#### CLIENT CATHCHAR

### PRICE, PAIGE & COMPANY 570 N MAGNOLIA AVE STE 100 CLOVIS, CA 93611 (559) 299-9540

April 14, 2023

Catholic Charities of the Diocese of Fresno 149 N Fulton Street Fresno, CA 93701

Dear Jeff:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO. The return is due to the IRS by May 15, 2023, but we would appreciate receiving the signed effle authorization as soon as possible. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. The return is due by May 15, 2023, but we would appreciate receiving the signed effle authorization as soon as possible. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$400 payable by May 15, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2023 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Sincerely,

Fausto Hinojosa, CPA, CFE

#### Client CATHCHAR April 14, 2023

# PRICE, PAIGE & COMPANY 570 N MAGNOLIA AVE STE 100

CLOVIS, CA 93611 (559) 299-9540

Catholic Charities of the Diocese of Fresno 149 N Fulton Street Fresno, CA 93701 559-237-0851

#### FEDERAL FORMS

Form 990 2021 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule G Fundraising or Gaming Activities

Schedule M Non-Cash Contributions
Schedule O Supplemental Information

Schedule R Related Organizations and Unrelated Partnerships

**Depreciation Schedules** 

Form 8879-TE IRS e-file Signature Authorization

#### **CALIFORNIA FORMS**

Form 199 2021 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3885 (199) Depreciation and Amortization - Corp.

Form 8453-EO California e-file Return Authorization for Exempt

Form RRF-1 2022 Registration/Renewal Fee Report California Depreciation Schedules

#### **FEE SUMMARY**

**Preparation Fee** 

## Form **8879-TE**

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning  $\underline{7/01}$  , 2021, and ending  $\underline{6/30}$  , 20  $\underline{2022}$ 

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer			EIN or SSN	
Name of filer CATHOLIC CHARITIE	S OF THE DIOCESE			
OF FRESNO  Name and title of officer or person subject to tax			94-1678938	
, ,	THE DEPENDENCE			
JEFFREY NEGRETE EXECUTI	VE DIRECTOR			
	Return Information			
and Form 5330 filers may enter dollar <b>6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and the a	ou are using this Form 8879-TE and enter is and cents. For all other forms, enter amount on that line for the return being oplicable, blank (do not enter -0-). But	r whole dollars only. If you g filed with this form was	u check the box on line 1 blank, then leave line 1 blank,	la, 2a, 3a, 4a, 5a, o, 2b, 3b, 4b, 5b,
line below. <b>Do not</b> complete more that		, il you ontorou o on the		п по аррпоавто
1a Form 990 check here ▶ X	<b>b Total revenue,</b> if any (Form 990, P.	art VIII, column (A), line 1	2) <b>1b</b>	8,340,809.
2a Form 990-EZ check here ▶	<b>b Total revenue,</b> if any (Form 990-EZ	Z, line 9)	2b	
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)			
4a Form 990-PF check here ▶	b Tax based on investment income	Form 990-PF, Part V, line	e 5) <b>4b</b>	
5a Form 8868 check here ▶	<b>b Balance due</b> (Form 8868, line 3c).			
6a Form 990-T check here ▶	<b>b Total tax</b> (Form 990-T, Part III, line	4)	6b	
7a Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line	1)		
8a Form 5227 check here	b FMV of assets at end of tax year (F			
9a Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, line 19			
10a Form 8038-CP check here. ▶	b Amount of credit payment request			
Part II Declaration and Signa	ture Authorization of Officer o	r Person Subject to	Тах	
Under penalties of perjury, I declare that			on subject to tax with res	snect to
(name of entity) and that I have examined a copy of the		Ш.	(EIN)	•
and belief, they are true, correct, and electronic return. I consent to allow m IRS and to receive from the IRS (a) an processing the return or refund, and (c) t initiate an electronic funds withdrawal (d) of the federal taxes owed on this return U.S. Treasury Financial Agent at 1-88 financial institutions involved in the prinquiries and resolve issues related to return and, if applicable, the consent	y intermediate service provider, transin acknowledgement of receipt or reasc he date of any refund. If applicable, I autirect debit) entry to the financial institution, and the financial institution to debit 8-353-4537 no later than 2 business docessing of the electronic payment of the payment. I have selected a perso	mitter, or electronic return on for rejection of the tran norize the U.S. Treasury an n account indicated in the to t the entry to this account ays prior to the payment taxes to receive confiden	originator (ERO) to sen smission, <b>(b)</b> the reason d its designated Financial ax preparation software for . To revoke a payment, l (settlement) date. I also tial information necessar	In the return to the for any delay in Agent to r payment I must contact the authorize the ry to answer
PIN: check one box only		г	21222	
X I authorize PRICE, PAIGE	& COMPANY  ERO firm name	to enter my PIN	<u> </u>	s my signature
	ERO IIIM name		Enter five numbers, but lo not enter all zeros	
	illy filed return. If I have indicated with part of the IRS Fed/State program, I also en.	in this return that a copy	of the return is being file	
return. If I have indicated within th	ax with respect to the entity, I will enter its return that a copy of the return is being enter my PIN on the return's disclosure co	g filed with a state agency(i		
Signature of officer or person subject to tax			Date ►	
Part III Certification and Au	uthentication			
<b>ERO's EFIN/PIN.</b> Enter your six-digit enumber (EFIN) followed by your five-or		776588 Do not enter		
	is my PIN, which is my signature on the dance with the requirements of <b>Pub. 4</b> °			
ERO's signature ► FAIISTO HINO.TO	SA CPA CEE	Date ►		

**ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

, 2021, and ending

Open to Public Inspection

, **20** 2022

В	Check	if applicable:	С			D Employ	er identif	ication number
	Α	ddress change	CATHOLIC CHARITI	ES OF THE DIOCESE		94-1	16789	938
	N	ame change	OF FRESNO			E Telepho	ne numb	er
	In	itial return	149 N FULTON STR			559-	-237-	-0851
	Fi	nal return/terminated	FRESNO, CA 93701					
	А	mended return				<b>G</b> Gross re	eceipts \$	8,484,899.
	Α	oplication pending	F Name and address of principal	officer: JEFFREY NEGRETE		) Is this a group return		
			SAME AS C ABOVE		H(b	<ol> <li>Are all subordinates If "No," attach a list.</li> </ol>	included	? Yes No
I	Tax-	exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	ii No, attacira iist.	000 11130	ructions.
J	We	bsite: ► WW	W.CCDOF.ORG		H(c	) Group exemption nu	ımber ►	
K	Forn	n of organization:	X Corporation Trust	Association Other ► L Y	'ear of formation:	1968 <b>M</b> s	tate of le	gal domicile: CA
Pa	rt I	Summar						
	1			ion or most significant activities: IN				
ė				H IN THE DIOCESE OF FRE				
ano			, SHELTER, ASSIST	TANCE AND COMFORT TO THI	E <u>POOR I</u> N	N <u>THE CENTE</u>	RAL S	AN JOAQUIN
ern	_	VALLEY.		,,,,				
Governance	2			n discontinued its operations or disponding body (Part VI, line 1a)			net ass	
જ	4			s of the governing body (Part VI, line			4	12 11
ies	5			n calendar year 2021 (Part V, line 2a)			5	81
Activities &	6			necessary)			6	173
Ac				Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	I business taxable income	from Form 990-T, Part I, line 11			7b	0.
	_	0 1 11 11		11.5		Prior Year		Current Year
e	8			1h)	<u> </u>	6,558,4		7,002,441.
Revenue	9			2g)		320,2		205,194.
Rev	10 11			A), lines 3, 4, and 7d)nes 5, 6d, 8c, 9c, 10c, and 11e)	<u>L</u>	295,1		5,899. 1,127,275.
_	12			(must equal Part VIII, column (A), lir		1,328,3 8,502,1		8,340,809.
	13			X, column (A), lines 1-3)		8,0		8,000.
	14			K, column (A), line 4)	<u> </u>	0,0	00.	0,000.
	15			e benefits (Part IX, column (A), lines	<u> </u>	1,736,3	17	2,481,210.
ses				column (A), line 11e)	· -	1,750,5	111	2,401,210.
ens			•					
Expenses			sing expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·	3,622.			
_				nes 11a-11d, 11f-24e)	<u> </u>	5,753,6		5,469,808.
	18			equal Part IX, column (A), line 25)		7,497,9		7,959,018.
	19	Revenue less	expenses. Subtract line 13	8 from line 12		1,004,1		381,791.
ets or ances	20	Total assets	(Part X, line 16)		<u>                                     </u>	Beginning of Curren		End of Year
Asser I Bala	21					10,590,8 3,004,4		8,647,819. 881,058.
Net / Fund			,	ne 21 from line 20	_	•		
	22			Tie 21 Ifoffi line 20		7,586,4	33.	7,766,761.
	rt II	Signatur		un induding approximation and the state of t	nonto	hoot of marriage 1. 1.	and to 11	f it is top
comp	r pena olete. D	eclaration of prepa	eclare that I have examined this retu irer (other than officer) is based on a	urn, including accompanying schedules and staten all information of which preparer has any knowled	nents, and to the i lge.	best of my knowledge	апа рене	er, it is true, correct, and
Sic	ın	Signatu	re of officer			Date		
Sig He	re	JEF	FREY NEGRETE		ī	EXECUTIVE I	OTREC	TOR
			print name and title		<del>-</del>		711110	71011
		Print/Type p	preparer's name	Preparer's signature	Date	Check	if F	PTIN
Pai	id	FAUSTO	HINOJOSA, CPA, CFE	FAUSTO HINOJOSA, CPA, CFE		self-employe	ed I	200196912
	epar			' '				
Us	e Or	ily Firm's addre				Firm's EIN	77-0	0203007
			CLOVIS, CA 93611			Phone no.		299-9540
May	/ the	IRS discuss th		shown above? See instructions		ı	, /	X Yes No

Part	: III <u> </u>	Statement of Program Service Accomplishments	[]
		Check if Schedule O contains a response or note to any line in this Part III	. Х
		ly describe the organization's mission:	
	<u>SEE</u> _	SCHEDULE O	
		ne organization undertake any significant program services during the year which were not listed on the prior	
			No
		es," describe these new services on Schedule O.	
			No
		es," describe these changes on Schedule O.	
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expens on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es.
	and r	revenue, if any, for each program service reported.	:5,
4 a	(Code	e: ) (Expenses \$ 5,446,745. including grants of \$ ) (Revenue \$ 2,61	7 )
		TIAL SERVICES - THE SOCIAL SERVICE PROGRAMS AT CATHOLIC CHARITIES ARE AVAILABLE T	
		ILIES OR INDIVIDUALS WHO HAVE EITHER HAD AN UNEXPECTED CRISIS OCCUR (I.E. COVID-	
		SURES/LOST JOB) AND/OR THOSE WHO FALL AT OR BELOW THE FEDERAL POVERTY INCOME	
		DELINES. ALL INDIVIDUALS OR FAMILIES IN CRISIS SEEKING ASSISTANCE MEET WITH A	
		HOLIC CHARITIES REPRESENTATIVE TO CONDUCT AN INITIAL NEEDS ASSESSMENT TO DETERMI	NF.
		BEST COURSE OF ACTION TO ASSIST THE ENTIRE FAMILY UNIT. THESE SERVICE AREAS	
		VALLY FALL UNDER THE FOLLOWING SERVICE RELATED CATEGORIES: FOOD, CLOTHING, RENT,	
		LITER, UTILITY ASSISTANCE, AS WELL AS ACCESS TO STATE AND FEDERAL PROGRAMS	
		LUDING: CAL FRESH (FOOD STAMP) ENROLLMENT AND RENEWAL ASSISTANCE, REDUCED-FEE DM	
		VOUCHERS AND ENROLLMENT IN THE PG&E CARE PROGRAM.	
	<u> </u>	VOCCHERO IND BRICEBIEM IN THE FOUR CIRCLE PROCEED.	
4 h	(Code	e: ) (Expenses \$ 615,236. including grants of \$ ) (Revenue \$	
7.5		CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF	—′
		SNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO	<u> </u>
		DOOD IN THE CENTRAL CAN TOACHIN WALLEY	<u>-</u> – –
	71117		
1.0	(Code	e: ) (Expenses \$ 502,072. including grants of \$ ) (Revenue \$	
40	•	IOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS	—′
		DUNTEER AGE 55 AND OVER) WHO PROVIDE ASSISTANCE AND COMPANIONSHIP TO SENIORS WHO	
		E DIFFICULTY WITH THEIR DAILY LIVING TASKS. COMPANIONS PROVIDE ASSISTANCE TO THE	
		K AND FRAIL ELDERLY AND ALLOW THEM TO CONTINUE LIVING INDEPENDENTLY IN THEIR OWN	<u>-</u> – –
		IES INSTEAD OF MOVING INTO INSTITUTIONAL CARE. ELIGIBLE SENIOR COMPANIONS EARN A	
		LL TAX-FREE STIPEND TO COVER THE COST OF SERVING. THEY ALSO RECEIVE REIMBURSEMEN	<u></u>
		TRANSPORTATION, AN ANNUAL PHYSICAL EXAMINATION, AND SUPPLEMENTAL ACCIDENT AND	
	πTH	BILITY COVERAGE WHILE THEY ARE SERVING.	
۷ ۷	Othar	r program services (Describe on Schedule O.)  SEE SCHEDULE O	
		enses \$ 636,390. including grants of \$ ) (Revenue \$ 376,248.)	
		program service expenses ► 7,200,443.	
	. 5 (4)	1/200/335.	

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

# Form 990 (2021) CATHOLIC CHARITIES OF THE DIOCESE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Χ	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	· <del></del>		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			110
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
D A /		_	oon /	(0001

Form 990 (2021) CATHOLIC CHARITIES OF THE DIOCESE

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

			Yes	No
2 8	a 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 81			
ŀ	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
	o 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).			
5.	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	, ,			
č	a 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?	7 a		Х
ŀ	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Find the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ġ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ļ	
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
á	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
á	a Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
á	a Gross income from members or shareholders			
ŀ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

KELLY GOODPASTER 149 N FULTON STREET FRESNO CA 93701 559-237-0851

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

DIRECTOR

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

(A)

Name and title

(B)

Average hours per week (list any beek (list any

		hours per							compensation from	compensation from	of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	JEFF NEGRETE	40_							1.10.000		
	EXECUTIVE DIR.	0			Χ				140,000.	0.	0.
_(2)_	ASHLEE WOLF	40									
	DEVELOPMENT DIR	0			Χ				79,628.	0.	0.
(3)	KELLY GOODPASTER	<u>40</u>									
	FINANCE DIRECT	0			Χ				76,144.	0.	0.
(4)	MOST_REV. JOSEPH_BRENNAN, D.D_	2									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
(5)	BRUCE BATTI	2									
	DIRECTOR	0	Χ						0.	0.	0.
(6)	BREE COMSTOCK	2									
	CHAIRMAN	0	Χ		Χ				0.	0.	0.
(7)	VERY REV. SALVADOR GONZALEZ JR	2									
	EPISCOPAL DELEG	0	Χ						0.	0.	0.
(8)	PATRICK COLLINS	2									
	DIRECTOR	0	Х						0.	0.	0.
(9)	STEVEN SPENCER	2									
	VICE CHAIR	0	Х		Χ				0.	0.	0.
(10)	KENNETH BALDWIN	2									
	DIRECTOR		Χ						0.	0.	0.
(11)	KEVIN CONWAY	2									
	DIRECTOR		Χ						0.	0.	0.
(12)	DAVID MENDOZA	2									
	TREASURER		Χ		Χ				0.	0.	0.
(13)	EMILY BALOIAN-MARTINEZ	2									
<u>-</u> '-	DIRECTOR		Χ						0.	0.	0.
(14)	DON PARREIRA	2									
	DIDECTION		3.7						0	0	0

**BAA** TEEA0107L 09/22/21 Form **990** (2021)

0.

Tart VII   Section A. Officers, Directors, 110		103		•	_	CJ, 1	uii	I riigiicst com	pensatea Emp	oyces (	onunaca)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle cer ar	ess pe	sition more erson directe	than is both cor/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimatec of of compensa the organ and re organiz	l amount her tion from nization lated
(15) REV. ROBERT BORGES DIRECTOR	2	Х				- č.		0.	0.		0.
(16) RYAN DONAGHY DIRECTOR	2	Х						0.	0.		0.
(17) (18)											
(19)		=									
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal	•						<b></b>	295,772.	0.		0.
c Total from continuation sheets to Part VII, Section	on <b>A</b>						<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							▶	295,772.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 1							ved			ensation	
										Υ	es No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	e, ke al	ey ei	mplo	oyee 	, or	high 	nest compensated	employee	. 3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If '	es,	com	iple	te Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om lule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	individual	. 5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t coi dar <u>i</u>	ntrad year	ctors endi	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax year		
(A) Name and business add	ress							(B) Description of	of services	(C) Compens	ation
COMMERCIAL CONSTRUCTION CO 1425 MOTEL DRIV	E MERCE	), C	A 9	534	1			CONSTRUCTION		199	9,025.
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ited to	o tha	se l	isted	l abo	ve)	who received more	than		
DAA											2 (0001)

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d 85,000.  Government grants (contributions) 1e 2,725,019.  All other contributions, gifts, grants, and				
Contribution and Other	g h	similar amounts not included above   Noncash contributions included in lines 1a-1f    Total. Add lines 1a-1f    1f 4,192,422.  1g 2,693,766.	7,002,441.			
evenue		PROG_FEES         812900	205,194.	205,194.		
Program Service Revenue	b c d e					
Progr		All other program service revenue	205,194.			
	3	Investment income (including dividends, interest, and other similar amounts)	5,899.	5,899.		
	b	Royalties				
	d	Net rental income or (loss)				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b				
		Gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
of the		Net income or (loss) from fundraising events	940,268.			
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
	b	Gross sales of inventory, less				
	С	Net income or (loss) from sales of inventory▶	173,688.	173,688.		
Sno	11 -	Business Code  MTCCELL ANEQUE DEVENUES	10.010	12 212		
scellaneo Revenue	11 a b	MISCELLANEOUS REVENUES	13,319.	13,319.		
Miscellaneous Revenue	-	All other revenue				
		Total. Add lines 11a-11d ▶	13,319.			
	12	<b>Total revenue.</b> See instructions	8,340,809.	398,100.	0.	0.

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	.,	.,		
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	295,772.	73,807.	142,337.	79,628.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,636,071.	1,436,365.	105,202.	94,504.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,030,071.	1,430,303.	103,202.	<u> </u>
9	Other employee benefits	376,399.	314,060.	37,113.	25,226.
10	Payroll taxes	172,968.	139,809.	20,357.	12,802.
11	Fees for services (nonemployees):	,	,	, , , , , ,	,
a	Management				
ŀ	Legal	167.			167.
	Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	92,838.	22,995.	30,579.	39,264.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	215,624.	193,518.	16,886.	5,220.
17	Travel	104,007.	100,129.	1,632.	2,246.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	127,071.	101,900.	25,171.	
23	Insurance	29,905.	25,685.	3,023.	1,197.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ā	FOOD AND OTHER ASSISTANCE	4,053,875.	4,053,875.		
ŀ	STIPENDS	244,683.	244,683.		
(	MATERIALS AND SUPPLIES	225,004.	215,800.	2,613.	6,591.
(	SECURITY	150,704.	141,122.	6,872.	2,710.
6	All other expenses	225,930.	128,695.	53,168.	44,067.
25	Total functional expenses. Add lines 1 through 24e	7,959,018.	7,200,443.	444,953.	313,622.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			531,435.	1	376,303.
	2	Savings and temporary cash investments		L.	3,349,871.	2	3,277,254.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	423,969.	4	1,213,391.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified p		,			
	O	section 4958(f)(1)), and persons described in section	4958(c)(3	3)(B)		6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		<u> </u>	209,576.	8	151,806.
Assets	9	Prepaid expenses and deferred charges			633.	9	10,618.
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		3,656,146.			
	b	Less: accumulated depreciation	10 b	1,830,086.	1,735,622.	10 c	1,826,060.
	11	Investments — publicly traded securities			1,587,468.	11	1,355,257.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments — program-related. See Part IV, line 11.				13	
	14	Intangible assets	<u> </u>		14		
	15	Other assets. See Part IV, line 11	2,752,269.	15	437,130.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		10,590,843.	16	8,647,819.
	17	Accounts payable and accrued expenses			172,542.	17	412,744.
	18	Grants payable				18	01 101
	19	Deferred revenue		<u> </u>	79,599.	19	31,184.
ω,	20	Tax-exempt bond liabilities		_		20	
ţį	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3!	5%		22	
!	23	Secured mortgages and notes payable to unrelated th	nird partie	es		23	
	24	Unsecured notes and loans payable to unrelated third	I parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L.	2,752,269.	25	437,130.
	26	Total liabilities. Add lines 17 through 25			3,004,410.	26	881,058.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	Ľ	X			
ala	27	Net assets without donor restrictions			7,195,391.	27	7,392,949.
8	28	Net assets with donor restrictions			391,042.	28	373,812.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds	<u>L</u>		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fund			30	
(SS	31	Retained earnings, endowment, accumulated income,				31	
) t /	32	Total net assets or fund balances			7,586,433.	32	7,766,761.
ž	33	Total liabilities and net assets/fund balances		<u>.</u>	10,590,843.	33	8,647,819.
BA	Α		TEEA0111L	. 09/22/21			Form <b>990</b> (2021)

Pai	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	8	, 340	0,8	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	, 95	9,0	<del></del>
3	Revenue less expenses. Subtract line 2 from line 1	3		383	1,7	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,580	6,4	33.
5	Net unrealized gains (losses) on investments.	5		-223	3,0	40.
6	Donated services and use of facilities	6		3:	9,2	64.
7	Investment expenses	7				87.
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,	10	_	7.0		<i>C</i> 1
Da	rt XII Financial Statements and Reporting	10		,76	0,/	6I.
Pal						_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Y	es	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a				
ı	were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Both consolidated and separate basis	te				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2 c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	Х	
BAA	TEEA0112L 09/22/21		Fo	orm 9	90 (2	2021)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

iame oi	ne or		HARITIES OF TH	IE DIOCESE			Employer iden		mber
	-	OF FRESNO	'				94-1678		
Part I		Reason for Public Cha						ructions	S
È	<u> </u>	zation is not a private found	•	•		•	•		
1	_	church, convention of church			•	b)(1)(A)(	1).		
2	_	school described in section		,					
3	_	hospital or a cooperative h							
4		medical research organizations and city, and state:	tion operated in conju	ınction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter th	ne hospital's
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	_	federal, state, or local gove	•	ntal unit described in <b>s</b>	ection 1	<b>70(b)</b> (1)	(A)(v).		
7	X A	n organization that normally respection 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general	public des	scribed
8		community trust described		<b>A)(vi).</b> (Complete Part I	l.)				
9	A	n agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant o	college	
L		r university or a non-land-grar							
	uı	niversity:							
10	fr in	n organization that normally om activities related to its envestment income and unrel une 30, 1975. See <b>section 5</b>	exempt functions, sub lated business taxable	ject to certain exception income (less section	ns; and	(2) no r	more than 33-1/3%	of its sup	port from gross
11	Α	n organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12	10	n organization organized ar r more publicly supported or	rganizations describe	d in <b>section 509(a)(1)</b> d	r <b>sectio</b>	n 509(a`	<b>)(2).</b> See <b>section 50</b>	<b>9(a)(3).</b> C	purposes of one heck the box on
_ [		nes 12a through 12d that de							
а	or or	ype I. A supporting organization rganization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	a majority of the director	rs or trus	tees of t	the supporting organization	zation. <b>Yo</b> o	u must
b [	m	ype II. A supporting organiz nanagement of the supporting nust complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), the supported organ	by having ization(s).	g control or <b>You</b>
с [	Ty	ype III functionally integrated. rganization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with,	its suppor	ted
d	<b>T</b> y fu	ype III non-functionally integranted. The o	r <b>ated.</b> A supporting organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organizatio	n(s) that is	s not
e	С	nstructions). You must complete this box if the organization	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, T	Гуре III fu	ınctionally
f E		ntegrated, or Type III non-fu r the number of supported o							
		ide the following information	•						
(i)	Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of moneta support (see instruction	\	i) Amount of other port (see instructions)
					Yes	No			
					103				
A)									
В)									
C)									
D)									
<del>-,</del>									
E)									
Fade!									

