		•	•			▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟
					Soho	dule A (Form 990	or 000 E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Part II

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Schedule A (Form 990 or 990 EZ) 2020 GALVESTON - HOUSTON

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its 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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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.)						
	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u>.</u>	check this box and stop here						
	ction C. Computation of Publ					11	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves					1 1	
	Investment income percentage for 20			line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	-					17 is not
_	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2019. If the	•					
•	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21			17	Sch	edule A (Form 990	0 or 990-EZ) 2020
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	,, ,, ,	202		CITIIOTIC	~		525 <u>7</u>

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Schedule A (Form 990 or 990-EZ) 2020 GALVESTON - HOUSTON

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

2020.05092 CATHOLIC CHARITIES OF THE A 02849_1

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-*9733 Page 5 Schedule A (Form 990 or 990-EZ) 2020 GALVESTON - HOUSTON Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 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 No Yes 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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.

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Schedule A (Form 990 or 990-EZ) 2020

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain Recoveries of prior-year distributions 2

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990 EZ) 2020 GALVESTON - HOUSTON

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3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see
		-		

Schedule A (Form 990 or 990-EZ) 2020

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(B) Current Year

(optional)

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instructions).

	dule A (Form 990 or 990 EZ) 2020 GALVESTON - H	OUSTON		*	*-***9733 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-E2	Z) 2020 GALVES	STON -	- HOUSTON	1		**_***	9733 _{Pa}
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. Pr lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3	ovide the b, 4c, 5a, 6 ; Part IV, S	explanations req 5, 9a, 9b, 9c, 11a Section E, lines 1	uired by Part II, a, 11b, and 11c; c, 2a, 2b, 3a, ar	; Part IV, Section B nd 3b; Part V, line 1	e 17a or 17b; Part III, , lines 1 and 2; Part IV 1; Part V, Section B, li additional information	ine 12; /, Section C, ne 1e; Part V
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Schedule E	3
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

-*9733

Name of the organization					
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GALVESTON - HOUSTON

Organization type (check of						
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

X 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 or 990-EZ), 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

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

Name of organization

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

Employer identification number

-*9733

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE WASHINGTON, DC 20101	- \$ <u>18,882,708.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410	Total contributions - \$ 4,345,182. - -	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$ <u>_118,118,731.</u> 	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
4	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416	- \$ <u>4,486,088.</u>	PersonXPayrollNoncash(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.)
023452 11-2	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

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

Name of organization

Employer identification number

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Schedule B (Form 990.	, 990-EZ, or 990-PF) (2020)
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Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp	hrough (e) and the following line e aritable, etc., contributions of \$1,000 o	n section 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations or less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(e) Transfer of g	gift			
+	Transferee's name, address, and	1 ZIP + 4	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			
F		(e) Transfer of g	gift			
-	Transferee's name, address, and	1 ZIP + 4	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			
			[
		(e) Transfer of g	gift			
F	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
ſ						

(Form 990)	Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,						OMB No. 1545-0047	
	► Con Part IV,	nplete if the organ line 6, 7, 8, 9, 10, 1	ization answered ' 1a, 11b, 11c, 11d,	'Yes" on Form 990, 11e, 11f, 12a, or 12b.			ZU	
Department of the Treasury nternal Revenue Service		► At	tach to Form 990.	nd the latest information		Open to Inspect	o Public tion	
Name of the organizati				HDIOCESE OF		loyer identificatio		
····· · ···	GALVESTON	- HOUSTON				**_**9		
Part I Organiza	ations Maintaining [Donor Advised	Funds or Othe	r Similar Funds or	Accour	nts. Complete if t	:he	
organizatio	on answered "Yes" on Forr	n 990, Part IV, line						
		L	(a) Donor adv	ised funds	(b) Fund	is and other acco	unts	
	nd of year							
	of contributions to (during							
	of grants from (during year)							
	at end of year							
-	on inform all donors and d		-					
	on's property, subject to th					Yes		
	on inform all grantees, dor							
	poses and not for the bene			• • •	-			
Part II Conserv	vation Easements. Co			Vaal on Form 000, Dart I		Yes		
					7, iii le 7.			
	servation easements held n of land for public use (for	, ,	· · · ·	Preservation of a his	torically i	moortant land ar	22	
	of natural habitat	chample, recreation		Preservation of a cer		•	a	
	n of open space		L		lineu fiisi			
	a through 2d if the organiza	ation held a qualifie	d conservation con	tribution in the form of a d	onservat	tion easement on	the last	
day of the tax yea	8 8					Held at the End of t		
• •	onservation easements							
	tricted by conservation eas							
•	rvation easements on a ce							
	rvation easements include							
listed in the Natio	nal Register				2d			
	rvation easements modifie				inization	during the tax		
year 🕨								
4 Number of states	where property subject to	conservation ease	ment is located 🕨					
5 Does the organiza	ation have a written policy	regarding the perio	dic monitoring, insp	ection, handling of				
	forcement of the conserva							
6 Staff and voluntee	er hours devoted to monito	oring, inspecting, h	andling of violations	, and enforcing conserva	tion ease	ments during the	year	
▶								
-	ses incurred in monitoring,	, inspecting, handlir	ng of violations, and	enforcing conservation e	asement	ts during the year		
▶\$			5 ,					
			-					
			satisfy the requirem	nents of section 170(h)(4)				
and section 170(h	n)(4)(B)(ii)?		satisfy the requirem					
and section 170(h 9 In Part XIII, descri	n)(4)(B)(ii)? be how the organization re	eports conservatior	satisfy the requirem	evenue and expense state	ement an	nd		
and section 170(h9 In Part XIII, describalance sheet, an	n)(4)(B)(ii)? be how the organization re d include, if applicable, the	eports conservatior e text of the footno	satisfy the requirem	evenue and expense state	ement an	nd		
and section 170(h 9 In Part XIII, descri balance sheet, an organization's acc	n)(4)(B)(ii)? be how the organization re d include, if applicable, the counting for conservation e	eports conservatior e text of the footno easements.	satisfy the requirem n easements in its re te to the organizatio	evenue and expense state on's financial statements	ement an that desc	nd cribes the		
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and section 170(h 9 In Part XIII, descri balance sheet, an organization's acc Part III Organiza Complete i	n)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere	eports conservation e text of the footno easements. Collections of A ed "Yes" on Form 9	satisfy the requirem n easements in its re te to the organization Art, Historical 90, Part IV, line 8.	evenue and expense state on's financial statements Freasures, or Other	ement an that desc • Simila	nd cribes the ar Assets.		
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and section 170(h 9 In Part XIII, descri balance sheet, an organization's acc Part III Organiza Complete i 1a If the organization of art, historical tra	n)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unc easures, or other similar as	eports conservation e text of the footno easements. Collections of A ed "Yes" on Form 9 der FASB ASC 958, ssets held for public	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its in c exhibition, educat	evenue and expense state on's financial statements Freasures, or Other revenue statement and b ion, or research in further	ement an that desc Simila alance sh	nd cribes the ar Assets. heet works		
and section 170(h 9 In Part XIII, descri balance sheet, an organization's acc Part III Organization Complete i 1a If the organization of art, historical tra- service, provide in	a)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unc easures, or other similar as n Part XIII the text of the for	eports conservation e text of the footno easements. Collections of ed "Yes" on Form 9 der FASB ASC 958, ssets held for public potnote to its financ	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its r c exhibition, educat ial statements that of	evenue and expense state on's financial statements Freasures, or Other revenue statement and b ion, or research in further describes these items.	ement an that desc Simila alance sh ance of p	nd cribes the ar Assets. heet works public		
and section 170(h 9 In Part XIII, describalance sheet, an organization's acc Part III Organization Complete i 1a If the organization of art, historical tra- service, provide in b If the organization	a)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining C if the organization answere n elected, as permitted unc easures, or other similar as n Part XIII the text of the for n elected, as permitted unc	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public potnote to its financ der FASB ASC 958,	satisfy the requirem n easements in its re te to the organization Art, Historical 90, Part IV, line 8. not to report in its c exhibition, educat ial statements that to report in its reve	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balar	ement an that desc Simila alance sh ance of p ce sheet	nd cribes the ar Assets. heet works public t works of		
and section 170(h 9 In Part XIII, describalance sheet, an organization's acc Part III Organization Complete i 1a If the organization of art, historical tra- service, provide in b If the organization art, historical tra-	a)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere nelected, as permitted unc easures, or other similar as n Part XIII the text of the for nelected, as permitted unc sures, or other similar asse	eports conservation e text of the footno easements. Collections of A ed "Yes" on Form 9 der FASB ASC 958, ssets held for public potnote to its financ der FASB ASC 958, ets held for public e	satisfy the requirem n easements in its re te to the organization Art, Historical 90, Part IV, line 8. not to report in its c exhibition, educat ial statements that to report in its reve	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balar	ement an that desc Simila alance sh ance of p ce sheet	nd cribes the ar Assets. heet works public t works of		
 and section 170(h In Part XIII, describalance sheet, an organization's acce Part III Organization Complete i If the organization of art, historical trasservice, provide in art, historical trasservice the follow 	a)(4)(B)(ii)? be how the organization re d include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unce easures, or other similar as n Part XIII the text of the for n elected, as permitted unce sures, or other similar asser- ing amounts relating to the	eports conservation e text of the footno easements. Collections of A ed "Yes" on Form 9 der FASB ASC 958, ssets held for public der FASB ASC 958, ets held for public e ese items:	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve exhibition, education	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balar a, or research in furtheran	ement an that desc Simila alance sh ance of p ice sheet ce of pub	nd cribes the ar Assets. heet works public t works of		