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.	
6	<b>Public support.</b> Subtract line 5 from line 4						36,474,142.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
7	Amounts from line 4	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,188.	46,736.	45,814.	291,623.	5,899.	418,260.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	=======================================	20,1001	30,023		3,333	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	511,643.	473,783.	428,632.	768,980.	392,201.	2,575,239.	
11	Total support. Add lines 7 through 10						39,467,641.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20 Public support percentage from							
	33-1/3% support test—2021. If t	he organization di	d not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, chec	76.92 % k this box	
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and <b>stop here</b>	e. Explain in Part	VI how	
	b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		piedes sempiete .	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	(ly rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	.,,		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					1 1	
17		•	• • •	-			%
	Investment income percentage for					<u> </u>	8
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

(Complete only if you checked a box 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI,</b> 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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))?	0-		
b	o Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office organ than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year.  The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations		l l	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
1	D:4 th	he experiention provide to each of its supported experientions, by the last day of the fifth month of the		Yes	No
1	orgar year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	,	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2021 CATHOLIC CHARITIES OF THE DIOCE			78938	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>Se</b> through E.	e:e
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
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			
Sec	tion C — Distributable Amount			Curren	it 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization	

BAA Schedule A (Form 990) 2021

94-1678938

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 2 in excess of income from activity 3 **3** Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details 8 in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 9

	10	
(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	Excess	(i) (ii) Excess Underdistributions

BAA Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section E, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2021	 2020	2019	 2018	 2017
RENTAL INCOME THRIFT SHOP PROGRAM FEES MISCELLANEOUS TOTAL	\$ 173,688. 205,194. 13,319. 392,201.	\$ 126,632. 320,286. 322,062. 768,980.	\$ 200. 85,047. 335,390. 7,995. 428,632.	\$ 6,324. 113,480. 350,059. 3,920. 473,783.	\$ 11,451. 107,144. 358,937. 34,111. 511,643.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

# Schedule B (Form 990)

**Schedule of Contributors** 

2021

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

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

Employer identification number

OMB No. 1545-0047

	OF FRES	
Organiza	ation type (check one) :	Section:
	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
,	•	red by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining contributions.
Special	Rules	
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or education	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one be year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one le year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions for during the year

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

Employer identification number

## CATHOLIC CHARITIES OF THE DIOCESE

94-1678938

Parti	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASHWOOD CONSTRUCTION INC  5755 E KINGS CANYON ROAD # 110  FRESNO, CA 93727	\$ <u>287,750.</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
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

1 1 Pa

#### CATHOLIC CHARITIES OF THE DIOCESE

94-1678938

raitii	<b>Noticash Property</b> (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b></b>	\$	
BAA	TEEA0703L 10/06/21	Schedule I	B (Form 990) (2021)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE Employer identification number 94-1678938

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e) Transfer of gift				
	Transferee's name, addres	-	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 gift			<u> </u>		
	Transferee's name, address, and ZIP + 4			tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			<del> </del> <del> </del>			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4			tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe					

BAA

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

Open to Public Inspection
Employer identification number

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and oth	ner accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	res No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	 ∕es □ No
Part II Conservation Easements.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)  Preservation of a historically import	ant land area
Protection of natural habitat  Proservation of a certified historic s	
	structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easemed last day of the tax year.	ent on the
Held at the Er	nd of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,	
and officional of the consolvation easements it helds:	res No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements durin	- ,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ►\$	e year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	res No
<b>9</b> In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization conservation easements.	1 1: 6
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	S.
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance she historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se Part XIII the text of the footnote to its financial statements that describes these items.	et works of art, ervice, provide in
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet whistorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, profollowing amounts relating to these items:	vorks of art, ovide the
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the follow amounts required to be reported under FASB ASC 958 relating to these items:	ving
a Revenue included on Form 990, Part VIII, line 1	
<b>b</b> Assets included in Form 990, Part X▶\$	

Part III Organizations Maintaining Coll	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	ets (continu	iea)		
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
a Public exhibition	<b>d</b> Loan o	or exchange program					
<b>b</b> Scholarly research	e Other						
c Preservation for future generations							
<b>4</b> Provide a description of the organization's collect Part XIII.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part IV Escrow and Custodial Arrange line 9, or reported an amount or	<b>ments.</b> Complete if t n Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Par	t IV,		
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:			_		
				Amount	-		
c Beginning balance			1c				
<b>d</b> Additions during the year			1d				
e Distributions during the year			1 e				
<b>f</b> Ending balance			1f				
2 a Did the organization include an amount on Fe	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	nation has been provided	d on Part XIII				
		107 1 5	000 D 1 1 1 1 1 1				
Part V Endowment Funds. Complete it							
(a) Currer	nt year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back		
1 a Beginning of year balance				_			
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held a	as:				
a Board designated or quasi-endowment ►	<del></del> %						
	00						
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a Are there endowment funds not in the possession of the organization that are held and administered for the							
organization by:				Yes	No		
(i) Unrelated organizations				3a(i)			
(ii) Related organizations				3a(ii)	<u> </u>		
<b>b</b> If 'Yes' on line 3a(ii), are the related organize	·			3b			
4 Describe in Part XIII the intended uses of the		ent tunas.					
<u>Part VI</u> Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue		
<b>1 a</b> Land		532,444.		532	,444.		
<b>b</b> Buildings		2,287,252.	1,427,890.		,362.		
c Leasehold improvements							
<b>d</b> Equipment		637,425.	402,196.	235	,229.		
<b>e</b> Other		199,025.			,025.		
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, o			1,826			
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(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)			
(C)			
(D)			
<u>(F)</u>			
(G)			
<u>(H)</u>			
<u>(l)                                    </u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments - Program Related.	L'Vac' on Form 00	N/A	m 000 Part V lina 1
Complete if the organization answered  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	
• • • • • • • • • • • • • • • • • • • •	(b) Book value	(c) Wethod of Valuation. Cost of	end-or-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered	I 'Yes' on Form 99	0, Part IV, line 11d. See For	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) De		0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8)	I 'Yes' on Form 99	0, Part IV, line 11d. See For	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (co	I 'Yes' on Form 99 scription		(b) Book value 437, 130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437, 130
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130 ► 437,130 le 25.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fart X  Other Liabilities.  Complete if the organization answered 'Yes' on Fart X.	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437, 130
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Total. (Complete if the organization answered 'Yes' on Fart X Complete if the organization answered 'Yes' on Fart X (1) Federal income taxes	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Total. (Column (b) must equal Form 990, Part X) Complete if the organization answered 'Yes' on Fil. (a) Description of the column (b) Funds (column taxes) (2) TRUST FUNDS PAYABLE	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130 ► 437,130 le 25.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fil.  (a) Description of the complete income taxes  (2) TRUST FUNDS PAYABLE  (3)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) TRUST FUNDS PAYABLE (3) (4)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130 ▶ 437,130  de 25.  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Factorial income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) TRUST FUNDS PAYABLE (3) (4)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130 ▶ 437,130  de 25.  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Financial income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130 ▶ 437,130  de 25.  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Financial income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)  (9)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Final Complete if the organization answered 'Yes' on Final Form 990, Part X, column (b) Part X  Other Liabilities.  (a) Description (Column (b) Foderal income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X Complete if the organization answered 'Yes' on Financial income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)  (9)	I 'Yes' on Form 99 scription  B) line 15.)		(b) Book value 437,130  ► 437,130  de 25.  (b) Book value

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Part XI Reconciliation of Revenue per Audited Financial Statemen	•	Return.	
Complete if the organization answered 'Yes' on Form 990, F			
1 Total revenue, gains, and other support per audited financial statements		1	8,139,346.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	<b>2a</b> -223,04	0.	
<b>b</b> Donated services and use of facilities	<b>2b</b> 39,26	4.	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	-183,776.
3 Subtract line 2e from line 1		3	8,323,122.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a 17,68	7.	
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4с	17,687.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	8,340,809.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses p	er Return	
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, F		er Return	l <b>.</b>
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.		7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	Part IV, line 12a.  2a 2b		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments	2a		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.	2a	1	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	2a	1	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2a	1	7,959,018.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **PART X - FASB ASC 740 FOOTNOTE**

BAA

THE ORGANIZATION HAS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF CALIFORNIA INCOME TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE

TEEA3304L 08/30/21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

OMB No. 1545-0047

Open to Public Inspection

94-1678938 OF FRESNO **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

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

Revenue			(a) Event #1  HARVEST OF HOP (event type)	(b) Event #2  TURKEY DRIVES (event type)	(c) Other events  3 (total number)	(d) Total events (add column (a) through column (c))	
	1	Gross receipts	850,024.	86,264.	148,070.	1,084,358.	
~	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	850,024.	86,264.	148,070.	1,084,358.	
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Expe	7	Food and beverages					
irect	8	Entertainment					
	9	Other direct expenses	108,905.		35,185.	144,090.	
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	om line 3, column (d)		<b>&gt;</b>	940,268.	
Par	t III	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	oorted more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
~	1	Gross revenue				<u> </u>	
ses	2	Cash prizes.					
=xper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		<u> </u>	
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If 'No,' explain:							
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

Sche	edule G (Form 990) 2021 CATHOLIC CHARITIES OF THE DIOCESE 9	4-1678938	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility.	. 13a	%
	<b>b</b> An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:	
	Name ►		
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming reven by If 'Yes,' enter the amount of gaming revenue received by the organization   and to of gaming revenue retained by the third party   for If 'Yes,' enter name and address of the third party:	ue? Ye he amount	es No
	Name •		
	Address •		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	□ Director/officer   □ Employee   □ Independent contractor		
	Mandatory distributions:		
ě	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		s No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year ► \$		
Pai	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information. See instructions.	lumns (iii) and y additional	(v);

 BAA
 TEEA3703L
 07/12/21
 Schedule G (Form 990) 2021

#### **SCHEDULE M** (Form 990)

Internal Revenue Service Name of the organization Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990.

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

**Open to Public** Inspection

Employer identification number

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938 Types of Property Part I (a) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a **b** If 'Yes.' describe in Part II.

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

describe in Part II.

Schedule M (Form 990) 2021

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Employer identification number

94-1678938

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

RESPECTING THE PRESENCE OF GOD AMONG US, WE SERVE, ADVOCATE FOR AND EMPOWER THOSE IN NEED. IN CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF FRESNO, THE ORGANIZATION PROVIDES FOOD, CLOTHING, HOUSING SUPPORT, CRISIS ASSISTANCE AND COMFORT TO LOW INCOME FAMILIES AND INDIVIDUALS THROUGHOUT THE 8 COUNTY SAN JOAQUIN VALLEY.

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PAYEE SERVICES - REPRESENTATIVE PAYEE PROGRAM PROVIDES ASSISTANCE TO ANY PERSON NEEDING HELP WITH THE MANAGEMENT OF THEIR SOCIAL SECURITY AND/OR VA BENEFITS.

THRIFT STORE - THE THRIFT STORE ACCEPTS DONATIONS OF GENTLY USED CLOTHING, FURNITURE AND HOUSEHOLD GOODS. THESE GOODS ARE SOLD TO THE PUBLIC AND THE PROCEEDS GO DIRECTLY BACK TO THE AGENCY'S PROGRAMS AND SERVICES. INDIVIDUALS AND FAMILIES THAT ARE IN NEED OF CLOTHING CAN OBTAIN VOUCHERS REDEEMABLE FOR ITEMS IN OUR THRIFT STORE.

CAREER & EDUCATION CENTER - APPROXIMATELY 59% OF THOSE SERVED BY CATHOLIC CHARITIES HAVE A HIGH SCHOOL GRADUATE LEVEL EDUCATION OR LESS. WITH THAT IN MIND, THE CAREER AND EDUCATION CENTER AT CATHOLIC CHARITIES PROVIDES CLIENTS WITH THE TOOLS THEY NEED TO BUILD CONFIDENCE, GET BACK TO WORK AND BECOME SELF-SUFFICIENT. SINCE THE CENTER OPENED, NEARLY 96 STUDENTS HAVE GRADUATED FROM ONE OR MORE COURSE AT SITES IN FRESNO AND BAKERSFIELD.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE FINANCE DIRECTOR. A COPY IS PROVIDED TO THE BOARD MEMBERS.

Schedule O (Form 990) 2021 Page 2

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE
OF FRESNO

| Employer identification number 94-1678938

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEWS ANY POTENTIAL CONFLICTS AT THEIR ANNUAL MEETING.

#### FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA ANNUALLY TO DETERMINE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEE COMPENSATION.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPY OF THE FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENT IS AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE.

BAA Schedule O (Form 990) 2021

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Open to Public Inspection Employer identification number

94-1678938

(a) Name, address, and EIN (if applicable) of disregarded en	itity	<b>(b)</b> Primary a	ctivity	Legal dom or foreigr	c) icile (state i country)	Та	(d) tal income	End-c	(e) f-year assets	Dire	(f) ct contro entity	olling
<u>(1)</u>												
<u>(2)</u>												
(3)												
Part II Identification of Related Tax-Exempt Ore had one or more related tax-exempt organization.												
(a) Name, address, and ElN of related organization	Prima	<b>(b)</b> ary activity	Legal dom or foreign	c) icile (state country)	(d) Exempt section	Code	(e) Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct contro entity	olling	Sec 512 controlled	
(1) ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703	C	HURCH	C	CA	501 (C	) (3)	7		N/A		Yes	No X
(2)					002 (0	, (3)	·		=1, ==			
<u>(3)</u>												
<u>(4)</u>												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tion	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>	_											
	-											
	-											
(2)												
(2)	-											
	-											
	-											
(3)												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(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	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								
	1	1		1		1	1	1	<u> </u>

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

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
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?				
a	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1 a		Х
Ł	<b>b</b> Gift, grant, or capital contribution to related organization(s)		1 b		Χ
c	c Gift, grant, or capital contribution from related organization(s).		1 c		Χ
c	d Loans or loan guarantees to or for related organization(s)		1 d		Χ
e	e Loans or loan guarantees by related organization(s)		1 e		X
f	f Dividends from related organization(s).		1 f		X
-	g Sale of assets to related organization(s)				X
ŀ	h Purchase of assets from related organization(s)		1 h		X
	i Exchange of assets with related organization(s)				X
j	j Lease of facilities, equipment, or other assets to related organization(s)		1 j		X
	k Lease of facilities, equipment, or other assets from related organization(s)				X
I	Performance of services or membership or fundraising solicitations for related organization(s)		11		X
r	m Performance of services or membership or fundraising solicitations by related organization(s)		1 m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
C	o Sharing of paid employees with related organization(s)		10		X
	p Reimbursement paid to related organization(s) for expenses				X
C	q Reimbursement paid by related organization(s) for expenses.		1 q	Χ	
r	r Other transfer of cash or property to related organization(s).		1 r		X
	s Other transfer of cash or property from related organization(s)		1 s		X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction				
	(a) (b)  Name of related organization A	(c) mount involved Me	thod of o	<b>i)</b> Heterm	ninina
	type (a-s)		amount	involv	ed
1) ]	ROMAN CATHOLIC DIOCESE OF FRESNO Q	414,654.AC	TUAL		
2)					
<u> </u>					
3)					
-,					
<b>/</b> \					
4)					
-\					
5)					
6)					
AA	TEEA5003L 09/21/21	Schedule	R (Forn	า 990)	2021

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded	sec	partners etion (c)(3) eations?	Share of total income	(g) Share of end-of-year assets	l tior	h) ropor- nate ntions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(1 01111 1005)	Yes	No	†
<u>(1)</u>													
(2)													
(3)													
(4) 													
(5)													
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													
					00/01/0						L <b>D</b> (5		00) 2021

#### Part VII Supplemental Information

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

### 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23 NO	DESCRIPTION	DATE ACQUIRED	DATE CC SOLD B	OST/ ASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	01:01F  CURRENT RATE DEPR.
FORM 990/															
DEPT 10	- BLDG & IMPROV														
1 BUIL	DING - FRESNO	4/01/98		636,239							636,239	636,239	S/L	31.5	
2 AIR C	CONDITIONER	4/14/97		44,648							44,648	8,744	S/L	10	
3 REMO	ODEL	1/18/07		9,602							9,602	9,200	S/L	10	
4 CABL	LE & DATA DROP	1/17/07		4,657							4,657	4,010	S/L	3	
5 TREN	ND MICRO CABLE	1/31/07		565							565	486	S/L	3	
6 INST	TALL CABINETS	3/30/07		700							700	675	S/L	7	
7 1ST	FLOOR PAINTING	3/09/07		10,000							10,000	9,667	S/L	10	
8 WIRII	NG GANG PLATES	3/09/07		2,224							2,224	2,146	S/L	10	
9 ASHF	PALT	12/12/07		82,905							82,905	82,905	S/L	10	
10 CON	CRETE	12/12/07		14,715							14,715	14,715	S/L	10	
11 SALE	ES TAX	7/01/08		6,366							6,366	2,626	S/L	31.5	
12 BLIN	IDS	7/27/09		1,030							1,030	1,030	S/L	5	
13 BLD0	G IMPROVE FRS	5/22/10		56,457							56,457	31,288	S/L	20	2,
14 BLD	G IMPROVE FRS	5/26/10		40,387							40,387	22,377	S/L	20	2,
15 BLD	G IMPROVE FRS	6/30/10		61,924							61,924	34,056	S/L	20	3,
16 STAI	R RAILING IMPROVEMENT	6/10/13		2,181							2,181	881	S/L	20	
TOT	AL DEPT 10 - BLDG & IMPROV			974,600		0	0		0 0	0	974,600	861,045			8,
DEPT 10	- EQUIP														
17 MIP	ACCOUNTING PRO	12/07/04		12,088							12,088	10,880	S/L	5	
18 REM	ODEL A/C ELEC & LIGHTS	2/02/07		15,079							15,079	14,452	S/L	10	
19 GANO	G FACEPLATE & ELEC	3/27/07		1,156							1,156	1,131	S/L	10	
20 FLOO	ORING DOORS W/ CLOSETS	4/06/07		25,556							25,556	24,921	S/L	10	

### 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23								PRIOR								01:01
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIFE	RATE	CURREN DEPR.
21	ELECTRICAL WIRING	7/24/07		2,600							2,600	2,600	S/L	10		
22	WINDOWS, MS OFF LIN FEE	4/24/07		765							765	723	S/L	3		
23	2 DR PANEL, STORAGE CAB	3/29/07		867							867	848	S/L	10		
24	12 PORT PANEL 66 MOUNT	7/26/07		822							822	822	S/L	10		
25	EQUIP	9/14/07		546							546	546	S/L	10		
26	CAT JACKS & MODULAR	10/25/07		761							761	761	S/L	10		
27	SPEAKER PHONE	10/31/07		800							800	800	S/L	10		
28	UNDERGROUND CONDUIT	11/12/07		1,403							1,403	1,403	S/L	10		
29	TESTING SOIL	11/13/07		1,045							1,045	1,045	S/L	10		
30	LINE PORTS	12/31/09		1,048							1,048	1,048	S/L	5		
32	ELEVATOR	5/23/12		407							407	372	S/L	10		
98	PHONE SYSTEM FRESNO	8/01/15		19,863							19,863	11,751	S/L	10		
111	LAPTOP/DOCKING - JACOBS	4/06/17		1,639							1,639	1,394	S/L	5		
	TOTAL DEPT 10 - EQUIP			86,445		0	0	(	0 0	0	86,445	75,497				
DEI	PT 10 - FURN & FIXTURES															
33	CEILING FANS	11/15/99		1,500							1,500	1,367	S/L	7		
34	AIR CONDITIONER	8/31/98		3,250							3,250	1,816	S/L	39		
35	AIR CONDITIONER	9/08/98		4,100							4,100	2,277	S/L	39		
	TOTAL DEPT 10 - FURN & FIXTUR			8,850		0	0	(	0 0	0	8,850	5,460				
DEI	PT 10 - LAND															
36	LAND-FRESNO	4/01/88		215,000							215,000					
37	FULTON & NEVADA LOT	4/01/08		80,000							80,000					
	TOTAL DEPT 10 - LAND			295,000		0	0	(	0 0	0	295,000	0				

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23 NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	01:01  CURRENT  DEPR.
DEPT 10 - L	LAND & IMPROV														
38 6' FENC	E & ROLLING GA	9/25/09		7,220							7,220	4,242	S/L	20	
39 6' WROL	JGHT IRON FENCE	10/27/09		17,443							17,443	10,173	S/L	20	
40 FENCE 8	& WAREHOUSE	9/01/09	-	1,294							1,294	769	S/L	20	
TOTAL	DEPT 10 - LAND & IMPROV			25,957		0	0	0	0	0	25,957	15,184			1
DEPT 20															
156 FORKLII	FT - 9N1462	10/02/20		8,871							8,871	665	S/L	10	
TOTAL	DEPT 20		-	8,871		0	0	0	0	0	8,871	665			
DEPT 20 - A	AUTO/TRANSPORTATION EQ	UIP													
152 2019 HII	NO 195H TRUCK MERCED	4/30/20	_	114,928							114,928	19,154	S/L	7	16
TOTAL	DEPT 20 - AUTO/TRANSPO			114,928		0	0	0	0	0	114,928	19,154			16
DEPT 20 - E	BLDG & IMPROV														
41 REROOF	MERCED BLDG	10/14/09		9,379							9,379	5,511	S/L	20	
42 SECURI	TY ALARM MERCED	12/04/09		824							824	824	S/L	5	
43 LINE PC	ORTS	12/31/09		594							594	594	S/L	5	
44 LINE PC	ORTS	12/31/09		736							736	736	S/L	5	
45 4 EVAP	COOLERS	7/06/09		6,516							6,516	3,912	S/L	20	
46 BLDG IN	MPR MERCED PGE	12/22/10		827							827	431	S/L	20	
47 BLDG IN	MPR MERCED ELECTR	5/03/11		25,915							25,915	13,176	S/L	20	1
48 BLDG IN	MPR MERCED GEN CONS	5/03/11		26,298							26,298	13,369	S/L	20	1
	NG FOR MERCED BLDG	8/31/11		4,618							4,618	2,271	S/L	20	

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23															01:01F
NO	DESCRIPTION	DATE <u>ACQUIRED</u> .	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RA	CURRENT TE DEPR.
50 BLD	OG IMPR MERCED	7/28/11		2,435							2,435	1,210	S/L	20	1
51 HV	AC MERCERD	3/06/13		10,972							10,972	9,142	S/L	10	1,0
96 SYN	NTHETIC TURF FRESNO	1/21/15		15,723							15,723	2,586	S/L	39	
T01	TAL DEPT 20 - BLDG & IMPROV			104,837		0	0	(	) (	) 0	104,837	53,762			5,3
DEPT 2	0 - EQUIP														
99 PHO	DNE SYSTEM MERCED	8/01/15		4,044							4,044	2,391	S/L	10	
i01 VID	EO SCREENS MERCED	5/04/15		2,205							2,205	2,205	S/L	5	
TO	TAL DEPT 20 - EQUIP			6,249		0	0	0	) (	) 0	6,249	4,596			ı
DEPT 2	0 - LAND - MERCED														
52 LAN	ND-336 W. MAIN #1MERCED	12/23/87		80,329							80,329				
T01	TAL DEPT 20 - LAND - MERCED			80,329		0	0	(	) (	) 0	80,329	0			
DEPT 2	0 - MERCED BLDG & IMPROV														
53 BUI	LDING-MERCED	12/28/00		186,911							186,911	115,172	S/L	31.5	5,9
T01	TAL DEPT 20 - MERCED BLDG			186,911		0	0	(	) (	) 0	186,911	115,172			5,9
DEPT 2	0 - MERCED EQUIP														
54 EQL	JIPMT HVAC	5/03/11		26,688							26,688	26,688	S/L	10	
55 HVA	AC	7/28/11		3,642							3,642	3,610	S/L	10	
TOT	TAL DEPT 20 - MERCED EQUIP			30,330		0	0	C	) (	) 0	30,330	30,298			

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23 NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BA DEPR.	SALV. L /BAS <u>REDU</u>	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RATE	01:01P  CURRENT  DEPR.
DEPT 35 - B	BLDG & IMPROV															
56 FENCE F	POST	3/30/07	<u>-</u>	1,877								1,877	1,833	S/L	10	
TOTAL [	DEPT 35 - BLDG & IMPROV			1,877		0	0	(	)	0	0	1,877	1,833			
DEPT 40 -	BLDG & IMPROV FRS															
57 BLDG IN	IPR FULTON RENOV	8/04/10		16,120								16,120	8,799	S/L	20	81
58 PAINTIN	G	6/07/13		2,950								2,950	2,385	S/L	10	29
106 CLIENT	INTAKE COUNTER CON	4/19/16		23,779					_			23,779	6,143	S/L	20	1,1
TOTAL [	DEPT 40 - BLDG & IMPROV			42,849		0	0	(	)	0	0	42,849	17,327			2,2
DEPT 40 - B	BLDG & IMPROV FRS															
112 DOUBLE	DOORS TO WAREHOUSE	5/03/17		3,815								3,815	1,592	S/L	10	3
158 BOILER	REPLACEMENT	2/17/22	-	23,834								23,834		S/L	15	5
TOTAL [	DEPT 40 - BLDG & IMPROV			27,649		0	0	(	)	0	0	27,649	1,592			9
DEPT 40 - E	QUIP															
59 EQUIP-F	LOOR POLISHER	3/04/11		1,170								1,170	1,170	S/L	10	
60 ELEVATO	OR	5/23/12		2,035								2,035	1,853	S/L	10	1
103 VIDEO S	CREENS FRESNO	5/04/15		2,205								2,205	2,205	S/L	5	
108 EDUCAT	ION RM COMP, 13	6/05/16	-	11,854								11,854	11,854	S/L	5	
TOTAL I	DEPT 40 - EQUIP			17,264		0	0		)	0	0	17,264	17,082			13

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23								PRIOR							01:01P
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
DEPT 40 -	FURN & FIXTURES														
63 CHAIRS	S FRESNO LOBBY	5/01/13		1,333							1,333	1,333	S/L	5	
TOTAL	DEPT 40 - FURN & FIXTUR			1,333		0	0	0	(	) 0	1,333	1,333			
DEPT 43 -	BUILDING FRESNO														
113 WINDO	WS IN PAYEE BUILDING	7/11/16		3,360							3,360	1,680	S/L	10	33
TOTAL	DEPT 43 - BUILDING FRES			3,360		0	0	0	(	) 0	3,360	1,680			3
DEPT 43 -	FURN & FIX FRESNO PAYEE														
64 ROLLU	P DOOR	12/19/06		1,385							1,385	1,205	S/L	10	
TOTAL	DEPT 43 - FURN & FIX FRE			1,385		0	0	0	(	) 0	1,385	1,205			
DEPT 44 -	AUTO/TRANSPORTATION EQ	IUIP													
153 2019 H	INO 268A TRUCK FRESNO	12/01/19		60,571							60,571	13,701	S/L	7	8,6
TOTAL	DEPT 44 - AUTO/TRANSPO			60,571		0	0	0	(	) 0	60,571	13,701			8,6
DEPT 44 -	BLDG & IMPROVEMENT	_													
65 ROOF F	REPAIRS	8/17/11		800							800	393	S/L	20	
66 DUCTIN	NG	8/22/11		2,400							2,400	1,180	S/L	20	1
150 WAREH	IOUSE	11/30/19		143,699							143,699	11,376	S/L	20	7,1
155 WAREH	IOUSE HEATER	1/22/20		2,920						_	2,920	414	S/L	10	2
TOTAL	DEPT 44 - BLDG & IMPROV			149,819		0	0	0	(	) 0	149,819	13,363			7,6

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# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23															01:01
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
DEPT 44 -E	EQUIPMENT														
67 BACKD	RAFT DAMPERS	8/22/11		560							560	551	S/L	10	
68 ELEVAT	ΓOR	5/23/12		1,221							1,221	1,108	S/L	10	
151 2010 N	ISSAN FORKLIFT 9N1803	9/30/19	-	8,849							8,849	1,549	S/L	10	
TOTAL	DEPT 44 -EQUIPMENT			10,630		0	0	0	0	0	10,630	3,208			1,
DEPT 45 -	AUTO/TRANSPORTATION EQI	UIP													
154 2019 H	INO 268A TRUCK FRESNO	12/01/19	_	60,571							60,571	13,701	S/L	7	8,
TOTAL	DEPT 45 - AUTO/TRANSPO			60,571		0	0	0	0	0	60,571	13,701			8,
DEPT 45 -	BLDG & IMPROVMT														
69 ROOF F	REPAIRS	8/17/11		400							400	197	S/L	20	
70 DUCTIN	NG	8/22/11	-	1,200							1,200	590	S/L	20	
TOTAL	DEPT 45 - BLDG & IMPROV			1,600		0	0	0	0	0	1,600	787			
DEPT 45 -	EQUIPMENT														
71 BACK [	DRAFT	8/22/11		280							280	275	S/L	10	
72 ELEVAT	ΓOR	5/23/12		407							407	372	S/L	10	
TOTAL	DEPT 45 - EQUIPMENT			687		0	0	0	0	0	687	647			
DEPT 49 -	EQUIP														
118 TV MOI	NITOR	7/31/16	<u>-</u>	2,096							2,096	2,060	S/L	5	
ΤΩΤΔΙ	DEPT 49 - EQUIP			2,096		0	0	0	0	0	2,096	2,060			

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

/23														01	1:01
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIFE _F	CURR RATE DEF	REN PR.
DEPT 80															
57 2013 INT. 4300 DH127632	12/09/20		23,954							23,954	1,996	S/L	7		3
TOTAL DEPT 80			23,954		0	0	(	) (	0	23,954	1,996				;
DEPT 80 - AUTO/TRANSPORTATION EQ	NUIP														
24 2013 INTL	12/31/17		55,671							55,671	38,969	S/L	5		1
TOTAL DEPT 80 - AUTO/TRANSPO			55,671		0	0	(	) (	0	55,671	38,969				1
DEPT 80 - BLDG & IMPROV															
													40		
114 BAKERSFIELD FLOORING	9/13/16		3,575							3,575	1,730	S/L	10		
114 BAKERSFIELD FLOORING  TOTAL DEPT 80 - BLDG & IMPROV	9/13/16		3,575		0	0	(	) (	0	3,5/5	1,730	S/L	10		
					0	0	(	) (	0	<u> </u>	<u> </u>	S/L	10		
TOTAL DEPT 80 - BLDG & IMPROV		_			0	0	(	) (	0	<u> </u>	<u> </u>		31.5		
TOTAL DEPT 80 - BLDG & IMPROV DEPT 80 - BLDG & IMPROV-BAKERSFIEL	LD	_	3,575		0	0	(	) (	0	3,575	1,730	S/L			( (
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING	LD 6/26/09	_	3,575		0	0	(	) (	0	3,575	1,730	S/L S/L	31.5		
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE	6/26/09 6/26/09		3,575 186,601 204,937		0	0	(	) (	0	3,575 186,601 204,937	1,730 71,088 78,072	S/L S/L	31.5 31.5 20		(
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING 74 809 BUILDING	6/26/09 6/26/09 7/07/09	_	3,575 186,601 204,937 76,500		0	0	(	) (	0	3,575 186,601 204,937 76,500	71,088 78,072 45,900	S/L S/L S/L	31.5 31.5 20 5		(
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING  74 809 BUILDING  75 825 CHESTER TERMITE  76 825 CHESTER PERMITS  77 809 CHESTER HVAC  78 825 CHESTER REMODEL	6/26/09 6/26/09 7/07/09 7/16/09		3,575 186,601 204,937 76,500 367		0	0	(	) (	0	3,575 186,601 204,937 76,500 367	71,088 78,072 45,900 367	S/L S/L S/L S/L	31.5 31.5 20 5 20		(
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE 76 825 CHESTER PERMITS 77 809 CHESTER HVAC	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09		3,575 186,601 204,937 76,500 367 3,295		0	0	(	) (	0	3,575 186,601 204,937 76,500 367 3,295	71,088 78,072 45,900 367 1,966	S/L S/L S/L S/L S/L	31.5 31.5 20 5 20 20		(
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING  74 809 BUILDING  75 825 CHESTER TERMITE  76 825 CHESTER PERMITS  77 809 CHESTER HVAC  78 825 CHESTER REMODEL	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09		3,575 186,601 204,937 76,500 367 3,295 18,155		0	0	(	) (	0	3,575 186,601 204,937 76,500 367 3,295 18,155	1,730 71,088 78,072 45,900 367 1,966 10,744	S/L S/L S/L S/L S/L	31.5 31.5 20 5 20 20 20		
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING  74 809 BUILDING  75 825 CHESTER TERMITE  76 825 CHESTER PERMITS  77 809 CHESTER HVAC  78 825 CHESTER REMODEL  79 825 CHESTER SECURITY SYS	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09 8/07/09		3,575 186,601 204,937 76,500 367 3,295 18,155 1,635		0	0		) (	0	3,575 186,601 204,937 76,500 367 3,295 18,155 1,635	1,730 71,088 78,072 45,900 367 1,966 10,744 977	\$/L \$/L \$/L \$/L \$/L \$/L \$/L	31.5 31.5 20 5 20 20 20 20		
TOTAL DEPT 80 - BLDG & IMPROV  DEPT 80 - BLDG & IMPROV-BAKERSFIEL  73 825 BUILDING  74 809 BUILDING  75 825 CHESTER TERMITE  76 825 CHESTER PERMITS  77 809 CHESTER HVAC  78 825 CHESTER REMODEL  79 825 CHESTER SECURITY SYS  80 825 CHESTER REMODEL CHG	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09 8/07/09 8/31/09		3,575 186,601 204,937 76,500 367 3,295 18,155 1,635 4,630		0	0	(	) (	0	3,575 186,601 204,937 76,500 367 3,295 18,155 1,635 4,630	1,730 71,088 78,072 45,900 367 1,966 10,744 977 2,745	S/L S/L S/L S/L S/L S/L S/L	31.5 31.5 20 5 20 20 20 20 20		

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23								20102							01:01F
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
84 WIRING	BKSF	9/12/09		2,557							2,557	1,515	S/L	20	1
85 BLINDS	S BKSF	9/21/09		668							668	668	S/L	5	
97 REROOI	FING BLDG BAKERSFIE	10/20/14		12,245							12,245	2,093	S/L	39	;
105 BAKERS	SFIELD WAREHOUSE REM	10/01/15		178,692							178,692	26,346	S/L	39	4,
109 AC UNI	Т	5/12/16		7,686							7,686	5,673	S/L	7	1,
TOTAL	DEPT 80 - BLDG & IMPROV			705,285		0	0	0	0	0	705,285	252,753			24,
DEPT 80 -	EQUIP														
117 LAPTO	P/DOCKING - VORHEES	11/19/16		1,393							1,393	1,279	S/L	5	
TOTAL	DEPT 80 - EQUIP			1,393		0	0	0	0	0	1,393	1,279			
DEPT 80 -	EQUIP-BAKERSFIELD														
100 PHONE	SYSTEM BAKERSFIELD	8/01/15		8,013							8,013	4,740	S/L	10	
104 VIDEO	SCREENS BAKERSFIELD	5/04/15		664							664	664	S/L	5	
107 LAPTO	P BKSFD SITE DIRECTO	3/20/16		1,433							1,433	1,433	S/L	5	
110 VIDEO	SCREENS BKSFD	8/18/15	_	1,777							1,777	1,777	S/L	5	
TOTAL	DEPT 80 - EQUIP-BAKERSF			11,887		0	0	0	0	0	11,887	8,614			
DEPT 80 -	FURN & FIX-BAKERSFIELD														
86 3 FILIN	G CABINETS	7/02/97		579							579	579	S/L	7	
TOTAL	DEPT 80 - FURN & FIX-BA			579		0	0	0	0	0	579	579			
DEPT 80 -	LAND-BAKERSFIELD														

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23 NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	01:01F CURRENT DEPR.
87 825 CH	HESTER LAND	6/26/09		66,486							66,486				
88 809 CH	HESTER LAND	6/26/09		38,716							38,716				
TOTAL	_ DEPT 80 - LAND-BAKERSFI			105,202		0	0	0	0	0	105,202	0			
	BUILDING BKSF										,				
115 BAKER	RSFIELD PAYEE FLOOR	1/04/17		1,572							1,572	707	S/L	10	1
116 BKSF I	PAYEE WALLS/DOORS	1/09/17		5,400							5,400	2,430	S/L	10	Ę
119 HVAC (	UNIT	6/29/17		7,399							7,399	2,960	S/L	10	7
TOTAL	_ DEPT 83 - BUILDING BKSF			14,371		0	0	0	0	0	14,371	6,097			1,4
FURNITUR	RE AND FIXTURES														
120 RACK I	FOR WAREHOUSE	12/31/17		4,043							4,043	2,831	S/L	5	
121 OFFICE	E CREDENZA	12/31/17		2,310							2,310	1,617	S/L	5	
TOTAL	FURNITURE AND FIXTURE			6,353		0	0	0	0	0	6,353	4,448			1,:
IMPROVEN	MENTS														
136 SIGN		9/17/18		9,909							9,909	1,817	S/L	15	(
137 IRON F	FENCE	10/03/18		2,900							2,900	399	S/L	20	
143 CONCR	RETE	1/09/19		13,775							13,775	3,445	S/L	10	1,3
144 CABIN	ETS	1/09/19		9,945							9,945	3,552	S/L	7	1,4
145 IRON F	FENCE	1/09/19		4,515							4,515	565	S/L	20	2
146 FLOOR	RING	1/09/19		17,794							17,794	4,448	S/L	10	1,7
147 THRIFT	T STORE REMODEL	1/09/19		19,781							19,781	4,945	S/L	10	1,9
148 THRIFT	T STORE DOORS	7/09/18		4,620							4,620	1,386	S/L	10	Ž.
149 WOOD	RAMP	4/19/19		3,791							3,791	821	S/L	10	3

### 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

**PAGE 11** 

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23															01:01
NO DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAI DEPR.	SALV - /BAS REDL	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RAT	CURRENT DEPR.
TOTAL IMPROVEMENTS			87,030		0	0		0	0	0	87,030	21,378			8,
MACHINERY & EQUIPMEN DEP 80															
122 COMPUTERS	12/31/17		1,826								1,826	1,826	S/L	3	
TOTAL MACHINERY & EQUIPMEN			1,826		0	0		0	0	0	1,826	1,826			
MACHINERY & EQUIPMENT															
89 HVAC-PAYEE DEPT	7/15/11		6,765					_			6,765	6,765	S/L	10	
TOTAL MACHINERY & EQUIPMENT			6,765		0	0		0	0	0	6,765	6,765			
MACHINERY AND EQUIPMENT															
123 HVAC UNIT	12/31/17		7,771								7,771	2,720	S/L	10	
125 COMPUTERS/LAPTOPS	12/31/17		1,864								1,864	1,864	S/L	3	
126 COMPUTERS	12/31/17		1,718								1,718	1,718	S/L	3	
127 COMPUTERS	12/31/17		4,294								4,294	4,294	S/L	3	
128 COMPUTERS	12/31/17		859								859	859	S/L	3	
129 COMPUTERS	12/31/17		6,012								6,012	6,012	S/L	3	
130 COMPUTERS	12/31/17		6,012								6,012	6,012	S/L	3	
131 COMPUTERS	12/31/17		859								859	859	S/L	3	
132 COMPUTERS	12/31/17		859								859	859	S/L	3	
133 COMPUTERS	12/31/17		1,718								1,718	1,718	S/L	3	
134 COMPUTERS	12/31/17		3,435								3,435	3,435	S/L	3	
135 COMPUTERS	12/31/17		3,435								3,435	3,435	S/L	3	
138 CONDENSED FAN MOTORS	8/31/18		8,199								8,199	2,323	S/L	10	
139 SWAMP COOLER	10/09/18		4,936								4,936	1,358	S/L	10	