and section 170(h 9 In Part XIII, describalance sheet, an organization's acc Part III Organization Complete i 1a If the organization of art, historical trasservice, provide in b If the organization art, historical treasservice the follow (i) Revenue inclu	a)(4)(B)(ii)? be how the organization re- id include, if applicable, the counting for conservation e ations Maintaining (if the organization answered n elected, as permitted unc- easures, or other similar as n Part XIII the text of the for n elected, as permitted unc- sures, or other similar asse- ring amounts relating to the uded on Form 990, Part VII	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public potnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve exhibition, education	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan n, or research in furtheran	ement an that desc Simila alance sh ance of p ice sheet ce of pub	ar Assets.		
 and section 170(h In Part XIII, describalance sheet, an organization's acc Part III Organization If the organization of art, historical trasservice, provide in art, historical trasservice the follow (i) Revenue including 	a)(4)(B)(ii)? be how the organization re d include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unce easures, or other similar as n Part XIII the text of the for n elected, as permitted unce sures, or other similar asser- ing amounts relating to the	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public ootnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its its c exhibition, educat ial statements that to report in its reve	evenue and expense state on's financial statements Freasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan a, or research in furtheran	ement an that desc Simila alance sh ance of p ce sheet ce of put ► \$	ad cribes the ar Assets. heet works oublic t works of blic service,		
 and section 170(h In Part XIII, describalance sheet, an organization's acc Part III Organization If the organization of art, historical trasservice, provide in art, historical trassprovide the follow (i) Revenue including If the organization 	a)(4)(B)(ii)? be how the organization re- id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unc- easures, or other similar as n Part XIII the text of the for n elected, as permitted unc- sures, or other similar asse- ring amounts relating to the uded on Form 990, Part VII ed in Form 990, Part X	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public botnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve exhibition, education	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan a, or research in furtheran	ement an that desc Simila alance sh ance of p ce sheet ce of put ► \$	ad cribes the ar Assets. heet works oublic t works of blic service,		
 and section 170(h In Part XIII, describalance sheet, an organization's acc Part III Organization If the organization of art, historical trasservice, provide in art, historical trasservice, provide in art, historical trasservice the follow (i) Revenue inclu (ii) Assets include If the organization 	a)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining C if the organization answere n elected, as permitted unc easures, or other similar as n Part XIII the text of the for n elected, as permitted unc sures, or other similar asse- ring amounts relating to the uded on Form 990, Part VII ed in Form 990, Part X n received or held works of	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public botnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve exhibition, education sures, or other simila C 958 relating to the	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan a, or research in furtheran	alance sh ance of put ce sheet ce of put > \$	and cribes the ar Assets. heet works public t works of bolic service,		
 and section 170(h In Part XIII, describalance sheet, an organization's acc Part III Organization Complete i If the organization of art, historical trasservice, provide in art, historical trassprovide the follow (i) Revenue included If the organization art, historical transprovide the follow (ii) Assets include If the organization art, he following amount are provided the follow 	a)(4)(B)(ii)? be how the organization re id include, if applicable, the counting for conservation e ations Maintaining C if the organization answere n elected, as permitted unc easures, or other similar as n Part XIII the text of the for n elected, as permitted unc sures, or other similar asse- ring amounts relating to the uded on Form 990, Part X in received or held works of unts required to be report	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public botnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1 f art, historical treas ed under FASB ASC for 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, education to report in its rever exhibition, education sures, or other similar C 958 relating to the	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan i, or research in furtheran	ement an that desc simila alance sh ance of p ce sheet ce of put ► \$, provide ► \$	and cribes the cribes		
 and section 170(h In Part XIII, describalance sheet, an organization's access Part III Organization If the organization of art, historical trasservice, provide in art, historical trassprovide the follow (i) Revenue included If the organization art, historical trassprovide the follow (ii) Assets included Revenue included Assets included in the following amore 	a)(4)(B)(ii)? be how the organization re d include, if applicable, the counting for conservation of ations Maintaining C if the organization answere n elected, as permitted unce easures, or other similar as n Part XIII the text of the for n elected, as permitted unce sures, or other similar asse- ring amounts relating to the uded on Form 990, Part VII ed in Form 990, Part X n received or held works of unts required to be reported on Form 990, Part VIII, lin	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public botnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1 f art, historical treas ed under FASB ASC he 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve whibition, education sures, or other simila C 958 relating to the	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan i, or research in furtheran	ement an that desc Simila alance sh ance of put ce sheet ce of put > \$ > \$ > \$	and cribes the cribes		
 and section 170(h In Part XIII, describalance sheet, an organization's access Part III Organization If the organization of art, historical trasservice, provide in art, historical trassprovide the follow (i) Revenue included If the organization art, historical trassprovide the follow (ii) Assets included Revenue included Assets included in the following amore 	a)(4)(B)(ii)? be how the organization re- id include, if applicable, the counting for conservation e ations Maintaining (if the organization answere n elected, as permitted unc- easures, or other similar as n Part XIII the text of the fo- n elected, as permitted unc- sures, or other similar asse- ring amounts relating to the uded on Form 990, Part VII ed in Form 990, Part VII on received or held works of unts required to be reported on Form 990, Part VIII, lin n Form 990, Part X	eports conservation e text of the footno easements. Collections of <i>A</i> ed "Yes" on Form 9 der FASB ASC 958, ssets held for public botnote to its financ der FASB ASC 958, ets held for public e ese items: II, line 1 f art, historical treas ed under FASB ASC he 1	satisfy the requirem n easements in its re- te to the organization Art, Historical 90, Part IV, line 8. not to report in its re- c exhibition, educat ial statements that of to report in its reve whibition, education sures, or other simila C 958 relating to the	evenue and expense state on's financial statements Treasures, or Other revenue statement and b ion, or research in further describes these items. nue statement and balan i, or research in furtheran	ement an that desc Simila alance sh ance of put ce sheet ce of put > \$ > \$ > \$	and cribes the cribes		

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

Ра	rt III Organizations Maintaining C							iuea)	}	
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that make	e significant	use of its	5			
	collection items (check all that apply):									
а	Public exhibition	d	I Loan or exc	hange program						
b	Scholarly research	e	• U Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's ex	kempt purp	ose in Pa	rt XIII.			
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simi	lar assets		_	,		
	to be sold to raise funds rather than to be m						Yes		No	
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa								<u>.</u>	
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?					L	_ Yes	L	No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
C	Beginning balance				1c					
d	Additions during the year									
e	Distributions during the year				1e					
f	Ending balance									
	Did the organization include an amount on F				,	L	_ Yes		No	
	If "Yes," explain the arrangement in Part XIII.					<u> </u>				
Pa	t V Endowment Funds. Complete	r		Г			T _			
		(a) Current year	(b) Prior year	(c) Two years back			+			
1a	• • • •	1,395,470.	1,216,122.	1,303,503,	. 1,2	42,886.	3,	515	,740.	
	Contributions	10,000.	98,797				L			
	Net investment earnings, gains, and losses	276,508.	80,551.	-87,381,	•	72,240.	ļ	156	<u>,902.</u>	
	Grants or scholarships						Į			
е	Other expenditures for facilities					14 600				
	and programs				<u> </u>	11,623.	<u></u>	429	,756.	
	Administrative expenses	1,681,978.	1,395,470.	1 916 199		03 503	<u> </u>	240	0.0.0	
9	End of year balance		want de la companya d	1,216,122.	· , 3	03,503.	<u> </u>	242	,886.	
2	Provide the estimated percentage of the curr	. 0000		i)) neid as:						
a b	Board designated or quasi-endowment ► Permanent endowment ► 100	%	_%							
		⁷⁰								
C	The percentages on lines 2a, 2b, and 2c sho									
3-	Are there endowment funds not in the posse		tion that are hold a	ad administered for	the organia	otion				
vu	by:				uie organiz	ation	٢	Yes	No	
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	**	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule 8?	••••••	••••••					
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •	•••••	•••••		1	1	
Par										
L	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part)	(. line 10.					
	Description of property	(a) Cost or ot			Accumulate	d	(d) Book	valu	e	
		basis (investm	1	1	epreciation	Ť	(,	raid	•	
1a	Land			6,439.			3,746	5,4	39.	
	Buildings				766,38		8,394			
	Leasehold improvements			3,338.	73,02				11.	
	Equipment				229,03				50.	
	Other			5,680.	76,58				99.	
	Add lines 1a through 1e. (Column (d) must e			and the second sec			2,271			
		··· ···				Sobadula				

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

0) 2020 GALVESTON -

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Schedule D (Form 990) 2020 GALVESTON -	HOUSTON	• • <u>-</u>	-^^^9/33 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-)
(2) FUNDS HELD FOR OTHERS			36,657.
			50,057.
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			36,657.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements the	hat 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... 🗴

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 GALVESTON 1100510N				9755 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	175,328,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	27.		
b	Donated services and use of facilities	_ 2b	230,625.		
С	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d	10,020.		
е	Add lines 2a through 2d			2e	240,672.
3	Subtract line 2e from line 1			3	175,088,220.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				175,088,220.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	urn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
Pa 1					urn. 168,650,512.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	230,625.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			168,650,512.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	230,625.	1 2e	168,650,512. 240,645.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	230,625.	1 2e	168,650,512.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	230,625.	1 2e	168,650,512. 240,645.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	230,625.	1 2e	168,650,512. 240,645.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	230,625.	1 2e	168,650,512. 240,645. 168,409,867.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	230,625.	1 2e 3	168,650,512. 240,645. 168,409,867. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	230,625.	1 2e 3	168,650,512. 240,645. 168,409,867.