### 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

**PAGE 12** 

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

14/23																01:01P
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
140	PALLET TRUCK	7/09/18		3,641							3,641	2,184	S/L	5		7
141	REFRIGERATOR	10/05/18		4,934							4,934	1,356	S/L	10		4
142	WATER HEATER	11/30/18		1,575							1,575	408	S/L	10	_	1
	TOTAL MACHINERY AND EQUIPME			62,121		0	0	0	0	0	62,121	41,414				3,4
MIS	SCELLANEOUS															
90	TWO COOLERS FRS	7/18/05		7,458							7,458	6,713	S/L	5		
91	ROOF THRIFT STORE	8/02/05		30,920							30,920	23,874	S/L	20		1,!
92	FLOORING MERCED	12/29/05		3,825							3,825	2,868	S/L	20		1
93	WALKIN FREEZER	8/01/05		2,600							2,600	2,412	S/L	7		
94	SOFTWARE FUNDRAISE	12/31/05		10,541							10,541	9,700	S/L	3		
95	QBOOKS SOFTWARE	8/31/05		6,374							6,374	5,313	S/L	3	_	
	TOTAL MISCELLANEOUS			61,718		0	0	0	0	0	61,718	50,880				1,7
	TOTAL DEPRECIATION			3,452,728		0	0	0	0	0	3,452,728	1,709,080			<u> </u>	127,0
	GRAND TOTAL DEPRECIATION			3,452,728		0	0	0	0	0	3,452,728	1,709,080			_	127,0

# 2021 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021	, and ending (mm	m/dd/yyyy)6/30/	2022 -		
Corporation/Or	ganization name CATHOLIC CHARITIES OF THE DIOCE	SE		California	corporation nu	umber
	OF FRESNO			0553	047	
Additional infor	mation. See instructions.			FEIN 94-1	678938	
Street address	(suite or room)			PMB no.	070330	
	FULTON STREET	- Ioi				
FRESNO			ate A	Zip code 9370	1	
Foreign country	y name	Fo	preign province/state/county	Foreign p	ostal code	
▲ First retu	rn		have any changes to its gu		П.,	
	return • Yes X No	not reported to the F	FTB? See instructions		• Yes	X No
	on 4947(a)(1) trust		TC Section 23701d, has the ed in political activities?			
	rmation return?				• Yes	X No
<u> </u>	issolved Surrendered (Withdrawn) Merged/Reorganized					
	e: (mm/dd/yyyy) • counting method:	Is the organization $\epsilon$	exempt under R&TC Section	n 23701g?	• Yes	X No
	Cash 2 X Accrual 3 Other	If "Yes," enter the gr	ross receipts from s	\$	_	
	sturn filed? 1 a DOOT 3 a DOO PE 3 a Dooh H (000)		a limited liability company?		• Yes	X No
	ner 990 series	=	n file Form 100 or Form 109			
<b>G</b> Is this a q	group filing? See instructions Yes X No	taxable income?			<ul><li>Yes</li></ul>	X No
<b>H</b> Is this ord	ganization in a group exemption	Is the organization u	under audit by the IRS or h	as the IRS	<b>■</b> □ ∨∞	X No
	what is the parent's name?		3/1024 pending?			
		Date filed with IRS	37 1024 penung:		Yes	X No
		Date filed with ino				
Part I	Complete Part I unless not required to file this form. See Genera					
	1 Gross sales or receipts from other sources. From Side 2, P			1	1,482	<u>,458.</u>
Receipts	2 Gross dues and assessments from members and affiliates.		-	3	7 000	4.41
and	3 Gross contributions, gifts, grants, and similar amounts rece		.ortorto. ●	3	7,002	<u>,441.</u>
Revenues	4 Total gross receipts for filing requirement test. Add line 1 th This line must be completed. If the result is less than \$50,	-	I Information B ●	4	8,484	.899.
	5 Cost of goods sold				0,101	, , , , ,
	6 Cost or other basis, and sales expenses of assets sold	• 6				
	7 Total costs. Add line 5 and line 6			7		
	8 Total gross income. Subtract line 7 from line 4		•	8	8,484	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, lir		i i	9	8,103	
	<ul><li>10 Excess of receipts over expenses and disbursements. Subt</li><li>11 Total payments</li></ul>			10	381	<u>,791.</u>
	12 Use tax, See General Information K.		~ <u>+</u>	12		
	13 Payments balance. If line 11 is more than line 12, subtract		~ .	13		
Filing	14 Use tax balance. If line 12 is more than line 11, subtract lin	ne 11 from line 13	2	14		
Fee	15 Penalties and interest. See General Information J			15		
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	t		16		0.
0:	Under penalties of perjury, I declare that I have examined this return, including accomp	panying schedules and	d statements, and to the best	t of my knowled	dge and belief,	it is true,
Sign Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all infi	ormation of which prep	parer has any knowledge.  Date	<b>I</b> ● Tele		
	Signature of officer EXECUTIV	VE DIRECTOR	3	559-	237-085	1
	Preparer's ▶	Date	Check if self-	● PTII		
Paid Preparer's	signature FAUSTO HINOJOSA, CPA, CFE		employed		96912 n's FEIN	
Use Only	Firm's name (or yours, if self-employed) 570 N MAGNOLIA AVE STE 100				203007	
	self-employed) and address CLOVIS, CA 93611				ephone	
				(559		540
	May the FTB discuss this return with the preparer shown above?	? See instruction	ns	• X	Yes	No

3651214 CACA1112L 01/04/22 059 Form 199 2021 **Side 1** 

#### Part II

Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business activities. See	instructions	•	1	173,688.
		2	Interest			•	2	5,899.
		3	Dividends				3	
Rece from	ipts	4	Gross rents				4	
Other		5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale				6	
		7	Other income. Attach schedule.				7	1,302,871.
		8	Total gross sales or receipts from other s				8	1,482,458.
		9	Contributions, gifts, grants, and similar a				9	8,000.
		10	Disbursements to or for member				10	0,000.
		11	Compensation of officers, direct	ors and trustees Attach	schedule S	SEE STMT 3	11	205 772
		12	Other salaries and wages				12	295,772.
Expe	nses		•					1,636,071.
and		13	Interest				13	
Disbu		14	Taxes			_	14	172,968.
		15	Rents				15	215,624.
		16	Depreciation and depletion (See				16	127,071.
		17	Other expenses and disburseme				17	5,647,602.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	re and on Side 1, Part I, line	e 9	18	8,103,108.
Sch	edule	L	Balance Sheet	Beginning of	taxable year	End	l of taxa	able year
Asse	ts			(a)	(b)	(c)		(d)
1	Cash				3,881,306.		•	3,653,557.
			receivable		423,969.		•	1,213,391.
3	Net not	es rec	eivable				•	
4					209,576.		•	151,806.
5	Federal	and s	tate government obligations				•	
6	Investm	ents i	n other bonds				•	
7	Investm	ents i	n stock		1,587,468.		•	1,355,257.
8	Mortgag	ge loar	18				•	
9	Other in	ivestm	nents. Attach schedule				•	
10 a	Depreci	able a	ssets	2,906,193.		3,123,7	02.	
b	Less ac	cumul	ated depreciation	1,703,015.	1,203,178.	1,830,0	86.	1,293,616.
					532,444.		•	532,444.
12	Other a	ssets.	Attach schedule		2,752,902.		•	447,748.
					10,590,843.			8,647,819.
			et worth					
14	Account	s pay	able		172,542.		•	412,744.
15	Contrib	utions.	gifts, or grants payable		•		•	•
			ites payable				•	
			yable				•	
			es. Attach schedule STM 6		2,831,868.			468,314.
			or principal fund				•	
			oital surplus. Attach reconciliation				•	
			ings or income fund		7,586,433.		•	7,766,761.
			es and net worth		10,590,843.			8,647,819.
Scho	edule	М-1	Reconciliation of income per	books with income per	return		•	<u> </u>
-			Do not complete this schedule			n (d), is less than \$	50,000	
1	Net inco	ome p	er books	180,328	. 7 Income recorded o	n books this year not incl	uded	
			ne tax	)	in this return. Atta	ch schedule SEE S		39,264.
			ital losses over capital gains		8 Deductions in this			
			corded on books this year.		against book incor	ne this year.		
			ıle	)				
5	Expense	es reco	orded on books this year not deducted			and line 8		39,264.
	in this i	eturn.	Attach schedule SEE . S.T 7					
6	Total. A	dd lin	e 1 through line 5	421,055	. Subtract line 9	from line 6		381,791.

3652214 **Side 2** Form 199 2021 059 CACA1112L 01/04/22

# Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2021

Employer identification number

	OF FRES	NO	94-1678938
Organiza	ation type (check one)	:	
Filers of	:	Section:	
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(c)(7)	red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
aciiciai	rtuic		
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.	
Special	Rules		
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lied from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, total contributions of more than \$1,000 exclusively for religious, charing all purposes, or for the prevention of cruelty to children or animals. Complete stead of the contributor name and address), II, and III.	table, scientific,
	contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but in more than \$1,000. If this box is checked, enter here the total contributions the nexclusively religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions
		sn't covered by the General Rule and/or the Special Rules doesn't file Sched 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99	

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

#### CATHOLIC CHARITIES OF THE DIOCESE

Parti	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASHWOOD CONSTRUCTION INC  5755 E KINGS CANYON ROAD # 110  FRESNO, CA 93727	\$ <u>287,750.</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
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

1 1 Pa

#### CATHOLIC CHARITIES OF THE DIOCESE

raitii	<b>Noticash Property</b> (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b></b>	\$	
BAA	TEEA0703L 10/06/21	Schedule I	B (Form 990) (2021)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE Employer identification number 94-1678938

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	or. Comple exclusive	te columns (a) through (e) and ely religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
		(e) Transfer of gift					
	Transferee's name, addres		Rela	tionship 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 gift					
	Transferee's name, addres	s, and 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 gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship 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 gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee			

BAA

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

222	
<b>300</b> L	
322	

	ch to Form 100 or For	m 100W. FOR	4 199								
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Californ	ia corporati	on number		
	OF FRE	SNO					0553	3047			
<u>Part</u>			perty Under IRC S					ı			
1	Maximum deduction						-	1	\$25 <b>,</b> 000		
2	Total cost of IRC Se		•				-	2			
3	Threshold cost of IR		-				_	3	\$200,000		
4	Reduction in limitation							5			
	Dollar limitation for t		act line 4 from line					5			
6	(a)	Description of property		(b) Cost (busine	ss use only)	(c) Electe	ed cost				
7	Listed property (elec		•			ı: <b>7</b>					
8	Total elected cost of Tentative deduction.							9			
9 10							<u> </u>	10			
10 11	Carryover of disallow Business income lim						-	11			
12	IRC Section 179 exp			•	-			12			
13	Carryover of disallow										
Parl			ional First Year Dep				356				
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	)	(h)		
• •	Description	Date acquired	Cost or	Depreciation	Depreciation		Deprecia	tion for	Additional first		
	of property (mm/dd/yyyy) other basis allowed or method rate this year year allowable in depreciation										
	earlier years										
BUI	LDING - FRES	4/01/1998	636,239.	636,239	). S/L	32					
	R CONDITIONER	4/14/1997	44,648.	8,74		10					
REM	MODEL	1/18/2007	9,602.	9,200		10					
CAE	BLE & DATA DR	1/17/2007	4,657.	4,010		3	1				
	ND MICRO CAB	1/31/2007	565.	480		3					
	Add the amounts in		lumn (h). The total	of column (h) m		24					
	\$2,000. See instruct						127	,071.			
Parl	III Summary	·	, ,				•	•			
16	Total: If the corporat										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column	(g) or	1E solumns	(a) and (h)				
	Depreciation (if no e										
17	Total depreciation cl	•		·	107						
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differe	ence here an	d on Form 10	00 or				
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or							18			
Parl	IV Amortization		·		<u> </u>						
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)		
	Description of property	Date acquire (mm/dd/yyyy			ortization or allowable	R&TC Section	Period percenta		Amortization		
	or property	(IIIII/dd/yyyy	Other bas		rlier years	(see instr)	percenta	ige	for this year		
									_		
									_		
20	Total. Add the amou	nts in column (a)						20			
21	Total amortization cl	(0)						21			
	Amortization adjustn		•	•			-				
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differer	nce here and	on Form 100	or or				
	Form 100W, Side 2,	line 12						22			

### 2021 Corporation Depreciation and Amortization

3885

		=	=									
	ch to Form 100 or For	m 100W. FOR	M 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	on number
	OF FRE	SNO							055	304	7	
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) l	lected	cost	4		
										_		
_	Listed property (elec		•								T	
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov Business income lim									10 11		
11 12	IRC Section 179 exp				•	,				12		
13	•					_		<u></u>		12		
Par		nd Election of Addit						1 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)			g)		(h)
'	Description	Date acquired	Cost or	Depr	eciation	Depreciation			Depreci	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	;	this	year		year
					vable in er years							depreciation
INS	STALL CABINET	3/30/2007	700.		675.	S/L		7				
	FLOOR PAINT	3/09/2007	10,000.		9,667.	S/L		10				
	RING GANG PLA	3/09/2007	2,224.		2,146.	S/L		10				
	HPALT	12/12/2007	82,905.		82 <b>,</b> 905.	S/L		10				
	ICRETE	12/12/2007	14,715.		14,715.	S/L		10				
			•	•								
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	idiliii (ii)									
	Total: If the corporat	tion is electina:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	column (g)	or						
	Additional first year Depreciation (if no e										16	
17	Total depreciation cl	• •				107				-	17	
	Depreciation adjustn									···-		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and	on Form	100	or			
	Form 100W, Side 2, state adjustments or	illie 12. (II Callioff 5 Form 100 or Form	iia depreciation am n 100W no adjustn	iouriis a nent is r	re used to the cessary )	determine i	net incor	ne be	eiore		18	
Par					.000000							
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	0	Perioc			Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		Section (see in		percent	age		for this year
					σαι πο	. , , , , , , , , , , , , , , , , , , ,	(555 111	/				
							1				+	
							1				+	
							1				+	
							+					
20	Total. Add the amou	inte in column (a)								20		
21	Total amortization cl	107								21		
			•									
22	Form 100W, Side 1.	line 6. If line 21 is g	less than line 20,	enter th	e difference	e here and	on Form	100	or			
	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.											

### 2021 Corporation Depreciation and Amortization

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		•		-								
	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	rnia corpo	oration i	number
	OF FRE	SNO							055	3047		
Part			perty Under IRC S									
1	Maximum deduction									1		\$25 <b>,</b> 000
_	Total cost of IRC Sec		•							2		
3	Threshold cost of IRO		-							3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	•	act line 4 from line	1						5		
6	(a)	Description of property		<b>(b)</b> Cos	t (business ι	use only)	(c)	Elected	cost			
_	Listed property (elec						. 7					
8	Total elected cost of Tentative deduction.									8		
9 10	Carryover of disallow									10		
11	Business income lim									11		
12	IRC Section 179 exp				•					12		
13	Carryover of disallow					_		· · · · · · ·				
Parl			ional First Year Dep					n 2435	66			
14	(a)	(b)	(c)		d)	(e)	(1	- 1		g)		(h)
• •	Description	Date acquired	Cost or	Depre	ciation	Depreciation		or	Depreci	ation fo	or .	Additional first
	of property	(mm/dd/yyyy)	other basis		ed or able in	method	ra	:e	this	year		year depreciation
					years							depreciation
SAI	LES TAX	7/01/2008	6,366.		2,626.	S/L		32		20:	2.	
	INDS	7/27/2009	1,030.		1,030.	S/L		5				
	OG IMPROVE FR	5/22/2010	56,457.		1,288.	S/L		20		2,82	3.	
	OG IMPROVE FR	5/26/2010	40,387.		2,377.	S/L		20		2,01		
	OG IMPROVE FR	6/30/2010	61,924.		4,056.	S/L		20		3,09		
	Add the amounts in					•	d			-,		
13	\$2,000. See instructi							15				
Parl		,										
	Total: If the corporat	ion is electing:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	l line 15, o	column (g)	or	15 aalu		ما/ امصماراه	\		
	Additional first year of Depreciation (if no e										6	
17	Total depreciation cl	•				,				_	7	
	Depreciation adjustm	nent. If line 17 is g	reater than line 16	, enter the	e differenc	e here and	d on Fo	m 100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forn	1 100 (	or fore			
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is ne	ecessary.).					18	8	
Par	t IV Amortization		·								·	
19	(a)	(b)	(c)			d)	(e		(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o	or sis	Amorti	zation allowable	R& Sect		Period			mortization
	or property	(IIIII/dd/yyyy	Other bas	313	in earlie		(see i	-	percent	aye	10	or this year
						-						
20	Total. Add the amou	nts in column (a)								20		
21	Total amortization cl	(0)								21		
			•									
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	1 100 c	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORI	M 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia cor	poratio	n number
	OF FRE	SNO							055	304	7	
Par		cpense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for		act line 4 from line	1						5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11 12	Business income lim				-	-				11 12		
	IRC Section 179 exp									12		
	13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12											
14						1				٠.١		(h)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	(d) eciation	(e) Depreciation	<b>(f</b> n Life	or	Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property (mm/dd/yyyy) other basis allowed or method rate this year year										year	
	allowable in depreciation earlier years											
STZ	STAIR RAILING I 6/10/2013 2,181. 881. S/L 20 109.											
	MIP ACCOUNTING 12/07/2004 12,088. 10,880. S/L 5											
	MODEL A/C ELE	2/02/2007	15,079.		14,452.	S/L		10				
	IG FACEPLATE	3/27/2007	1,156.		1,131.	S/L		10				
	ORING DOORS	4/06/2007	25,556.		24,921.	S/L		10				
					•		. [	10				
15	Add the amounts in \$2,000. See instruct							15				
Par								•			•	
16	Total: If the corporati	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or	15 colu	mne (	a) and (h	) or		
	Depreciation (if no e										16	
17	Total depreciation cl	•								_	17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter tl	he differend	e here and	d on For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	1 100 i	or efore			
	state adjustments or									.	18	
Par	t IV Amortization		·									
19	(a)	(b)	(c)		(0		(е	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti allowed or		R&1	C	Period			Amortization
	of property	(mm/dd/yyyy	v) other bas	515	in earlie		Sect (see ii		percent	aye		for this year
							Ì					
								+			l	
20	Total. Add the amou	ints in column (a)	1					1		20		
21	Total amortization c									21	1	
	Amortization adjustr	'	•		,					<del></del>		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forn	า 100	or			
	Form 100W, Side 2,									22		

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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		•	-									
	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporation	on number
	OF FRE	SNO							055	304	7	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Sec									2		
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c) E	lected	cost	-		
										4		
										4		
										4		
			70 1)							-		
8	Listed property (elec		•				lina 7			8	T	
9	Total elected cost of Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim									11		
12	IRC Section 179 exp				•	-				12		
13	·											
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciatio	n Deduction	Under R&T	C Section	1 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		(9	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	n Life rate		Depreci	ation year	for	Additional first year
	or property	(ITIIT/dd/yyyy)	other basis	allo	wable in	memou	Tate		uns	yeai		depreciation
				earli	er years							
	ECTRICAL WIRI	7/24/2007	2,600.		2,600.	S/L		10				
	NDOWS, MS OFF	4/24/2007	765.		723.	S/L		3				
	OR PANEL, STO	3/29/2007	867.		848.	S/L		10				
	PORT PANEL 6	7/26/2007	822.		822.	S/L		10				
EQU	JIP	9/14/2007	546.		546.	S/L		10				
15	Add the amounts in \$2,000. See instructi							15				
Par	t III Summary	·	. ,					•				
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	line 15 856. add	, column (g) I the amoun	) <b>or</b> ts on line '	15 colum	nns (d	n) and (h	) or		
	Depreciation (if no e										16	
	Total depreciation cl									[	17	
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter t	he difference	e here and	d on Forn	1 100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	e difference are used to d	determine	net incon	ne be	efore			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).						18	
Par		ı	<u>,                                      </u>		1							
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) zation	(e) R&T0	,	<b>(f)</b> Period	lor		(g)
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			Amortization for this year
					in earlie	er years	(see in:	str)				
											<u> </u>	
										ı		
20	Total. Add the amou	107								20		
21	Total amortization cl									21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	d on Forr	100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess tilali lille 20,	enter th	e umerence		OII FOIM	100	UI	22		
											-1	

### 2021 Corporation Depreciation and Amortization

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A 11	1.5 100 -	100\4/	-						
	ch to Form 100 or For	m 100W. FORI	М 199				0-1:4	ie ec	ration number
corpo	ration name CATHOL OF FRE		S OF THE DIO	CESE			0553		ration number
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	<u> </u>
3	Threshold cost of IR							3	\$200 <b>,</b> 000
4	Reduction in limitation							4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less	, enter -0			5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallov		,				-	10	
11	Business income lim			•	•		F	11	
12	IRC Section 179 exp				_			12	
13	Carryover of disallov		ional First Year Dep				DEC.		
Par	•	1		1			1		4.5
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e) Depreciation	n Life or	(g Deprecia		r Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this		year
				allowable in earlier years					depreciation
C 7 0	T JACKS & MOD	10/25/2007	761.	761	C /T	10			
						-			
	EAKER PHONE	10/31/2007	800.	800		10			
_	DERGROUND CON		1,403.	1,403		10			
	STING SOIL	11/13/2007	1,045.	1,045		10			
LIN	NE PORTS	12/31/2009	1,048.	1,048	. S/L	5			
	Add the amounts in \$2,000. See instruct								
Par									
16	Total: If the corporat		10	U 15	(-X				
	IRC Section 179 exp Additional first year	dense, add the amo depreciation under	R&TC Section 243	356. add the amo	(g) <b>or</b> unts on line i	15. columns	(a) and (h)	or	
	Depreciation (if no e								;
	Total depreciation cl							17	'
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the differe	nce here and	d on Form 10	0 or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used t	determine	net income b	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary	.)			18	}
Par									
19	<b>(a)</b> Description of property	(b) Date acquire (mm/dd/yyy)			(d) rtization or allowable	(e) R&TC Section	(f) Period percenta		<b>(g)</b> Amortization for this year
		. 3333			lier years	(see instr)		_	,
						1			
						1			
20	Total. Add the amou	ints in column (g).						20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form 4562, li	ne 44			21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20,	, enter the differe enter the differen	nce here and ce here and	d on Form 10 on Form 100	00 or 0 or		
	Form 100W, Side 2,	line 12						22	