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

PART V, LINE 4:

THE AGENCY'S ENDOWMENT IS TO SUPPORT THE AGENCY'S PROGRAM SERVICES.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE THE AGENCY'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

AGENCY AND RECOGNIZE A TAX LIABILITY IF THE AGENCY HAS TAKEN AN UNCERTAIN

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY THE INTERNAL REVENUE SERVICE. THE AGENCY'S MANAGEMENT HAS ANALYZED THE

TAX POSITIONS TAKEN BY THE AGENCY, AND HAS CONCLUDED THAT AS OF JUNE 30,

2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN

THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Part XIII Supplemental Info			/11			Pag
THE AGENCY IS SUBJ			ים פע האעד		ישד אפיי	UOWEVED
INE AGENCI 15 5060	ECI IO KU	JOIINE AUDII	D DI IANI	NG UOKISDIC		HOWEVER,
THERE ARE CURRENTL	Y NO AUDI	ITS FOR ANY	TAX PERIO	DS IN PROGE	RESS. TH	E AGENCY
WOULD RECOGNIZE IN	TEREST AN	ND PENALTIES	RELATED	TO INCOME	TAXES,	IF ANY
WERE INCURRED, IN	PROFESSIO	NAL FEES				
PART XI, LINE 2D -	OTHER AL	DJUSTMENTS:				
LOSS ON SALE OF AS	SETS					10,02
PART XII, LINE 2D	- OTHER A	ADJUSTMENTS:				
LOSS ON SALE OF AS	SETS					10,02
						,
					Schedule	e D (Form 990) 2
032055 12-01-20			31			
550308 755639 02849)	2020.05092		CHARITIES	OF THE A	A 02849_

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury		organization entered more than \$15 Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru						Inspection
Name of the organization	GALVEST	C CHARITIES OF THE ON - HOUSTON					**_***9	
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	Amount paid r retained by) iundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form S	990 or	990-	EZ. S	Scheo	lule G (Form §	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 GALVESTON - HOUSTON

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPIRIT OF			(add col. (a) through
		CHARITY LUNC		2	col. (c)
		(event type)	(event type)	(total number)	
	1 Gross receipts	647,995.		1,200,189.	1,848,184
:	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	647,995.		1,200,189.	1,848,184
.	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	95,015.		49,431.	144,446
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses			8,890.	
1	0 Direct expense summary. Add lines 4 through			►	170,423
1	1 Net income summary. Subtract line 10 from li	ine 3, column (d)		►	1,677,761
ar	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	ו 990, Part IV, line 19, or ו	reported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1 Gross revenue				
Γ					
:	2 Cash prizes				
;	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
.	7 Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7	í from line 1, column (d)		>	
			atataa?		Yes N
	Enter the state(s) in which the organization condu		SIGLES!		
a I	Enter the state(s) in which the organization condu s the organization licensed to conduct gaming a f "No," explain:				
a I	s the organization licensed to conduct gaming a				
a b _ a \	s the organization licensed to conduct gaming a f "No," explain:	evoked, suspended, or to		year?	Yes N
a - - -	s the organization licensed to conduct gaming a f "No," explain:	evoked, suspended, or to		year?	Yes N
a b _ a \	s the organization licensed to conduct gaming a f "No," explain:	evoked, suspended, or to		year?	Yes N

CATHOLIC	CHARITIES	OF	THE	ARCHDIOCESE	OF	
----------	-----------	----	-----	-------------	----	--

Sch	edule G (Form 990 or 990-EZ) 2020 GALVESTON - HOUSTON **-	***(9733	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
10	to administer charitable gaming?	. L	Yes	└── No
	Indicate the percentage of gaming activity conducted in: The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No 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:			
	 Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 		Yes	□ No
_	organization's own exempt activities during the tax year > \$			
Ра	TEND Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	°art III,	lines 9,	9b, 10b,
0320	83 11-25-20 Schedule G (Fo	rm 990	or 990	-EZ) 2020
	34			