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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Attac	th to Form 100 or For	m 100W. FOR	4 199								
Corpor	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Californ	nia corporation	on number		
	OF FRE	SNO					0553	3047			
Part		pense Certain Pro									
1	Maximum deduction						H-	1	\$25 <b>,</b> 000		
2	Total cost of IRC Se	ction 179 property	placed in service					2			
3	Threshold cost of IR		-				-	3	\$200 <b>,</b> 000		
4	Reduction in limitation							4			
	Dollar limitation for t		act line 4 from line					5			
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost				
7	Listed property (elec		•								
8	Total elected cost of							8	_		
9	Tentative deduction.						<u> </u>	9			
10	Carryover of disallov						H-	10			
11	Business income lim			•	-		H	11			
12	IRC Section 179 exp				-			12			
	13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12										
	•	ı							4.		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Depreciatio	n Life or	<b>(g</b> Deprecia	) ition for	<b>(h)</b> Additional first		
	of property (mm/dd/yyyy) other basis allowed or method rate this year year										
	allowable in depreciation										
FIR	ELEVATOR 5/23/2012 407. 372. S/L 10 35.										
	LING FANS	11/15/1999	1,500.	1,367		7					
		8/31/1998	3,250.	•		39		83.			
	CONDITIONER			1,816		39		105.			
	R CONDITIONER	9/08/1998	4,100.	2,277	. S/L	0		105.			
	ID-FRESNO	4/01/1988	215,000.			<del> </del>					
15	Add the amounts in \$2,000. See instruct										
Parl	Summary	ions for fine 14, co	iuiiiii (ii)			13					
	Total: If the corporat	tion is electing.									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (	g) or						
	Additional first year Depreciation (if no e										
17	Total depreciation cl	,,			(3)						
	Depreciation adjustn							17			
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the differenc	e here and	on Form 100	or				
	Form 100W, Side 2, state adjustments or							18			
Parl		TOTAL TOO OF FORE	1 100vv, 110 aujustii	nent is necessary.	)			10			
19		(b)	(c)		(d)	(0)	<b>(f)</b>		(g)		
13	<b>(a)</b> Description	Date acquire	d (c) Cost o		tization	(e) R&TC	<b>(f)</b> Period	or	Amortization		
	of property	(mm/dd/yyyy	y) other bas		r allowable		percenta	ige	for this year		
				III eari	ier years	(see instr)					
						1					
							1	-			
20	Total. Add the amou	(5)					-	20			
21	Total amortization cl		•					21			
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the differer	nce here an	d on Form 10	0 or				
	Form 100W, Side 1, Form 100W, Side 2,							22			
	1 0/111 100 VV, Slue 2,	IIIIG 14									

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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Atta	ch to Form 100 or For	m 100W. FORI	M 199									
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIC	CESE					Califo	rnia co	rporatio	n number
	OF FRE		01 1112 510	.0_5_					055	304	7	
Par	t   Election To Ex	kpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation					3		\$200,000
4	Reduction in limitation									4		
5_	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> C	ost (business u	ise only)	(c)	Elected	l cost			
7	Listed property (elec											
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10 11	-	
11 12	Business income lim				•	-				12	-	
13	IRC Section 179 exp Carryover of disallov					_				12		
Par		nd Election of Addit						n 243	56			
14	(a)	(b)	(c)		(d)	(e)		- 1		g)		(h)
'	4 (a) (b) (c) (d) (e) (f) Description Date acquired Cost or Depreciation Depreciation Life or Depre									ation	for	Additional first
	of property (mm/dd/yyyy) other basis allowed or method rate this year											year
	allowable in depreciation earlier years											
FUI	TON & NEVADA	4/01/2008	80,000.					0				
6'		9/25/2009	7,220.		4,242.	S/L		20		3	61.	
6'	WROUGHT IRON		17,443.		10,173.	S/L		20			72.	
FEN	ICE & WAREHOU	9/01/2009	1,294.		769.	S/L		20			65.	
	ROOF MERCED B		9,379.		5,511.	S/L		20		4	69.	
	Add the amounts in		•	of colu		not evceer	4					
	\$2,000. See instruct							15				
Par		·	` ,									
16	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	l line 15	, column (g)	or ts on line 1	5 colu	mne (	a) and (h	) Or		
	Depreciation (if no e										16	
17	Total depreciation cl	•								-	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	l on_For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	less than line 16, nia depreciation am	enter th nounts a	e difference are used to c	here and of determine r	on Form net inco	า 100 me be	or efore			
	state adjustments or										18	
Par	t IV Amortization											
19	(a)	(b)	(c)		(0		(e)	)	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or		R&T Secti		Period			Amortization for this year
	σ. ρ. σρσ. τ	(	,	0.0	in earlie		(see in		p 0. 00	ugo		ioi tilis yeai
												_
												_
20	Total. Add the amou	ınts in column (g).								20		
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Forn	n 4562, line	44				21		
22	Amortization adjustr	nent. If line 21 is a	reater than line 20	, enter t	he differenc	e here and	l on For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form	า 100	or	22		

### 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	rm 100W. FORI	м 199										
CATHOLIC CHARITIES OF THE DIOCESE						Califor	California corporation number						
	OF FRE							)553047					
Par	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 1	79								
1	Maximum deduction under IRC Section 179 for California.									1		\$25 <b>,</b> 00	0
2		Total cost of IRC Section 179 property placed in service.								3			
3												\$200,00	<u>0</u>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0									4			_
5			act line 4 from line	1						5			_
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c) l	lected	cost				
			70 1	<u> </u>									
8	Listed property (elec		•				line 7			8	T		
9	Total elected cost of Tentative deduction.									9			_
10	Carryover of disallow									10			_
11	Business income lim		•							11			_
12	IRC Section 179 exp				•	•				12			_
13	·					_				!			
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section	1 2435	56				
14	(a)	(b)	(c)		(d)	(e)	(f)		(9	3)		(h)	
	Description of property	Date acquired	Cost or other basis		eciation wed or	Depreciation method	n Life rate		Deprecia	ation	for	Additional first	
	of property	(mm/dd/yyyy)	Other basis		vable in	IIIculou	Tale	,	this	усаі		year depreciation	
				earli	er years								
SEC	CURITY ALARM	12/04/2009	824.		824.	S/L		5					
LINE PORTS		12/31/2009	594.		594.	S/L		5					
LINE PORTS		12/31/2009	736.		736.	S/L		5					
	EVAP COOLERS	7/06/2009	6,516.		3,912.	S/L	20			326.			
BLI	OG IMPR MERCE	12/22/2010	827.		431.	S/L		20		•	41.		
15	Add the amounts in \$2,000. See instruct							15					
Par	t III Summary												
16	Total: If the corpora			45									
	IRC Section 179 exp Additional first year	pense, add the amo depreciation under	ount on line 12 and R&TC Section 243	i iine 15. 356. add	the amoun	) <b>or</b> ts on line 1	15. colun	nns (d	a) and (h	) or			
	Depreciation (if no e										16		
	17 Total depreciation claimed for federal purposes from federal Form 4562, line 22												
18	B Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or												
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	าounts a	re used to d	determine i	net incor	ne be	efore				
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	ment is r	necessary.).						18		
Par													
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	vr.	Amorti	d) zation	(e) R&T		<b>(f)</b> Period	or		(g)	
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			Amortization for this year	
					in earlie	er years	(see in	str)					
							1						
							1				1		_
							1				-		
20	Total. Add the amou	107								20			
21													
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he difference	e here and	d on Form	n 100	or or				
	Form 100W, Side 1, Form 100W, Side 2,	line 12	uiaii iiile 20,	enter th						22			
	, . , -,			·						•			_

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	4 199										
Corporation name CATHOLIC CHARITIES OF THE DIO					CESE					California corporation number			
	OF FRE	05					553047						
Par			perty Under IRC S									*05.000	
1										2		\$25,000	
2 3								3		\$200 000			
3 4	Threshold cost of IRC Section 179 property before reduction in limitation								4	_	\$200,000		
5													
6	(a) Description of property (b) Cost (business use only) (c) Elected cost												
	(4)	booting or property		(2) 0	oot (buomood t	300 011137	(0) 2	iootoa	0001	-			
										-			
										-			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7							
8	Total elected cost of		•				ine 7			8			
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9			
10	Carryover of disallow		'							10			
11	Business income lim					-				11			
12	IRC Section 179 exp					_				12			
13 Par	Carryover of disallow		ional First Year Dep					2/12	56				
	•		· ·	1			1	1 243			1	(1-)	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>(d)</b> reciation	<b>(e)</b> Depreciation	(f) Life	or	Depreci	<b>g)</b> ation	n for	<b>(h)</b> Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or	method rate				year		year	
					wable in er years							depreciation	
BLI	OG IMPR MERCE	5/03/2011	25,915.		13,176.	S/L	S/L 2			1,296.			
	OG IMPR MERCE	5/03/2011	26,298.	13,369. S/L			20		1,315.				
	SHTING FOR ME	8/31/2011	4,618.		2,271.	S/L 20		231.					
	OG IMPR MERCE	7/28/2011	2,435.		1,210.	S/L	/L 20			122.			
	AC MERCERD	3/06/2013	10,972.		9,142.	S/L	10		1,097.				
15	Add the amounts in \$2,000. See instructi	of colur	mn (h) may	not exceed	d .	15							
Par	t III Summary	0113 101 11116 14, 60	iuiiiii (ii)										
	Total: If the corporat	ion is electina:											
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or			>  ( -				
	Additional first year of Depreciation (if no e										16		
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *				107					17		
	Depreciation adjustm	nent. If line 17 is q	reater than line 16,	, enter t	he differenc	e here and	d on Forn	1 100	or or	-			
	Form 100W, Side 1, Form 100W, Side 2.												
	state adjustments or	,									18		
Par	t IV Amortization												
19	(a)	(b)	(c)			d)	(e)		_ (f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T(		Period or percentage			Amortization for this year	
	or property (minutaryyyy)							(see instr)				Tor triis year	
							1						
										1			
20	(3)												
Total amortization claimed for federal purposes from federal Form 4562, line 44													
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or												
	Form 100W, Side 1, Form 100W, Side 2,									22			

TAXABLE YEAR

2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	4 199									
Corpoi	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	n number
	OF FRE	SNO							055	304	7	
<u>Part</u>		cpense Certain Pro								1	1	
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR		-							3 4		\$200,000
4 5	Reduction in limitation for the control of the cont									5	-	
6		Description of property	act line 4 from line		ost (business u		(c) El			3		
	(a)	Description of property		(b) C	usi (busiliess i	ise only)	(C) E	ecteu	CUST	_		
										_		
										_		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				-		
8	Total elected cost of		•				ine 7			8		
9	Tentative deduction.									9		
10	Carryover of disallov	ved deduction from	prior taxable year	S						10		
11	Business income lim				•					11		
12	IRC Section 179 exp			-		_				12		
13	Carryover of disallov							0.405				
Par	•	nd Election of Addit				1		2435				
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		( <b>d)</b> eciation	<b>(e)</b> Depreciation	<b>(f)</b>   Life (	)r	Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate	,		year	101	year
					vable in er years							depreciation
Τ.ΔΝ	ND-336 W. MAI	12/23/1987	80,329.	Carri	ci ycais			0				
	LDING-MERCED		186,911.	1 .	15,172.	S/L		32		5,9	34.	
	JIPMT HVAC	5/03/2011	26,688.		26,688.	S/L		10		<u> </u>	J 1.	
HVA		7/28/2011	3,642.	-	3,610.	S/L	-	10			32.	
	ICE POST	3/30/2007	1,877.		1,833.	S/L		10				
	Add the amounts in		·	of colur	•		· I					
13	\$2,000. See instruct							5				
Parl	t III Summary							•			•	
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	line 15, 356. add	the amoun	) <b>or</b> ts on line 1	I5 colum	ns (c	n) and (h	) or		
	Depreciation (if no e										16	
	Total depreciation cl										17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the	he difference	e here and	l on Form	100	or or			
	Form 100W, Side 1,											
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).						18	
Parl		4.5	1	1		ь.	T				1	
19	<b>(a)</b> Description	(b) Date acquire	d (c)	ır	(c Amorti		(e) R&TC		(f) Period	l or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Sectio	n	percent			for this year
					in earlie	er years	(see ins	tr)				
							1	+				
								-				
								-			-	
20	Total Add Haran	undo in columna ( )		[						20	-	
20	Total. Add the amou	107								20 21		
21	Total amortization of		•		•							_
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

# 2021 Corporation Depreciation and Amortization

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Attac	ch to Form 100 or For	m 100W. FORM	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporatio	n number
	OF FRE								055	304	7	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 17	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Sec	ction 179 property	placed in service							2		
3	Threshold cost of IR									3	_	\$200 <b>,</b> 000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Cos	st (business ı	use only)	(c)	Elected	cost	_		
										_		
										_		
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallow									10 11		
11 12	Business income lim IRC Section 179 exp				•					12		
13	Carryover of disallow					_				12		
Par		nd Election of Additi						n 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f	- 1		g)		(h)
	Description	Date acquired	Cost or	Depre	eciation	Depreciation		or	Depreci	iatior		Additional first
	of property	(mm/dd/yyyy)	other basis		ved or able in	method	ra	:e	this	year		year depreciation
					r years							depreciation
BLI	OG IMPR FULTO	8/04/2010	16,120.		8,799.	S/L		20		8	06.	
	INTING	6/07/2013	2,950.		2,385.	S/L		10		2	95.	
EQU	JIP-FLOOR POL	3/04/2011	1,170.		1,170.	S/L		10				
	EVATOR	5/23/2012	2,035.		1,853.	S/L		10		1	82.	
CHA	AIRS FRESNO L	5/01/2013	1,333.		1,333.	S/L		5				
15	Add the amounts in	column (a) and col	umn (h) The total	of colum	ın (h) mav	not exceed	Н					
	\$2,000. See instruct							15				
Par	t III Summary											
16	Total: If the corporat	ion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	unt on line 12 and R&TC Section 243	line 15, o 856. add f	column (g) the amoun	) <b>or</b> ts on line 1	15 colu	mns (	n) and (h	ı) or		
	Depreciation (if no e										16	
	Total depreciation cl									[	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter the	e differenc	e here and	d on For	m 100	or or			
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts are	e used to a	determine i	net inco	me be	efore			
	state adjustments or										18	
Par	t IV Amortization										•	
19	(a)	(b)	(c)	_	(0		(e	)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or	allowable	R&7 Sect		Period			Amortization for this year
	5. p. sp 5. sy	(****** 22.7777	,		in earlie		(see i		p =	9-		ioi tilis year
20	Total. Add the amou	nts in column (g).								20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	4562, line	44				21		
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter th	e differenc	e here and	d on Fo	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forn	า 100	or	22		

TAXABLE YEAR

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	м 199								
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Californ	nia corporat	tion number
	OF FRE	SNO							0553	3047	
<u>Part</u>			perty Under IRC S								
1	Maximum deduction								F	1	\$25,000
2	Total cost of IRC Se		•						F	2	
3	Threshold cost of IR		-						-	3	\$200,000
4	Reduction in limitation									5	
	Dollar limitation for t		act line 4 from line						1	<u> </u>	
6	(a)	Description of property		(b) Cost (	(business ι	ise only)	(C) E	ected c	ost		
7	Listed property (elec		•							0	
8	Total elected cost of Tentative deduction.									9	
9 10										10	
10 11											
12	IRC Section 179 exp					-			-	12	
13	Carryover of disallov					_					
Parl			ional First Year Dep					24356	3		
14	(a)	(b)	(c)	(d)		(e)	(f)		<b>(</b> g	1)	(h)
• •	Description	Date acquired	Cost or	Depreci	ation	Depreciation		or [	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowe allowab		method	rate		this y	/ear	year depreciation
				earlier y							depreciation
ROI	LUP DOOR	12/19/2006	1,385.	1	,205.	S/L		10			
	F REPAIRS	8/17/2011	800.		393.	S/L		20		40.	
	TING	8/22/2011	2,400.	1	,180.	S/L		20		120.	
BAC	CKDRAFT DAMPE	8/22/2011	560.		551.	S/L		10		9.	
	EVATOR	5/23/2012	1,221.	1	,108.	S/L		10		113.	
15	Add the amounts in				•		4				
	\$2,000. See instruct							5			
Parl	III Summary	·	, ,								•
16	Total: If the corporat										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, co	lumn (g)	or	15 oolum	nc (a)	and (h)		
	Depreciation (if no e										
17	Total depreciation cl	• •				,					
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the	differenc	e here and	d on Form	100	or		
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Parl	t IV Amortization		·								•
19	(a)	(b)	(c)		(0	d)	(e)		(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti	zation allowable	R&TC Sectio		Period percenta		Amortization
	or property	(IIIII/dd/yyy)	Officer bas	SIS all	in earlie		(see ins		percenta	age	for this year
						-	1				
											_
											_
20	Total. Add the amou	ints in column (a).								20	_
21	Total amortization cl	107								21	
	Amortization adjustr		•		•				ŀ		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the di	ifference	here and	on Form	100 oı	٢		
	Form 100W, Side 2,	line 12								22	

### 2021 Corporation Depreciation and Amortization

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Λtto	ch to Form 100 or For	m 100W/ HODE	. 100						
	ration nama	1014	4 199				California	corporatio	on number
Оогро	CATHOL OF FRE	IC CHARITIES SNO	S OF THE DIO	CESE			05530	·	on number
Par	t   Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction								\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	<u> </u>
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				1	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5	_
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
							_		
7	Listed property (elec		•						
8	Total elected cost of								
9	Tentative deduction.							)	
10	Carryover of disallov		,						
11	Business income lim			•	•				
12	IRC Section 179 exp				_			2	
13	Carryover of disallov								
Par	t II Depreciation ar	l I	ional First Year Dep	reciation Deduction	Under R&TO	Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	6	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciation this year		Additional first year
	or property	(ITIITI/dd/yyyy)	otrici basis	allowable in	modiod	Tate	tino yet	41	depreciation
				earlier years					
ROO	OF REPAIRS	8/17/2011	400.	197.	S/L	20		20.	
DUC	CTING	8/22/2011	1,200.	590.	S/L	20		60.	
BAG	CK DRAFT	8/22/2011	280.	275.	S/L	10		5.	
ELE	EVATOR	5/23/2012	407.	372.	S/L	10		35.	
825	BUILDING	6/26/2009	186,601.	71,088.	S/L	32	5,	924.	
15	Add the amounts in	column (a) and col	lumn (h). The total	of column (h) may	not exceed		•		
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	or	E	'a) a a a (la) a		
	Depreciation (if no e								
17	Total depreciation cl	• •		·	107			17	
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 2, state adjustments or							18	
Par		TEOHII 100 OF FOIL	1 100vv, 110 aujustii	nent is necessary.).				10	
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
13	Description	Date acquire	d Cost o	r Amort	ization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	other bas		r allowable	Section	percentage	<b>;</b>	for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	ints in column (g).					2	)	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	44		2	1	
22			•				<u> </u>		
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12					2	2	

# 2021 Corporation Depreciation and Amortization

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	h to Form 100 or For	m 100W. FORM	4 199								
Corpor	ation name CATHOL:	IC CHARITIES	OF THE DIO	CESE				Califo	rnia corp	ooratio	n number
	OF FRES							055	3047	7	
Part 1			perty Under IRC S								*05.000
_	Maximum deduction								2		\$25,000
2	Total cost of IRC Sec		•						3		\$200 000
3 4	Threshold cost of IRG Reduction in limitation		-						4		\$200,000
	Dollar limitation for t								5		
6		Description of property	000 1110 11 1100	(b) Cost (busin			(c) Electe				
	(4)	booting on property		(3) 0001 (3401)	11000 400 0	JJ/	(0) 210011	<del>,                                    </del>	-		
									-		
									-		
									-		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
	Total elected cost of		•			6 and lir	ne 7		8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9		
10	Carryover of disallow	ed deduction from	prior taxable years	S					10		
11	Business income lim								11		
12	IRC Section 179 exp					_			12		
	<b>)</b>										
Part	·		-		ction Unc			1			
14	(a) Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	n Ne	<b>(e)</b> epreciation	(f) Life or	Depreci	<b>g)</b> ation t	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	·	method	rate		year		year
				allowable ir earlier year							depreciation
809	BUILDING	6/26/2009	204,937.	78,07		S/L	32		6,50	16.	
	CHESTER TER	7/07/2009	76,500.	45,90		S/L	20		3,82		
	CHESTER PER	7/16/2009	367.	•	67.	S/L	5		<del></del>		
	CHESTER HVA	8/04/2009	3,295.	1,96		S/L	20		16	55.	
	CHESTER REM	8/19/2009	18,155.	10,74		S/L	20			8.	
	Add the amounts in	•		-							
13	\$2,000. See instructi						15				
Part	III Summary	•						ı			
16	Total: If the corporat										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, colum	ın (g) <b>or</b>	n line 15	5 columns	(a) and (h	) Or		
	Depreciation (if no e									16	
	Total depreciation cla								🛚	17	
18	Depreciation adjustm Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	enter the differ	erence h	ere and	on Form 10	00 or			
	Form 100W, Side 1,										
	state adjustments on	Form 100 or Form	n 100W, no adjustn	nent is necessa	ary.)				1	18	
Part											
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r Ar	<b>(d)</b> mortizati	ion	<b>(e)</b> R&TC	(f) Period	l or		(g)
	of property	(mm/dd/yyyy		sis allowe	ed or allo	owable	Section	percent			Amortization for this year
				in e	earlier ye	ears	(see instr)				
								-			
	T							<u> </u>	00		
20	Total. Add the amou	107							20		
	Total amortization cl		•	•					21		
22	Amortization adjustm Form 100W, Side 1,										
	Form 100W, Side 2,								22		

# 2021 Corporation Depreciation and Amortization

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		1.00\4/										
	ch to Form 100 or Ford ration name	m 100W. FOR	M 199						0-1:4-			
Corpo	CATHOL:	IC CHARITIES	OF THE DIO	CESE					Callion	IIIa co	rporatio	on number
	OF FRE	SNO							055	304	7	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service							2		
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in lim	nitation					3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0					4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> Co	st (business ı	use only)	(c) E	ected	cost			
	• • • • • • • • • • • • • • • • • • • •					,,						
										-		
										-		
7	1:-11	tI IDO 0ti 15	70 1)			7				-		
7	Listed property (elec		•				lina 7			0	T	
8	Total elected cost of Tentative deduction.									<u>8</u>		
9										_		
10	Carryover of disallow		,							10 11		
11	Business income lim				•	•				12		
12	IRC Section 179 exp					_				12		
13								2425				
Par			ional First Year Dep	reciation	Deduction	1		2435				
14	(a)	(b)	(c)		(d)	(e)	(f)		(9	g)	£0.,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	n Life o	or	Depreci	ation vear		Additional first year
	or property	(IIIIII/dd/yyyy)	other basis	allow	able in	moulou	Tato		uno	ycui		depreciation
				earlie	er years							
825	CHESTER SEC	8/07/2009	1,635.		977.	S/L		20			82.	
825	CHESTER REM	8/31/2009	4,630.		2,745.	S/L		20		2	32.	
809	CHESTER SEC	8/12/2009	445.		262.	S/L		20			22.	
	CHESTER BLI	9/04/2009	668.		668.	S/L		5				
	RING BKSF	9/12/2009	6,204.		3,669.	S/L		20		3	10.	
			•			•					<del>-0.</del>	
15	Add the amounts in							5				
Par	\$2,000. See instructi	ions for line 14, co	iumm (ii)					5				
		to a to all although										
10	Total: If the corporat IRC Section 179 exp	ion is electing: ense, add the amo	unt on line 12 and	line 15	column (a)	or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	15, colum	ns (g	g) and (h	) or		
	Depreciation (if no e	• •			•	,				-	16	
	Total depreciation cla										17	
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Form	100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments on										18	
Par	t IV Amortization									•		
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire			Amorti		R&TC		Period			Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		Sections (see ins		percent	age		for this year
					iii caiiic	i years	(366 1113	111)				
							1				+	
											-	
20	Total. Add the amou	nts in column (g).								20	$\perp$	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	4562, line	44				21		
22	Amortization adjustm											
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 d	or			
	Form 100W, Side 2,	line 12								22		

# 2021 Corporation Depreciation and Amortization

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	h to Form 100 or For	m 100W. FORM	4 199									
Corpor	ation name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia corpo	oration	number
	OF FRE	SNO							055	3047		
<u>Part</u>			perty Under IRC S									
_	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR		-							3		\$200,000
	Reduction in limitation									4		
	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c)	Elected	cost			
	Listed property (elec		•									
	Total elected cost of									8		
9												
10	,											
11						-				11		
12	IRC Section 179 exp					-				12		
	13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12											
	•			1		1						(6)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>(d)</b> reciation	(e) Depreciatio	n <b>(f</b> ) n Life	or	Deprecia	<b>3)</b> ation fo	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat		this		,	year
					wable in er years							depreciation
WIR	ING BKSF	9/12/2009	2,557.	Carn	1,515.	S/L		20		128	٦ -	
	NDS BKSF	9/21/2009	668.		668.	S/L		5			•	
	'ILING CABINE	7/02/1997	579.		579 <b>.</b>	S/L		7				
	CHESTER LAN	6/26/2009	66,486.		373.	5/1		ó				
	CHESTER LAN	6/26/2009	38,716.					0				
		•			4.5		1					
15	Add the amounts in \$2,000. See instruct							15				
Part	III Summary	,					l.					
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	, column (g)	or ts on line	15 colur	nne (c	n) and (h	) Or		
	Depreciation (if no e										6	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	22				1	7	
18	Depreciation adjustn	ent. If line 17 is g	reater than line 16,	, enter tl	he differenc	e here an	d on_For	m 100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									18	В	
Part	IV Amortization											
19	(a)	(b)	(c)			d)	(e)	)	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T Secti		Period percenta			Amortization for this year
	σ. ρ. σρσ. ιχ	(	7 00.101 200	5.6	in earlie		(see ir		рогосии	ago		ioi tilis year
20	Total. Add the amou	nts in column (g).			<del></del>		<del></del>			20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	44				21		
22	Amortization adjustn	nent. If line 21 is a	reater than line 20	, enter t	he differenc	e here an	d on For	m 100	or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	າ 100 ເ	or			
	Form 100W, Side 2,	ııne 12			<u> </u>					22		

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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		•	•						
	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Californ	ia corporati	on number
	OF FRE						0553	047	
Par			perty Under IRC S						
1	Maximum deduction						<u> </u>	1	\$25,000
2	Total cost of IRC Se						_	2	<b>****</b>
3	Threshold cost of IR		-				_	3 4	\$200,000
4 5	Reduction in limitation for t							5	
6		Description of property	act line 4 from line	(b) Cost (business)				<u> </u>	
-	(a)	Description of property		(n) Cost (nusiness)	use only)	(c) Electe	u cost		
7	Listed property (also	stad IDC Spation 1	70 anoth		7				
8	Listed property (electronal elected cost of		•			ino 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov						-	10	
11	Business income lim		•				_	11	
12	IRC Section 179 exp			•	,		-	12	
13	·				_		<u> </u>		
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia	tion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					
HV	AC-PAYEE DEPT	7/15/2011	6,765.	6,765.	S/L	10			
TWO	COOLERS FRS	7/18/2005	7,458.	6,713.	S/L	5			
ROO	OF THRIFT STO	8/02/2005	30,920.	23,874.	S/L	20	1	,546.	
FLO	OORING MERCED	12/29/2005	3,825.	2,868.	S/L	20		191.	
WA]	KIN FREEZER	8/01/2005	2,600.	2,412.	S/L	7			
15	Add the amounts in	column (a) and co	lumn (h). The total	of column (h) may	not exceed	1			
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	Tine 15, column (g) 356, add the amoun	) <b>or</b> Its on line 1	5 columns	(a) and (h)	or	
	Depreciation (if no e								
	Total depreciation cl							17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is necessary.).				18	
Par	t IV Amortization			<u> </u>					
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC Section	Period percenta	-	Amortization for this year
		, ,,,,,		in earlie	er years	(see instr)	'		
20	Total. Add the amou	ınts in column (g).						20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form 4562, line	44			21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	l on_Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or	22	
	Form 100W, Side 2,	IIIIE 12						<b></b>	

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Califor	nia corporati	on number
	OF FRE	SNO					055	3047	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							5	
<u>5</u>	Dollar limitation for t	Description of property	act line 4 from line			(c) Elect		3	
-	(a)	Description of property		(b) Cost (busine	ss use only)	(C) Elect	eu cost		
7	Listed property (elec	stad IDC Section 17	79 cost)		7				
8	Total elected cost of		•			line 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim							11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not en	ter more than	n line 11		12	
13	Carryover of disallov	ved deduction to 20	022. Add line 9 and	d line 10, less lin	e 12	13			
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deducti	on Under R&	C Section 24	1356		
14	(a)	(b)	(c)	(d)	(e)	(f)	((	9)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	n Life or rate	Deprecia this		Additional first year
	2. p. 2p 2. 3	(		allowable in				<i>y</i> = =	depreciation
		10/01/0005	10 541	earlier years	2/-				
	TTWARE FUNDRA		10,541.	9,700			3		
	OOKS SOFTWARE	8/31/2005	6,374.	5,313			3	400	
	THETIC TURF	1/21/2015	15,723.						
	ROOFING BLDG	10/20/2014	12,245.	2,093		39		314.	
	ONE SYSTEM FR		19,863.	11,753	•	1(	<u> </u>	1 <b>,</b> 986.	
15	Add the amounts in \$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp Additional first year	dense, add the amo depreciation under	ount on line 12 and R&TC Section 243	ine 15, column 356. add the amo	(g) <b>or</b> ounts on line	15. columns	(a) and (h	) or	
	Depreciation (if no e							16	
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g line 6 If line 17 is	reater than line 16	, enter the different	ence here an	d on Form 1	00 or 0 or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used	to determine	net income	before		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessar	y.)			18	
Par		1 4			. B	1	1 40	<del></del>	
19	<b>(a)</b> Description	(b) Date acquire	ed Cost o	ır Amı	<b>(d)</b> ortization	(e) R&TC	(f) Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed	or allowable	Section	percenta		for this year
				in ea	rlier years	(see instr)			·
								-	
20	Total. Add the amou	107						20	
21	Total amortization cl							21	
22	Amortization adjustn Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the different	ence here and	d on Form 1	00 or 0 or		
	Form 100W, Side 1,							22	
	•							•	

### 2021 Corporation Depreciation and Amortization

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	to Form 100 or Form to Form 100 or Form CATHOL.	1014	4 199						
	CATHOL						Californi	a corporati	on number
	OF FRE		OF THE DIO	CESE			0553	·	
Part			perty Under IRC S	ection 179			10000	047	
	Maximum deduction							1	\$25,000
	Total cost of IRC Sec						_	2	Ψ23 <b>/</b> 000
	Threshold cost of IR		•				<b>-</b>	3	\$200,000
	Reduction in limitation							4	4200/000
	Dollar limitation for t							5	
6		Description of property		(b) Cost (business (		(c) Electe			
	•			• • • • • • • • • • • • • • • • • • • •	,	, ,			
<b>7</b> L	isted property (elec	ted IRC Section 17	'9 cost)		7				
	Total elected cost of		•			ine 7		8	
	Tentative deduction.							9	
	Carryover of disallow						-	10	
11 E	Business income lim	itation. Enter the s	maller of business	income (not less the	han zero) d	r line 5		11	
12	RC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not enter	more than	line 11		12	
13 (	Carryover of disallow								
Part	Depreciation an	d Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	_ (a)	(b)	(c)	(d)	(e)	(f)	_ (g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciate this y		Additional first year
	or property	(IIIII/dd/yyyy)	Other basis	allowable in	motriou	Tate	tilis y	cai	depreciation
				earlier years					
PHON	IE SYSTEM ME	8/01/2015	4,044.	2,391.	S/L	10		404.	
PHON	IE SYSTEM BA	8/01/2015	8,013.	4,740.	S/L	10		801.	
VIDE	O SCREENS M	5/04/2015	2,205.	2,205.	,205. S/L 5				
VIDE	O SCREENS F	5/04/2015	2,205.	2,205.	S/L	5			
VIDE	O SCREENS B	5/04/2015	664.	664.	S/L	5			
<b>15</b> A	Add the amounts in	column (a) and col	umn (h). The total	of column (h) may	not exceed	1			
	\$2,000. See instructi								
Part	Summary								
16	otal: If the corporat	ion is electing:							
	RC Section 179 exp Additional first year (	ense, add the amo	unt on line 12 and	line 15, column (g)	) <b>or</b> ts on line 1	5 columns	(a) and (h)	or	
	Depreciation (if no e								
	Total depreciation cla							17	
18 [	Depreciation adjustm	ent. If line 17 is g	reater than line 16,	enter the difference	e here and	on Form 10	0 or		
 	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	less than line 16, ( lia depreciation am	enter the difference lounts are used to (	e nere and o determine r	on Form 100 net income b	or efore		
	state adjustments on							18	
Part	V Amortization								
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy				R&TC Section	Period of percentage		Amortization for this year
	or property	(ITIITI/dd/yyyy	) Other bas	in earlie		(see instr)	percenta	gc	ioi tilis year
_									
									_
20	Total. Add the amou	nts in column (a)						20	
	Total amortization cl	107					-	21	
		•	·				-		
í	Amortization adjustm Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or		
F	orm 100W, Side 2,	line 12						22	

TAXABLE YEAR

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	M 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporation	on number
	OF FRE	SNO							055	304	17	
Par		pense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Co	ost (business ı	use only)	(c)	Elected	d cost	_		
7			•								1	
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11 12	Business income lim IRC Section 179 exp				•					12		
13				-		_				12		
Par		nd Election of Addit						n 243	156			
14				1	(d)		1			~)		(b)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		eciation	(e) Depreciation	n <b>(f)</b> n Life		Depreci	<b>g)</b> iatior	n for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat			year		year
					vable in er years							depreciation
RAF	KERSFIELD WAR	10/01/2015	178,692.		26,346.	S/L		39		4 . 5	82.	
	ENT INTAKE C	4/19/2016	23,779.		6,143.	S/L		20			89.	
	TOP BKSFD SI	3/20/2016	1,433.		1,433.	S/L		5		<del>-,-</del>		
	JCATION RM CO	6/05/2016	11,854.		11,854.	S/L		5				
	UNIT	5/12/2016	7,686.	-	5,673.	S/L		7		1 0	98.	
		•	•			•	, 1			<del></del> , _	<del></del>	
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	idiliii (ii)					10				
	Total: If the corporat	tion is electina:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or						
	Additional first year Depreciation (if no e										16	
17	Total depreciation cl	•				107					17	
	Depreciation adjustn											
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	า 100	or			
	Form 100W, Side 2, state adjustments or										18	
Par					.000000.7.7.					1		
19	(a)	(b)	(c)		((	d)	(e)	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	C	Period	d or		Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		Secti (see ir		percent	tage		for this year
					iii caine	or yours	(300 11	15(1)				
											+	
20	Total. Add the amou	inte in column (a)								20		
	Total amortization cl	107								21	+	
21										21	-	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20.	, enter ti enter the	ne aitterence e difference	ce nere and here and	a on For on Form	m 10 1 100	or or			
	Form 100W, Side 2,									22		

### 2021 Corporation Depreciation and Amortization

3885

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	ch to Form 100 or For	m 100W. <b>FORI</b>	1 199									
Corpo	ration name  CATHOL  OF FRE	IC CHARITIES	OF THE DIO	CESE					Califo 055			on number
Par		spense Certain Pro	norty Under IDC S	oction 1	70				[033	304	ŧ /	
1	Maximum deduction									1		\$25,000
	Total cost of IRC Se									2		Ψ23 <b>,</b> 000
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation		-							4		<b>4200,000</b>
5	Dollar limitation for t									5		
6		Description of property			ost (business i			Elected				
	(4)	boomption or property		(3) 0	oot (buomiooo t	acc cingy	(0)	Lioutot	4 0000	1		
										-		
7	Listed property (also	tad IDC Section 17	'O acat)			7				-		
7 8	Listed property (electrotal elected cost of						lina 7			8	<u> </u>	
9	Tentative deduction.	•								9		
10	Carryover of disallow									10		
11	Business income lim		'							11		
12	IRC Section 179 exp				•	-				12		
13	Carryover of disallow					-				<u> </u>		
Par		nd Election of Additi						on 243	356			
14	(a)	(b)	(c)		(d)	(e)	(1			g)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciatio		e or	Deprec	iatior	n for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	ra	te	this	year	•	year
					er years							depreciation
VTI	DEO SCREENS B	8/18/2015	1,777.		1,777.	S/L		5				
	PTOP/DOCKING	4/06/2017	1,639.		1,394.	S/L		5		2	45.	
	JBLE DOORS TO	5/03/2017	3,815.		1,592.	S/L		10			82.	
	NDOWS IN PAYE	7/11/2016	3,360.		1,680.							
	KERSFIELD FLO	9/13/2016	3,575.		1,730.	S/L		10			58.	
		•			•		. 1				50.	
15	Add the amounts in							15				
Par	\$2,000. See instructi	ions for line 14, co	iuiiiii (ii)					13				
16		ion is electing:										
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or or						
	Additional first year											
17	Depreciation (if no e	• •			•	,					16 17	
	Total depreciation cl Depreciation adjustn	·	•								17	
.0	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forr	n 100	or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ia depreciation am	nounts a	re used to o	determine	net inco	ome b	efore		18	
Par		I FOITH 100 OF FOITH	1 100vv, 110 aujusti	HEHL IS I	iecessary.).						10	
19	(a)	(b)	(c)			d)	(e	,	(f)			(g)
13	Description	Date acquire		r	Amorti	ization	R&		Period			Amortization
	of property	(mm/dd/yyyy	) other bas	sis	allowed or		Sect		percent	tage		for this year
					in earlie	er years	(see i	nstr)				
											_	
20	Total. Add the amou	nts in column (g).			<del></del>					20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	1 4562, line	44				21		
22		•	·									
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forr	n 100	or	-		
	Form 100W, Side 2,	iine 12								22		

TAXABLE YEAR

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	n number
	OF FRE								055	304	7	
Par		cpense Certain Pro										*05.000
1	Maximum deduction									2		\$25,000
2 3	Total cost of IRC Se		•							3	-	\$200 000
3 4	Threshold cost of IR Reduction in limitation		-							4		\$200,000
5	Dollar limitation for t									5		
6		Description of property	400 1110 1 110111 11110		ost (business u			lected				
	(4)	Bootinpaton or property		(3) 0	201 (200111000 1	100 011137	(0) !	.100104	0001	-		
										-		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				-		
8	Total elected cost of		•				ine 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallov									10		
11	Business income lim				•					11		
12	IRC Section 179 exp			-		_				12		
13 Par	Carryover of disallov	nd Election of Addition						2/12	56			
	•	l I		1				1 243		>		(1-)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>(d)</b> eciation	<b>(e)</b> Depreciation	(f) 1 Life	or	Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate			year		year
					vable in er years							depreciation
BAF	KERSFIELD PAY	1/04/2017	1,572.		707.	S/L		10		1	57.	
	SF PAYEE WALL	1/09/2017	5,400.		2,430.	S/L		10			40.	
	PTOP/DOCKING	11/19/2016	1,393.		1,279.	S/L		5			14.	
	MONITOR	7/31/2016	2,096.		2,060.	S/L		5			36.	_
HV	AC UNIT	6/29/2017	7,399.		2,960.	S/L		10			40.	
15	Add the amounts in \$2,000. See instruct							15				
Par	t III Summary	,										
16	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or ts on line 1	IS colum	nne (	n) and (h	) Or		
	Depreciation (if no e										16	
	Total depreciation cl									[	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	on Form	100	or or			
	Form 100W, Side 1,											
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18	
Par		1	1				1				1	
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	(c Amorti		(e) R&T0	_	(f) Period	l or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			for this year
					in earlie	er years	(see in	str)				
							-	-			1	
								-				
20	T-t-L Add U	order to a set of the								20	+	
20	Total. Add the amou	(0)								20	+	
21	Total amortization of		•		,						+	_
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Californ	nia corpora	tion number
	OF FRE	SNO					0553	3047	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25 <b>,</b> 000
_	Total cost of IRC Se							2	
3	Threshold cost of IR		-					3	\$200 <b>,</b> 000
4	Reduction in limitation							5	
<u>5</u>	Dollar limitation for t		act line 4 from line					3	
0	(a)	Description of property		(b) Cost (busine	ess use only)	(c) Electe	a cost		
			70 1		7				
7	Listed property (elec		•			line 7		8	
8 9	Total elected cost of Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim						ŀ	11	
12	IRC Section 179 exp				-			12	
13	Carryover of disallov								
Par			ional First Year Dep				356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g	1)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	n Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	year	year depreciation
				earlier years					doprodiation
RAC	CK FOR WAREHO	12/31/2017	4,043.	2,83	1. S/L	5		809.	,
OFE	FICE CREDENZA	12/31/2017	2,310.	1,61	7. S/L	5		462	,
CON	1PUTERS	12/31/2017	1,826.	1,82	6. S/L	3			
HV	AC UNIT	12/31/2017	7,771.	2,72		10		777.	
201	3 INTL	12/31/2017	55,671.	38,96		5	11	134	
15	Add the amounts in	column (a) and co				-d		•	
	\$2,000. See instruct								
Par						•			•
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column	ı (g) <b>or</b> ounts on line	15 columns	(a) and (h)	or	
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, I	line 22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differ	ence here an	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			iortization d or allowable	R&TC Section	Period percenta		Amortization for this year
	or property	(IIIIII/aa/yyy)	other bas		arlier years	(see instr)	porconte	ago	ioi tilis year
20	Total. Add the amou	ints in column (a).						20	
21	Total amortization cl	107						21	
	Amortization adjustr	nent. If line 21 is a	reater than line 20	. enter the differ	ence here an	d on Form 10	00 or		
-	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differe	nce here and	on Form 100	or or	-	
	Form 100W, Side 2,	line 12						22	