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	HARITIES OF - HOUSTON	THE	ARCHDIOCESE	OF **-**9733 Page 4
032084 04-01-2	20	35			Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								20 20
Department of the Treasury Internal Revenue Service		Comp		Attach to For rs.gov/Form990 for	m 990.			Open to Inspec	
Name of the organizat		CHARITIES - HOUSTO	OF THE ARC					Employer identificatio	n number [•] 9733
Part I General I	nformation on Grants a	nd Assistance							
criteria used to a	zation maintain records award the grants or assis : IV the organization's pro	stance?	-					ction	No No
Part II Grants ar	nd Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and a	hat received more than a ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line	1 table	ne line 1 table				• • • • • • • • • • • • • • • • • • •	
LHA For Paperwork	k Reduction Act Notice	, see the Instruct	ions for ⊦orm 990.					Schedule I (Form 9	190) 2020

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

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

Schedule I (Form 990) 2020

-*9733

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD, PERSONAL ITEMS, HOUSEHOLD GOODS & SUPPLIES,
BASIC NEEDS	46920	120,679,119.	10,614,834.		ETC.
FOSTER CARE SUPPORT	183	418,555.	0.		
LEGAL ASSISTANCE	13850	109,424.	0.		
Part IV Supplemental Information. Provide the information	l tion required in Part I, lir	l ie 2; Part III, column	(b); and any other a	dditional information.	l
PART I, LINE 2:					

GRANT FUNDS ARE MAINTANIED IN THEIR OWN COST CENTER WITHIN THE FINANCIAL

REPORTING SYSTEM. CATHOLIC CHARITIES PERSONNEL REQUEST THE USE OF THOSE

FUNDS BASED ON REQUIREMENTS SET BY THE AGENCIES THAT PROVIDE FUNDING.

BUDGETS AND SPENDING ARE MONITORED BY PROGRAM MANAGEMENT AND ACCOUNTING.

PROGRAMS ALSO MAINTAIN CASE FILES AND SUPPORTING DOCUMENTATION FOR

COMPLIANCE.

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	1
-	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU	ZU)
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
		GALVESTON - HOUSTON	**_*	***973	3	
Ра	rt I Question	s Regarding Compensation				
_					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chet)			
la la						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	ny of the following the experimation used to establish the compensation of the experimation?	' a			
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
		ther organizations $\begin{tabular}{c} X \\ Approval by the board or compensation of the board or compensation o$	committee			
4	During the year did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				l
•	organization or a re					
а	•	ce payment or change-of-control payment?		4a		х
b		ceive payment from a supplemental nonqualified retirement plan?				X
c		ceive payment from an equity-based compensation arrangement?				X
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		Х
b	Any related organiz	zation?		5b		Х
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		Х
b	Any related organiz	zation?		6b		Х
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990)) 2020

032111 12-07-20

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

Schedule J (Form 990) 2020

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

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

-*9733

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CYNTHIA COLBERT	(i)	192,208.	15,218.	0.	10,011.	12,516.	229,953.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BART FERRELL	(i)	143,128.	10,479.	0.	7,676.	16,878.	178,161.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN GILLEN	(i)	144,690.	7,102.	0.	7,566.	526.	159,884.	0.
VP OF DEVELOPMENT & STEWAR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NATALIE WOOD	(i)	129,158.	8,421.	0.	6,859.	16,858.		0.
SENIOR VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Page 2

Schedule J (Form 990) 2020

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

	Complete if the ord	anizations	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	LU	LU	,
	ment of the Treasury Attach to Form 990).				Open to Inspe		ic
				the latest information.	I	•		
Nam	e of the organization CATHOLIC CHA GALVESTON -			RCHDIOCESE OF		identificati * _ * * * 9		
Pa		HOUSTC	N .		~	<u> </u>	133	
га		(a)	(b)	(a)		(d)		
		(a) Check if	(b) Number of	(c) Noncash contribution	Method	(d) of determin	nina	
		applicable	contributions or	amounts reported on	noncash co		•	is
	• · · · • • • ·		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			746 071			<u>T TTT</u>	
5	Clothing and household goods	X	25	746,971. 16,199.	FAIR MAR	VEL AN	LUE	1
6	Cars and other vehicles		25	10,199.				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							V D
19	Food inventory	Δ		9,854,810.	FOOD BAN	K INDU	STR	Y P
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, I	Jonee Acknowledg	jement 29				
00-		and a sub-the off		andrad in David I. Survey of Al			Yes	No
JUa	During the year, did the organization receive to							
	must hold for at least three years from the dat					00		x
	exempt purposes for the entire holding period					<u>30a</u>		
	If "Yes," describe the arrangement in Part II.	n allas de sé		of any nonstandard and a set 9	tioneQ		v	
31	Does the organization have a gift acceptance				uons?	31	X	
JZa	Does the organization hire or use third parties		•			00-	x	
	contributions?					<u>32a</u>	^	-
a	If "Yes," describe in Part II.							

Noncash Contributions

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2020

OMB No. 1545-0047

2020

032141 11-23-20

SCHEDULE M

(Form 990)

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON

SCHEDULE M, LINE 32B:

WE USE A THIRD PARTY TO HANDLE AUTO DONATIONS.

CHARITABLE ADULT RIDES AND SERVICES

4663 MURPHY CANYON ROAD

SUITE 100

Part II

SAN DIEGO, CA 92123

Schedule M (Form 990) 2020

032142 11-23-20

11550308 755639 02849

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury internal Revenue Service	Supplemental Information to Form 990 or 990-E 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. Go to www.irs.gov/Form990 for the latest information.	EZ OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization		Employer identification number 74-1109733
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	LON :

PROVIDING CARING, COMPASSIONATE SERVICES AND ADVOCATING FOR SOCIAL

JUSTICE IN COLLABORATION WITH PARISHES AND COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE EMERGENCY RENTAL ASSISTANCE PROGRAM WAS CREATED TO ASSIST RENTERS

NEGATIVELY IMPACTED BY COVID-19.

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

ASSISTANCE PROGRAM.

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

SERVICES PROVIDED TO SENIORS, WOMEN VETERANS AND OTHERS INCLUDE THE

WOMEN VETERANS PROGRAM, WHICH PROVIDES FINANCIAL ASSISTANCE, EMPLOYMENT

READINESS SKILLS, AND SUPPORT GROUPS TO HELP WOMEN VETERANS WHO NEED

STABILITY AND SUPPORT TO REBUILD THEIR LIVES AFTER FACING THE

CHALLENGES OF HOMELESSNESS, DOMESTIC VIOLENCE, AND OTHER LIFE-CHANGING

EVENTS. SENIORS ARE HELPED THROUGH HOUSTON-BASED CASE MANAGEMENT AND

THE MAMIE GEORGE COMMUNITY CENTER, WHICH OFFERS NUTRITIOUS WEEKDAY

MEALS, FINANCIAL ASSISTANCE AND SOCIALIZATION OPPORTUNITIES TO LOW

INCOME SENIORS.

EXPENSES \$ 5,983,640. INCLUDING GRANTS OF \$ 3,458,111. REVENUE \$ 0.

SENIORS, VETERANS, AND OTHER VULNERABLE ADULT SERVICES PROVIDES SUPPORT

FOR SENIORS.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020								
	ame of the organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON - HOUSTON							
– MENTAL HEAL'	TH SERVICES FOR VICTIMS OF DISASTER							
EXPENSES \$ 5,9	83,640. INCLUDING GRANTS OF \$ 3,458,111.	REVENUE \$ 0.						

SENIORS, VETERANS, AND OTHER VULNERABLE ADULT SERVICES PROVIDES SUPPORT FOR SENIORS.

- THE AGENCY SUPPORTS SENIORS IN THEIR EFFORTS TO STAY HEALTHY AND ACTIVE, VOLUNTEER, BUILD FRIENDSHIPS, AND LIVE INDEPENDENTLY FOR AS LONG AS POSSIBLE. MAMIE GEORGE COMMUNITY CENTER IS A PLACE WHERE FORT BEND SENIORS CAN MEET NEW FRIENDS, SOCIALIZE, LEARN, AND ENJOY ACTIVITIES THAT PROMOTE HEALTHY LIVING. THE AGENCY SERVES FREE LUNCH DAILY FOR SENIORS OVER THE AGE OF 60, AND PROVIDES OTHER PROGRAMS FOR LOW-INCOME SENIORS AND FAMILIES.

- THE VILLA ASSISTS WOMEN VETERANS AND THEIR YOUNG CHILDREN WHO ARE IN NEED OF STABLE HOUSING AND CASE MANAGEMENT SERVICES TO REBUILD THEIR LIVES AFTER FACING THE CHALLENGES OF HOMELESSNESS, DOMESTIC VIOLENCE, AND OTHER LIFE-CHANGING EVENTS.

EXPENSES \$ 2,443,189. INCLUDING GRANTS OF \$ 860,484. REVENUE \$ 0.

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

ORGANIZATION'S SOLE MEMBER IS THE ARCHBISHOP OF THE ARCHDIOCESE OF

GALVESTON-HOUSTON.

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

SELECTION OF BOARD MEMBERS AND THE HIRING OF THE PRESIDENT/CEO IS SUBJECT

TO THE APPROVAL OF THE ARCHBISHOP OF THE ARCHDIOCESE OF GALVESTON-HOUSTON.

44

032212 11-20-20

Schedule O (Form 990 or 9			Page 2
Name of the organization	CATHOLIC CHARITIES OF GALVESTON - HOUSTON	THE ARCHDIOCESE OF	Employer identification number **-**9733

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

SELECTION OF BOARD MEMBERS AND THE HIRING OF THE PRESIDENT/CEO IS SUBJECT

TO THE APPROVAL OF THE ARCHBISHOP OF THE ARCHDIOCESE OF GALVESTON-HOUSTON.