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

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		-	•						
	ch to Form 100 or For	rm 100W. FORI	м 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Califor	nia corpo	ration number
	OF FRE						055	3047	
Par		xpense Certain Pro					1		+0= 000
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							3	6200 000
3 4	Threshold cost of IR Reduction in limitation							4	\$200,000
5	Dollar limitation for							5	
6		Description of property	act iiic + iroiii iiiic	(b) Cost (business		(c) Electe			
	(a)	Description of property		(b) Cost (business	use only)	(C) LIGUE	u cost		
7	Listed property (elec	stad IDC Section 17	79 cost)		7				
8	Total elected cost of		•			ine 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim							11	
12	IRC Section 179 exp			•				12	
13	Carryover of disallov	wed deduction to 20	022. Add line 9 and	d line 10, less line 1	12	13			
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g	9)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		r Additional first year
	or property	(IIIII/dd/yyyy)	ottler basis	allowable in	memou	Tate	uns .	yeai	depreciation
				earlier years					
COI	MPUTERS/LAPTO	12/31/2017	1,864.	1,864.	S/L	3			
COI	1PUTERS	12/31/2017	1,718.	1,718.	S/L	3			
COI	MPUTERS	12/31/2017	4,294.	4,294.	S/L	3			
COI	MPUTERS .	12/31/2017	859.	859.	S/L	3			
COI	MPUTERS	12/31/2017	6,012.	6,012.	S/L	3			
15	Add the amounts in								
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15			
Par									1
16	Total: If the corporal IRC Section 179 exp		ount on line 12 and	line 15 column (a	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	its on line 1				
	Depreciation (if no e	•							
	Total depreciation cl							17	<u>'</u>
10	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g line 6. If line 17 is	reater than line 16, less than line 16.	, enter the difference enter the difference	ce nere and e here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts are used to	determine r	net income b	efore		
D	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.).				18	
Par		(6)	(0)		٦١	(-)	40		(=)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o		<b>d)</b> ization	(e) R&TC	(f) Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percenta	-	for this year
				in earlie	er years	(see instr)			
						1			
						-			
						-			
						-			
	<del></del>					1		00	
20	Total. Add the amou	107						20	
21	Total amortization c		•					21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 100	00 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12		the difference	and (			22	

# 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	M 199						
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Califor	rnia corpor	ration number
	OF FRE						055	3047	
Par		xpense Certain Pro						1 1	
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR		-					3	\$200,000
4 5	Reduction in limitati							5	
6	Dollar limitation for		act line 4 from line					3	
-	(a)	Description of property		(b) Cost (busine	ess use only)	(c) Elect	eu cost	-	
								_	
								_	
								_	
7	Listed property (alac	atad IDC Spation 1	70 aaat)		7			_	
7 8	Listed property (electronal elected cost of		•			lino 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lin		,					11	
12	IRC Section 179 exp			•	-			12	
13	Carryover of disallov	wed deduction to 20	022. Add line 9 and	d line 10, less lin	ne 12	13			
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduct	ion Under R&	TC Section 24	1356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	on Life or rate	Depreci	ation for year	r Additional first year
	or property	(IIIII/dd/yyyy)	ottler basis	allowable in		Tate	uns	year	depreciation
				earlier years					·
COI	1PUTERS	12/31/2017	6,012.	6,01			3		
COI	1PUTERS	12/31/2017	859.	85			3		
COI	MPUTERS	12/31/2017	859.	85			3		
CON	MPUTERS	12/31/2017	1,718.	1,71			3		
CON	MPUTERS	12/31/2017	3,435.	3,43	5. S/L	;	3		
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) m	nay not excee	ed			
	\$2,000. See instruct	tions for line 14, co	lumn (h)			15			
Par								-	_
16	Total: If the corporal IRC Section 179 exp		ount on line 12 and	Llino 15. column	(a) <b>a</b> *				
	Additional first year	depreciation under	R&TC Section 243	356, add the amo	ounts on line	15, columns	(g) and (h	n) or	
	Depreciation (if no e	• •			107				
	Total depreciation c							17	'
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 1/ is g line 6 If line 17 is	reater than line 16, less than line 16	, enter the differ enter the differe	ence here an nce here and	id on Form 1 Lon Form 10	00 or Ω or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used	to determine	net income	before		
_	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is necessar	y.)			18	
Par		- 45	1	<u> </u>	4.6		1 40		
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	or Am	(d) ortization	(e) R&TC	(f)	1 or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed	d or allowable		percent		for this year
				in ea	arlier years	(see instr)			-
20	Total. Add the amou	107						20	
21	Total amortization c							21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the differ	ence here and	nd on Form 1	00 or		
	Form 100W, Side 1,							22	
	, : 1						•		

# 2021 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Californi	a corporation	on number
	OF FRE	SNO					0553	047	
Par		kpense Certain Pro						T	
1	Maximum deduction						<u> </u>	1	\$25,000
2	Total cost of IRC Se		•				_	2	****
3	Threshold cost of IR		-					3 4	\$200,000
4 5	Reduction in limitation for the control of the cont							5	
6		Description of property	act line 4 from line	(b) Cost (busines		(c) Elect		<u> </u>	
	(a)	Description of property		(n) cost (nasilies	ss use only)	(C) Elect	eu cost		
7	Listed property (elec	rted IRC Section 17	79 cost)		7				
8	Total elected cost of		•			line 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov						<b>-</b>	10	_
11	Business income lim	nitation. Enter the s	smaller of business	income (not less	than zero) o	or line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not ent	er more than	line 11		12	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	on Under R&T	C Section 24	1356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	<b>.</b>	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	n Life or rate	Depreciat this y		Additional first year
	o. p. spo. sj	(	511.51 245.5	allowable in					depreciation
		10/01/0015	0.405	earlier years		+			
	MPUTERS	12/31/2017	3,435.	3,435			3		
SIG		9/17/2018	9,909.	1,817		15		661.	
	ON FENCE	10/03/2018	2,900.	399		20		145.	
	NDENSED FAN M		8,199.	2,323		10		820.	
	AMP COOLER	10/09/2018	4,936.	1,358		10	)	494.	
15	Add the amounts in								
Dar	\$2,000. See instruct	ions for line 14, co	lumn (n)			15			
	t III Summary  Total: If the corpora	tion is alacting:							
10	IRC Section 179 exp		ount on line 12 and	line 15, column	(g) <b>or</b>				
	Additional first year	depreciation under	R&TC Section 243	356, add the amo	unts on line				
17	Depreciation (if no e	•		•	107				
	Total depreciation of Depreciation adjustr							17	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 2, state adjustments or							. 18	
Par		11 01111 100 01 1 0111	i 100vv, no aujusti	nent is necessary	•)			10	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		rtization	R&TC	Period of		Amortization
	of property	(mm/dd/yyyy	v) other bas		or allowable lier years	Section (see instr)	percenta	ge	for this year
				iii cai	iici ycais	(300 111311)			
							1		
							1		
20	Total. Add the amou	ints in column (a)	l	l		1	1	20	
21	Total amortization c	(3)						21	
	Amortization adjustr		•	·					
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 2.	line 12						22	

TAXABLE YEAR

### 2021 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or For	m 100W. <b>FORM</b>	1 199							
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Califo	rnia corpora	tion number
	OF FRE							055	3047	
Par		cpense Certain Pro								
1	Maximum deduction								1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitatio	n				3	\$200 <b>,</b> 000
4	Reduction in limitation								4	
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If zero or	less, e	nter -0			5	
6	(a)	Description of property		(b) Cost (bu	siness u	se only)	(c) Elect	ed cost		
7	Listed property (elec	ted IRC Section 17	9 cost)			7				
8	Total elected cost of								8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	
10	Carryover of disallov	ved deduction from	prior taxable years	S					10	
11	Business income lim	nitation. Enter the s	maller of business	income (not	less th	nan zero) or	line 5		11	
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not	enter	more than I	line 11		12	
13	Carryover of disallov									
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep	reciation Dedu	uction	Under R&TC	Section 24	1356		
14	(a)	(b)	(c)	(d)		(e)	(f)		g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed of		Depreciation method	Life or rate		ation for year	Additional first
	or property	(IIIII/dd/yyyy)	Other basis	allowable		IIIculou	Tale	uns	усаі	year depreciation
				earlier yea						
PAI	LLET TRUCK	7/09/2018	3,641.	2,1	.84.	S/L	Į	5	728.	•
REI	FRIGERATOR	10/05/2018	4,934.	1,3	356.	S/L	10	ו	493.	•
WA?	TER HEATER	11/30/2018	1,575.	4	108.	S/L	10	ו	158.	
COL	ICRETE	1/09/2019	13,775.	3,4	145.	S/L	10	ו		
CAI	BINETS	1/09/2019	9,945.	3,5	552.	S/L	-	7	1,421.	
15	Add the amounts in \$2,000. See instruct						15			
Par		10115 101 11116 14, 001	umm (m)				13			
16	Total: If the corporate	tion is electing:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, colur	nn (g)	or				
	Additional first year									
17	Depreciation (if no e	• • • • • • • • • • • • • • • • • • • •		•		,				
	Total depreciation of Depreciation adjustr								17	
10	Form 100W, Side 1,	line 6. If line 17 is gi	less than line 16.	enter the diffe	erence	here and o	n Form 10	00 or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	ounts are use	ed to c	letermine ne	et income	before		
_	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necess	sary.).				18	
Par		4.5		1		ı.	4.5	- 40		
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r   1	(c Amorti:		<b>(e)</b> R&TC	(f) Period	d or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy				allowable	Section	percent		for this year
				in	earlie	r years	(see instr)			
20	Total. Add the amou	ints in column (a).							20	
21	Total amortization c	(0)							21	
		•	•							
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the diffe	erence	here and o	n Form 10	0 or		
	Form 100W, Side 2,	line 12							22	

### 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. <b>FORN</b>	1 199									
Corpo	ration name  CATHOL:  OF FRES	IC CHARITIES	OF THE DIC	CESE					Califo 055		·	on number
Par		pense Certain Pro	nerty Under IRC S	ection 179	9				1033	304	± /	
1	Maximum deduction									1		\$25,000
	Total cost of IRC Sec									2		+20/000
3	Threshold cost of IRO									3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, e	enter -0					4		•
5	Dollar limitation for t	axable year. Subtra	act line 4 from line	1. If zero	or less, e	enter -0				5		
6	(a)	Description of property		(b) Cost	t (business ι	use only)	(c)	Elected	d cost			
7	Listed property (elec	ted IRC Section 17	9 cost)			7						
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in colu	umn (c), l	ine 6 and	line 7			8		
9	Tentative deduction.	Enter the $\mathbf{smaller}$	of line 5 or line 8.							9		
10	Carryover of disallow									10		
11	Business income lim									11		
12	IRC Section 179 exp									12		
13	Carryover of disallow											
Par		nd Election of Additi	<u>.</u>				1					
14	(a) Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d Depred		(e) Depreciation	(1	<b>f)</b> e or	Doproci	g) ation	o for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowe		method	ra			Depreciation for this year		year
		, , , , , , , , , , , , , , , , , , , ,		allowa						_		depreciation
TDC	NI DENGE	1 /00 /0010	4 515	earlier		0./1					26.	
	ON FENCE	1/09/2019	4,515.		<u>565.</u>	S/L		20				
	OORING	1/09/2019	17,794.		4,448.	S/L		10			79.	
	RIFT STORE RE	1/09/2019	19,781.		4,945.	S/L		10			78.	
	RIFT STORE DO	7/09/2018	4,620.	_	1,386.	S/L		10			62.	
WOC	DD RAMP	4/19/2019	3,791.		821.	S/L		10			79.	
15	Add the amounts in							15				
Dor	\$2,000. See instructi	ions for line 14, col	umn (n)					15				
Par	t III Summary  Total: If the corporat	ion is algotings										
10	IRC Section 179 exp		unt on line 12 and	line 15. c	olumn (a)	or or						
	Additional first year	depreciation under	R&TC Section 243	356, add th	ne amoun	ts on line						
17	Depreciation (if no e	* *			•	107					16	
	Total depreciation classification adjustments	•	•								17	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the o	difference	here and	on Forr	n 100	or			
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are	used to	determine	net inco	me b	efore		10	
Par	state adjustments on t IV Amortization	1 FORM 100 OF FORM	i 100w, no adjustr	nent is ned	cessary.).						18	
19		(b)	(a)			d)	1 (		<i>(</i> 6)			(a)
13	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	Amorti	ization	R&		<b>(f)</b> Period	dor		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy	) other bas	sis a		allowable	Sect		percent	tage		for this year
					in earlie	er years	(see i	ristr)			+	
											+	
											-	
											-	
										1	-	
20	Total. Add the amou	107								20	-	
21	Total amortization cl	·	•							21		
22	Amortization adjustments form 100W, Side 1,	nent. If line 21 is gr	reater than line 20	, enter the	difference	ce here and	d on Fo	rm 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess triair lifte 20,	enter the (	umerence	inere and	on Forr		UI	22		
		, . <u>_</u>										

### 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name  CATHOL  OF FRE	IC CHARITIES	OF THE DIO	CESE					Califo 055			on number
Par		pense Certain Pro	nerty Under IRC S	ection 1	79				1000	50.	. ,	
1	Maximum deduction	•								1		\$25,000
	Total cost of IRC Se									2		<b>+20,000</b>
3	Threshold cost of IR		•							3		\$200,000
4	Reduction in limitation		-							4		•
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c)	Elected	cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of						ine 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallov	ved deduction from	prior taxable year	S						10		
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less the	han zero) d	or line 5			11		
12	IRC Section 179 exp									12		
13	Carryover of disallov											
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section	on 243	356			
14	(a)	(b)	(c)	Dame	(d)	(e)	. (1		Danuari	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	ı Lite	e or te	Depreci this	year		Additional first year
		(		allov	vable in					,		depreciation
		1.1.100.100.10			er years	- 1-						
	REHOUSE	11/30/2019	143,699.		11 <b>,</b> 376.	S/L	-	20		•	85.	
	LO NISSAN FOR		8,849.		1,549.	S/L		10			85.	
	L9 HINO 195H	4/30/2020	114,928.		19 <b>,</b> 154.	S/L		7			18.	
	L9 HINO 268A	12/01/2019	60,571.		13 <b>,</b> 701.	S/L		7			53.	
201	L9 HINO 268A	12/01/2019	60,571.		13 <b>,</b> 701.	S/L	┸	7		8,6	53.	
15	Add the amounts in \$2,000. See instruct							15				
Par							•	•				
16												
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	) <b>or</b> ts on line '	15 colu	mns (	a) and (h	ı) or		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	22					17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	d on_Fo	rm 100	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	less than line 16, lia depreciation am	enter the nounts a	e aitterence re used to a	nere and determine	on Forr net incc	n 100 me be	or efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e		_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	ization allowable	R& Sect		Period percent			Amortization for this year
	or property	(IIIII/dd/yyyy	other bas	313	in earlie		(see i		percent	agc		ior triis year
							İ					
							1					
							1					
20	Total. Add the amou	ints in column (a)						I		20		
21	Total amortization cl	(0)								21		
		·	•							<del>-</del> -		
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forn	n 100	or			
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·							22		

### 2021 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	м 199										
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIC	CESE					Califor	nia co	rporatio	n number	
	OF FRE								055	304	7		
Par			perty Under IRC S										
1	Maximum deduction									1		\$25,000	<u>0</u>
_	Total cost of IRC Se									2		+000	_
3	Threshold cost of IR		-							3	-	\$200,000	U
4	Reduction in limitation									5			_
<u>5</u>	Dollar limitation for t		act line 4 from line	1						3			_
-	(a)	Description of property		(n) c	ost (business ı	ise only)	(0)	Elected	COST				
7	Listed property (elec	ted IRC Section 17	79 cost)	<u> </u>		7							
8	Total elected cost of		•				ine 7			8	T		_
9	Tentative deduction.									9			_
10	Carryover of disallov									10			_
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less the	han zero) d	or line 5			11			
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	lo not enter	more than	line 11			12			
13	,												
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section	n 243	56		-		
14	(a)	(b)	(c)	D	(d)	(e)	(f		(	g)	e	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	ı Life rat		Deprecia this		Tor	Additional first year	
		(			wable in					,		depreciation	
F-7-3-T		1 /00 /000	0.000	earii	er years	0./7	+	1.0			00		
	REHOUSE HEATE		2,920.		414.	S/L		10			92.		_
	RKLIFT - 9N14		8,871.		665.	S/L		10			87.		_
	13 INT. 4300	12/09/2020	23,954.		1,996.	S/L	-	7	•	3 <u>,4</u>			_
BO.	LER REPLACEM	2/17/2022	23,834.			S/L	+	15			30.		_
				1			1						_
15	Add the amounts in \$2,000. See instruct							15					
Par		10113 101 11116 14, 00	idiiii (ii)					13					_
	Total: If the corporat	tion is electina:											_
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or							
	Additional first year Depreciation (if no e										16		
17	Total depreciation cl	•								_	17		_
	Depreciation adjustn												_
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and	on Forn	า 100	or				
	state adjustments or	n Form 100 or Forr	na depreciation an n 100W. no adiustr	nent is r	ne useu to t necessarv.).						18		
Par			, ,		, ,						<u> </u>		_
19	(a)	(b)	(c)		(0	d)	(е	)	(f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or	zation	R&T Sect	С	Period			Amortization	
	or property	(ITIITI/dd/yyy)	() Other bas	313	in earlie		(see ii		percent	aye		for this year	
						-	1						
								1					
								1					
													_
							1						
20	Total. Add the amou	ınts in column (a)								20			
21	Total amortization cl	107								21			
			•										
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Forn	100	or	ء ا			
	Form 100W, Side 2,	line 12								22			_

7	n	2	4
_	u	_	
_	v	_	

4/14/23

### **CALIFORNIA STATEMENTS**

PAGE 1

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

**CLIENT CATHCHAR** 

94-1678938

01:02PM

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 1,084,358.
MISCELLANEOUS REVENUES	13,319.
PROGRAM SERVICE REVENUE	205,194.
TOTAL	\$ 1,302,871.

#### STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND CASH AND NONCASH AMOUNT:

SAN JOAQUIN MEMORIAL HIGH SCH

\$ 4,000.

DONEE'S NAME - IND CASH AND NONCASH AMOUNT:

GARCES MEMORIAL HIGH SCHOOL

TOTAL \$ 8,000.

4,000.

#### STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MOST REV. JOSEPH BRENNAN, D.D 149 N FULTON STREET FRESNO, CA 93701	PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
BRUCE BATTI 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
BREE COMSTOCK 149 N FULTON STREET FRESNO, CA 93701	CHAIRMAN 2.00	0.	0.	0.
VERY REV. SALVADOR GONZALEZ JR 149 N FULTON STREET FRESNO, CA 93701	EPISCOPAL DELEG 2.00	0.	0.	0.
PATRICK COLLINS 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.

2021

### **CALIFORNIA STATEMENTS**

PAGE 2

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

4/14/23

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### STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	BUTION TO	ACCOUNT/
STEVEN SPENCER 149 N FULTON STREET FRESNO, CA 93701	VICE CHAIR 2.00	\$ 0.	\$ 0.8	\$ 0.
KELLY GOODPASTER 149 N FULTON STREET FRESNO, CA 93701	FINANCE DIRECT 40.00	76,144.	0.	0.
KENNETH BALDWIN 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
KEVIN CONWAY 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
DAVID MENDOZA 149 N FULTON STREET FRESNO, CA 93701	TREASURER 2.00	0.	0.	0.
EMILY BALOIAN-MARTINEZ 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
DON PARREIRA 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
REV. ROBERT BORGES 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
RYAN DONAGHY 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
JEFF NEGRETE 149 N FULTON STREET FRESNO, CA 93701	EXECUTIVE DIR. 40.00	140,000.	0.	0.
ASHLEE WOLF 149 N FULTON STREET FRESNO, CA 93701	DEVELOPMENT DIR 40.00	79,628.	0.	0.
	TOTAL	\$ 295,772.	\$ 0.	\$ 0.

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**CLIENT CATHCHAR** 

### **CALIFORNIA STATEMENTS**

PAGE 3

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

4/14/23	01:02PM
STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES	
EQUIPMENT LEASES. FOOD AND OTHER ASSISTANCE INSURANCE LEGAL FEES. MAINTENANCE & REPAIRS MATERIALS AND SUPPLIES. MEALS. OTHER EMPLOYEE BENEFIT. OTHER EXPENSES. OTHER FEES. POSTAGE AND SHIPPING. PRINTING AND PUBLICATIONS SECURITY. SPECIAL EVENT EXPENSES. STIPENDS. TRAVEL. TOTAL	4,053,875. 29,905. 167. 56,544. 225,004. 7,961. 376,399. 95,041. 92,838. 13,853. 30,545. 150,704. 144,090.
STATEMENT 5 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS  CASH TRUST FUNDS. PREPAID EXPENSES AND DEFERRED CHARGES.  TOTAL	437,130. 10,618. \$ 447,748.
STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES	
DEFERRED REVENUE. TRUST FUNDS PAYABLE TOTAL	31,184. 437,130. \$ 468,314.
STATEMENT 7 FORM 199, SCHEDULE M-1, LINE 5 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	
INVESTMENT EXPENSES UNREALIZED LOSSES TOTAL	\$ 17,687. 223,040. \$ 240,727.

2021

**CLIENT CATHCHAR** 

### **CALIFORNIA STATEMENTS**

PAGE 4

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938 01:02PM

4/14/23

STATEMENT 8 FORM 199, SCHEDULE M-1, LINE 7 INCOME RECORDED ON BOOKS NOT ON RETURN

DONATED SERVICES. \$ 39,264. \$ 39,264.