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

THE FORM 990 IS REVIEWED BY MEMBERS OF THE AUDIT COMMITTEE. A COPY IS

FURNISHED TO THE BOARD MEMBERS PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ALL CONFLICTS OF INTEREST. BOARD MEMBERS MUST EXCUSE THEMSELVES FROM VOTING ON DECISIONS WHICH INVOLVE A CONFLICT OF INTEREST. BUSINESS WITH BOARD MEMBERS IS DONE AT FAIR MARKET RATES COMPARABLE WITH OTHER PROVIDERS OF THE SAME SERVICE. ALL OFFICERS AND EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST.

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

COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY UTILIZING PERFORMANCE REVIEWS AND CONDUCTING AN ANALYTICAL REVIEW OF SALARY DATA FOR SIMILARLY QUALIFIED PEOPLE IN FUNCTIONALLY COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE VP OF FINANCE.

032212 11-20-20

11550308 755639 02849

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations lete if the organization answered Att Go to www.irs.gov/Form990		2008 No. 154 202 Open to P Inspect	O ublic				
Name of the organizat	ion CATHOLIC CHAR. GALVESTON - HO	ITIES OF THE ARCHD DUSTON	IOCESE OF			Emp	ployer identi * * _ * * * \$	fication n 733	umber
Part I Identificat	ion of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	me End-of-year	assets	essets Direct of er		9
		-				_			
		-							
	ion of Related Tax-Exempt Organiz	ations. Complete if the organization	answered "Yes" on Form 99	0. Part IV. line 34. I	pecause it had one	or more	related tax-e	xempt	
	ns during the tax year.	1	1	1					
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		g) 512(b)(13) rolled tity?
	ALVESTON-HOUSTON - SAN JACINTO, HOUSTON, TX	CHURCH	TEXAS	501(C)(3)	LINE 1	N/A		Yes	x
CORPORATION - 37-	ES COMMUNITY DEVELOPMENT			501(6)(2)					v
HOUSTON, TX 7700	Jb	MANAGE HOUSING PROGRAM	TEXAS	501(C)(3)	LINE 7	N/A			X
		-							

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

Schedule R (Form 990) 2020

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

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(k)

Part III	Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.										
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
N	ame, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disproportionate	Code V-UBI	General or	Per

Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	Primary activity	(state or foreign	Primary activity Legal domicile (state or foreign country) Direct controlling entity Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country) Image: State or foreign country of the state or foreign country or for	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Image: Section Se	(state or foreign excluded from tax under	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Image: Share of total income Image: Share of total income Image: Share of total income Share of total income Share of total income Image: Share of total income Image: Share of total income Image: Share of total income Share of total income Image: Share of total income Image: Share of total income Image: Share of total income Share of total income Image: Share of total income Image: Share of total income Image: Share of total income Share of total income Image: Share of total income Image: Share of total income Image: Share of total income Share of total income Image: Share of total income Image: Share of total income Image: Share of total income Share of end-of-year income Image: Share of end-of-year income <td>(state or foreign excluded from tax under assets</td> <td>(state or entrus (stated), un facto, in conne end-or-year allocations?</td> <td>Primary activity Legal controlling (addice or foreign country) Direct controlling (related, unrelated, u</td> <td>Primary activity Legal control domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, income sections 512-514) Share of total income assets Disproprimate allocations? Code V-UB amount in box amount in box amount in box allocations? Ves No No</td> <td></td>	(state or foreign excluded from tax under assets	(state or entrus (stated), un facto, in conne end-or-year allocations?	Primary activity Legal controlling (addice or foreign country) Direct controlling (related, unrelated, u	Primary activity Legal control domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, income sections 512-514) Share of total income assets Disproprimate allocations? Code V-UB amount in box amount in box amount in box allocations? Ves No No	

	Identification of Related Organizations Taxable as a Corporation or Tru	st. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34,	because it had one or more related
Failly	organizations treated as a corporation or trust during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(i contr ent	(i) ction (b)(13) trolled tity?
		country)				233613		Yes	No
								1	

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed 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		
	Gift, grant, or capital contribution from related organization(s)	1c	X			
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10		Х		
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARCHDIOCESE OF GALVESTON-HOUSTON	С	954,396.	ALLOCATION
(2)			
(3)			
(4)			
(5)			
(6)			
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)					(f)	(g)	1	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	(c)	Predominant income	Are Are partner 501 (c org:	all	Share of			IJ opor-	Code V-UBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501(d	rs sec. c)(3)	total	end-of-year	Dispr tior alloca	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	org	s.?	income			tions?	of Schedule K-1	partner	
				Yes	No			Yes	No		Yes NO)
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GALVESTON	1 –	HOUSTON	1			

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

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