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

1300 I Street Sacramento, CA 95814

(916) 210-6400

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Sacramento, CA 94203-44
STREET ADDRESS:

WEBSITE ADDRESS: www.oag.ca.gov/charities ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5	
(For Registry Use Only)	

www.oag.ca.gov/clianues									
CATHOLIC CHARITIES OF OF FRESNO	THE DIO	CESE	Check if:  Change of address						
Name of Organization			Amended report						
List all DBAs and names the organization uses	or has used		Amended	τεροιτ					
149 N FULTON STREET			State Charity	Registration Number 0553047					
Address (Number and Street)									
FRESNO, CA 93701 City or Town, State, and ZIP Code			Corporation o	r Organization No. 0553047					
559-237-0851 Telephone Number	E-mail Ad	ldrocc	Federal Empl	oyer ID No. 94-1678938					
•		RENEWAL FEE SCHEDULE (11 Cal	·	-					
ANNOAL REG	ISTRATION	Make Check Payable to Depart							
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue	F	ee			
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 millio Between \$1,000,001 and \$5 mill Between \$5,000,001 and \$20 mil	ion \$200	Between \$20,000,001 and \$100 millio Between \$100,000,001 and \$500 milli Greater than \$500 million	on \$1				
PART A – ACTIVITIES									
For your most recent full acco	ounting peri	iod (beginning 7/01/21	ending	6/30/22 ) list:					
Total Revenue \$									
(including noncash contributions) 8	<u>3,340,80</u>	9. Noncash Contributions \$	2,693,	766. Total Assets \$ 8,64	7,81	<u> 19.</u>			
Program Exper	ıses \$	7,200,443.	Total Expense	s \$ 8,103,108.					
PART B – STATEMENTS RE	GARDIN	G ORGANIZATION DURING	G THE PERI	OD OF THIS REPORT					
Note: All questions must be answer	ered. If you	answer "yes" to any of the quest	ions below, yo		Yes	No			
During this reporting period, were officer, director or trustee thereof, eith	e there any o er directly o	contracts, loans, leases or other financial or with an entity in which any such	transactions betw n officer, director of	veen the organization and any or trustee had any financial interest?		X			
2 During this reporting period, was	there any th	heft, embezzlement, diversion or	misuse of the	organization's charitable property or funds?		Χ			
3 During this reporting period, were	e any organi	ization funds used to pay any per	nalty, fine or ju	dgment?		Χ			
During this reporting period, were coventurer used?	e the service	es of a commercial fundraiser, fundrais	sing counsel fo	or charitable purposes, or commercial		Χ			
5 During this reporting period, did t	the organiza	ation receive any governmental fu	inding?	SEE STATEMENT 1	Χ				
6 During this reporting period, did t	the organiza	ation hold a raffle for charitable pu	urposes?			Х			
7 Does the organization conduct a						Χ			
Did the organization conduct an i generally accepted accounting pr	independent inciples for	t audit and prepare audited financ this reporting period?	cial statements	in accordance with	X				
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury t and belief, the content is true, corr				documents, and to the best of my kno	wledg	ge			
	וקקד.	FREY NEGRETE	EXECUTIVE	DIRECTOR					
Signature of Authorized Agent	Printed		Title	Date					

2021

### **CALIFORNIA STATEMENTS**

PAGE 1

CATHOLIC CHARITIES OF THE DIOCESE CLIENT CATHCHAR OF FRESNO

94-1678938

4/14/23

01:02PM

#### STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE: SENIOR COMPANION PROGRAM 11150 W. OLYMPIC BLVD, SUITE 670 LOS ANGELES, CA 90064 STEPHANIE CALDERON, PORTFOLIO MANAGER 202-929-9546 SCALDERON@CNS.GOV

DEPARTMENT OF HOMELAND SECURITY: EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM UNITED WAY FRESNO COUNTY: LAURA ESCOBAR 4949 E KINGS CANYON ROAD FRESNO, CA 93727-3812 415-806-4580 LESCOBAR@UWBA.ORG

MERCED COUNTY:
JONATHAN TOWELL
658 W MAIN STREET
MERCED, CA 95340-4718
209-446-5042
JTOWELL@UNITEDWAYMERCED.ORG

LISA.K@UWKERN.ORG

KERN COUNTY: LISA KOESOUPHANH, EDUCATION SPECIALIST 5405 STOCKADE HWY #200 BAKERSFIELD, CA 93309 661-834-1382

DEPARTMENT OF AGRICULTURE: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CALFRESH OUTREACH CATHOLIC CHARITIES OF CALIFORNIA 1107 9TH STREET, SUITE 707 SACRAMENTO, CA 95814 PAM RICHMOND - FINANCE DIRECTOR 916-706-1539 EXT 101 PAMELA@CATHOLICCHARITIESCA.ORG

KINGS COUNTY:
NANETTE VILLOURREAL
125 W 7TH STREET
HANFORD, CA 93230
559-584-1536
NANETTEV@KINGSUNITEDWAY.ORG

MADERA COUNTY:
JEANNIE STAPLETON
1901 HOWARD ROAD
MADERA, CA 93637
559-675-5716
JSTAPLETON@MADERACAP.ORG

TULARE COUNTY
ROSMARY CASO
1601 E. PROSPERITY AVE
TULARE, CA 93274
ROSEMARY@UNITEDWAYTC.ORG

# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

, 2021, and ending

Open to Public Inspection

, **20** 2022

В	Check	if applicable:	С			D Employ	er identif	ication number
	A	ddress change	CATHOLIC CHARITI	ES OF THE DIOCESE		94-1	16789	938
	N	ame change	OF FRESNO			E Telepho	ne numb	er
	In	itial return	149 N FULTON STR			559-	-237-	-0851
	Fi	nal return/terminated	FRESNO, CA 93701					
	А	mended return				<b>G</b> Gross re	eceipts \$	8,484,899.
	Α	oplication pending	F Name and address of principal	officer: JEFFREY NEGRETE		) Is this a group return		
			SAME AS C ABOVE		H(b	<ol> <li>Are all subordinates If "No," attach a list.</li> </ol>	included	? Yes No
I	Tax-	exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	ii No, attacira iist.	000 11130	ructions.
J	We	bsite: ► WW	W.CCDOF.ORG		H(c	) Group exemption nu	ımber ►	
K	Forn	n of organization:	X Corporation Trust	Association Other ► L Y	'ear of formation:	1968 <b>M</b> s	tate of le	gal domicile: CA
Pa	rt I	Summar						
	1			ion or most significant activities: IN				
ė				H IN THE DIOCESE OF FRE				
ano			, SHELTER, ASSIST	TANCE AND COMFORT TO THI	E <u>POOR I</u> N	N <u>THE CENTE</u>	RAL S	AN JOAQUIN
ern	_	VALLEY.		,,,,				
Governance	2			n discontinued its operations or disponding body (Part VI, line 1a)			net ass	
જ	4			s of the governing body (Part VI, line			4	12 11
ies	5			n calendar year 2021 (Part V, line 2a)			5	81
Activities &	6			necessary)			6	173
Ac				Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	I business taxable income	from Form 990-T, Part I, line 11			7b	0.
	_	0 1 11 11		11.5		Prior Year		Current Year
e	8			1h)	<u> </u>	6,558,4		7,002,441.
Revenue	9			2g)		320,2		205,194.
Rev	10 11			A), lines 3, 4, and 7d)nes 5, 6d, 8c, 9c, 10c, and 11e)	<u>L</u>	295,1		5,899. 1,127,275.
_	12			(must equal Part VIII, column (A), lir		1,328,3 8,502,1		8,340,809.
	13			X, column (A), lines 1-3)		8,0		8,000.
	14			K, column (A), line 4)	<u> </u>	0,0	00.	0,000.
	15			e benefits (Part IX, column (A), lines	<u> </u>	1,736,3	17	2,481,210.
ses				column (A), line 11e)	· -	1,750,5	111	2,401,210.
ens			•					
Expenses			sing expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·	3,622.			
_				nes 11a-11d, 11f-24e)	<u> </u>	5,753,6		5,469,808.
	18			equal Part IX, column (A), line 25)		7,497,9		7,959,018.
	19	Revenue less	expenses. Subtract line 13	8 from line 12		1,004,1		381,791.
ets or ances	20	Total assets	(Part X, line 16)		<u>                                     </u>	Beginning of Curren		End of Year
Asser I Bala	21					10,590,8 3,004,4		8,647,819. 881,058.
Net / Fund			,	ne 21 from line 20	_	•		
	22			Tie 21 Ifoffi line 20		7,586,4	33.	7,766,761.
	rt II	Signatur		un induding approximation and the state of t	nonto	hoot of marriage 1. 1.	and to 11	f it is top
comp	r pena olete. D	eclaration of prepa	eclare that I have examined this retu irer (other than officer) is based on a	urn, including accompanying schedules and staten all information of which preparer has any knowled	nents, and to the i lge.	best of my knowledge	апа рене	er, it is true, correct, and
Sic	ın	Signatu	re of officer			Date		
Sig He	re	JEF	FREY NEGRETE		ī	EXECUTIVE I	OTREC	TOR
			print name and title		<del>-</del>		711110	71011
		Print/Type p	preparer's name	Preparer's signature	Date	Check	if F	PTIN
Pai	id	FAUSTO	HINOJOSA, CPA, CFE	FAUSTO HINOJOSA, CPA, CFE		self-employe	ed I	200196912
	par			' '				
Us	e Or	ily Firm's addre				Firm's EIN	77-0	0203007
			CLOVIS, CA 93611			Phone no.		299-9540
May	/ the	IRS discuss th		shown above? See instructions		ı	, /	X Yes No

Par	t III	Statement of Program Service Accomplishments	
		•	X
1		y describe the organization's mission:	
	<u>SEE</u>	SCHEDULE O	
2		ne organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	)
		s," describe these new services on Schedule O.	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🗓 Yes	)
	If "Ye	s," describe these changes on Schedule O.	
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section and r	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, evenue, if any, for each program service reported.	
	ana i	overlad, if drift, for each program sorvice reported.	
12	(Code	e: ) (Expenses \$ 5,446,745. including grants of \$ ) (Revenue \$ 2,617.	١
<b>4</b> a			
		IAL SERVICES - THE SOCIAL SERVICE PROGRAMS AT CATHOLIC CHARITIES ARE AVAILABLE TO	
		ILLES OR INDIVIDUALS WHO HAVE EITHER HAD AN UNEXPECTED CRISIS OCCUR (I.E. COVID-1	9_
		SURES/LOST JOB) AND/OR THOSE WHO FALL AT OR BELOW THE FEDERAL POVERTY INCOME DELINES. ALL INDIVIDUALS OR FAMILIES IN CRISIS SEEKING ASSISTANCE MEET WITH A	
		HOLIC CHARITIES REPRESENTATIVE TO CONDUCT AN INITIAL NEEDS ASSESSMENT TO DETERMIN	느_
		BEST COURSE OF ACTION TO ASSIST THE ENTIRE FAMILY UNIT. THESE SERVICE AREAS	
		ALLY FALL UNDER THE FOLLOWING SERVICE RELATED CATEGORIES: FOOD, CLOTHING, RENT,	
		LTER, UTILITY ASSISTANCE, AS WELL AS ACCESS TO STATE AND FEDERAL PROGRAMS	
		LUDING: CAL FRESH (FOOD STAMP) ENROLLMENT AND RENEWAL ASSISTANCE, REDUCED-FEE DMV	
	<u>TD</u> _	VOUCHERS AND ENROLLMENT IN THE PG&E CARE PROGRAM.	
4 b	(Code		_)
		CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF	
		SNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO	
	THE	POOR IN THE CENTRAL SAN JOAQUIN VALLEY.	
4 c	(Code	e: ) (Expenses \$ 502,072. including grants of \$ ) (Revenue \$	)
	SEN	IOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS	
	(VO	LUNTEER AGE 55 AND OVER) WHO PROVIDE ASSISTANCE AND COMPANIONSHIP TO SENIORS WHO	
	HAV	E DIFFICULTY WITH THEIR DAILY LIVING TASKS. COMPANIONS PROVIDE ASSISTANCE TO THE	
	WEA	K AND FRAIL ELDERLY AND ALLOW THEM TO CONTINUE LIVING INDEPENDENTLY IN THEIR OWN	
	HOM	ES INSTEAD OF MOVING INTO INSTITUTIONAL CARE. ELIGIBLE SENIOR COMPANIONS EARN A	
		LL TAX-FREE STIPEND TO COVER THE COST OF SERVING. THEY ALSO RECEIVE REIMBURSEMENT	
		TRANSPORTATION, AN ANNUAL PHYSICAL EXAMINATION, AND SUPPLEMENTAL ACCIDENT AND	
		BILITY COVERAGE WHILE THEY ARE SERVING.	
4 d	Other	r program services (Describe on Schedule O.)  SEE SCHEDULE O	
		enses \$ 636,390. including grants of \$ ) (Revenue \$ 376,248.)	
4 e		program service expenses ► 7,200,443.	

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

# Form 990 (2021) CATHOLIC CHARITIES OF THE DIOCESE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	· <del></del>		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
D A /		_	oon /	(0001

Form 990 (2021) CATHOLIC CHARITIES OF THE DIOCESE

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

			Yes	No
28	a 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 81			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	<b>1</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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)?	4 a		Х
	olf '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).			
5.	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
	of It 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	a 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?	7 a		Х
ı	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			.,
	Form 8282?	7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	7		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ı	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

KELLY GOODPASTER 149 N FULTON STREET FRESNO CA 93701 559-237-0851

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

DIRECTOR

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

(A)

Name and title

(B)

Average hours per week (list any beek (list any

		hours per	director/trustee)						compensation from	compensation from	of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	JEFF NEGRETE	40_							1.10.000		
	EXECUTIVE DIR.	0			Χ				140,000.	0.	0.
_(2)_	ASHLEE WOLF	40									
	DEVELOPMENT DIR	0			Χ				79,628.	0.	0.
(3)	KELLY GOODPASTER	40									
	FINANCE DIRECT	0			Χ				76,144.	0.	0.
(4)	MOST REV. JOSEPH BRENNAN, D.D	2									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
(5)	BRUCE BATTI	2									
	DIRECTOR	0	Х						0.	0.	0.
(6)	BREE COMSTOCK	2									
	CHAIRMAN	0	Х		Χ				0.	0.	0.
(7)	VERY REV. SALVADOR GONZALEZ JR	2									
	EPISCOPAL DELEG	0	Х						0.	0.	0.
(8)	PATRICK COLLINS	2									
	DIRECTOR		Х						0.	0.	0.
(9)	STEVEN SPENCER	2									
	VICE CHAIR		Х		Χ				0.	0.	0.
(10)	KENNETH BALDWIN	2									
<u> </u>	DIRECTOR		Χ						0.	0.	0.
(11)	KEVIN CONWAY	2									
<u> </u>	DIRECTOR		Χ						0.	0.	0.
(12)	DAVID MENDOZA	2									
	TREASURER		Χ		Χ				0.	0.	0.
(13)	EMILY BALOIAN-MARTINEZ	2							0.	0.	<u> </u>
<u> </u>	DIRECTOR	2	Χ						0.	0.	0.
(14)	DON PARREIRA	2	2.5						0.	0.	<u> </u>
<u> </u>	DINIMULIA		3.7						0	0	0

**BAA** TEEA0107L 09/22/21 Form **990** (2021)

Tart VII Section A. Officers, Directors, Tre		103		•	_	c	uii	I riigiicst com	pensatea Emp	loyees (	onunaca)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle cer ar	ess pe	sition more erson directe	than is both cor/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimatec of of compensa the organ and re organiz	l amount her tion from nization lated
(15) REV. ROBERT BORGES DIRECTOR	2	Х				Ğ.		0.	0.		0.
(16) RYAN DONAGHY DIRECTOR	2	Х						0.	0.		0.
(17) (18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)		•									
(25)											
1 b Subtotal	•						<b></b>	295,772.	0.		0.
c Total from continuation sheets to Part VII, Section	on <b>A</b>						<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							▶	295,772.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 1							ved			ensation	
										Υ	es No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	e, ke al	ey ei	mplo	oyee 	, or	high 	nest compensated	employee	. 3	Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If '	es,	com	iple	te Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om lule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	individual	. 5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t coi dar j	ntrad year	ctors endi	tha ng v	it received more the vith or within the or	nan \$100,000 of ganization's tax year		
(A) Name and business address  (B) Description of services							of services	(C) Compensation			
COMMERCIAL CONSTRUCTION CO 1425 MOTEL DRIV	E MERCE	), C	A 9	534	1			CONSTRUCTION		199	9,025.
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ited to	o tho	se I	isted	labo	ve)	who received more	than		
DAA											2 (0001)

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d 85,000.  Government grants (contributions) 1e 2,725,019.  All other contributions, gifts, grants, and				
Contributic	g h	similar amounts not included above   Noncash contributions included in lines 1a-1f    Total. Add lines 1a-1f    1f 4,192,422.  1g 2,693,766.	7,002,441.			
evenue		PROG_FEES         812900	205,194.	205,194.		
Program Service Revenue	b c d e					
Progr		All other program service revenue	205,194.			
	3	Investment income (including dividends, interest, and other similar amounts)	5,899.	5,899.		
	b	Royalties				
	d	Net rental income or (loss)				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b				
		Gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
ᅙ		Net income or (loss) from fundraising events	940,268.			
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
	b	Gross sales of inventory, less				
	С	Net income or (loss) from sales of inventory▶	173,688.	173,688.		
SI	11 -	Business Code  MTCCELL ANEQUE DEVENUES	12 212	12 212		
Miscellaneous Revenue	11 a b	MISCELLANEOUS REVENUES	13,319.	13,319.		
iscel Rev	-	All other revenue				
		Total. Add lines 11a-11d ▶	13,319.			
	12	Total revenue. See instructions	8,340,809.	398,100.	0.	0.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	295,772.	73,807.	142,337.	79,628.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,636,071.	1,436,365.	105,202.	94,504.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,030,071.	1,430,303.	103,202.	<u> </u>
9	Other employee benefits	376,399.	314,060.	37,113.	25,226.
10	Payroll taxes	172,968.	139,809.	20,357.	12,802.
11	Fees for services (nonemployees):	,	,	, , , , , ,	,
a	Management				
ŀ	Legal	167.			167.
	Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	92,838.	22,995.	30,579.	39,264.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	215,624.	193,518.	16,886.	5,220.
17	Travel	104,007.	100,129.	1,632.	2,246.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	127,071.	101,900.	25,171.	
23	Insurance	29,905.	25,685.	3,023.	1,197.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ā	FOOD AND OTHER ASSISTANCE	4,053,875.	4,053,875.		
ŀ	STIPENDS	244,683.	244,683.		
(	MATERIALS AND SUPPLIES	225,004.	215,800.	2,613.	6,591.
(	SECURITY	150,704.	141,122.	6,872.	2,710.
6	All other expenses	225,930.	128,695.	53,168.	44,067.
25	Total functional expenses. Add lines 1 through 24e	7,959,018.	7,200,443.	444,953.	313,622.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			531,435.	1	376,303.
	2	Savings and temporary cash investments		L.	3,349,871.	2	3,277,254.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			423,969.	4	1,213,391.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribu	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p				,	
	O	section 4958(f)(1)), and persons described in section	3)(B)		6		
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		-	209,576.	8	151,806.
Assets	9	Prepaid expenses and deferred charges			633.	9	10,618.
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		3,656,146.			
	b	Less: accumulated depreciation	10 b	1,830,086.	1,735,622.	10 c	1,826,060.
	11	Investments — publicly traded securities			1,587,468.	11	1,355,257.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments — program-related. See Part IV, line 11.				13	
	14	Intangible assets	<u> </u>		14		
	15	Other assets. See Part IV, line 11	2,752,269.	15	437,130.		
	16	Total assets. Add lines 1 through 15 (must equal line	10,590,843.	16	8,647,819.		
	17	Accounts payable and accrued expenses	172,542.	17	412,744.		
	18	Grants payable				18	01 101
	19	Deferred revenue		-	79,599.	19	31,184.
ω,	20	Tax-exempt bond liabilities		_		20	
ţį	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3!	5%		22	
!	23	Secured mortgages and notes payable to unrelated th	nird partie	es		23	
	24	Unsecured notes and loans payable to unrelated third	I parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L.	2,752,269.	25	437,130.
	26	Total liabilities. Add lines 17 through 25			3,004,410.	26	881,058.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	Ľ	X			
ala	27	Net assets without donor restrictions			7,195,391.	27	7,392,949.
8	28	Net assets with donor restrictions			391,042.	28	373,812.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds	<u>L</u>		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment			30		
(SS	31	Retained earnings, endowment, accumulated income,				31	
) t	32	Total net assets or fund balances			7,586,433.	32	7,766,761.
ž	33	Total liabilities and net assets/fund balances		<u>.</u>	10,590,843.	33	8,647,819.
BA	Α		TEEA0111L	. 09/22/21			Form <b>990</b> (2021)

Pai	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	8	, 340	0,8	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	, 95	9,0	<del></del>
3	Revenue less expenses. Subtract line 2 from line 1	3		383	1,7	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,580	6,4	33.
5	Net unrealized gains (losses) on investments.	5		-223	3,0	40.
6	Donated services and use of facilities	6		3:	9,2	64.
7	Investment expenses	7				87.
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,	10	_	7.0		<i>C</i> 1
Da	rt XII Financial Statements and Reporting	10		,76	0,/	<u>6Ι.</u>
Pal						_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Y	es	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a				
ı	were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Both consolidated and separate basis	te				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2 c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	Х	
BAA	TEEA0112L 09/22/21		Fo	orm 9	90 (2	2021)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

iame oi	ne or		HARITIES OF TH	IE DIOCESE			Employer iden		mber
	-	OF FRESNO	'				94-1678		
Part I		Reason for Public Cha						ructions	S
È	<u> </u>	zation is not a private found	•	•		•	•		
1	_	church, convention of church			•	b)(1)(A)(	1).		
2	_	school described in section		•					
3	_	hospital or a cooperative h							
4		medical research organizations and city, and state:	tion operated in conju	ınction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter th	ne hospital's
5	Α	n organization operated for ection 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental uni	t describe	 ed in
6	_	federal, state, or local gove	•	ntal unit described in <b>s</b>	ection 1	<b>70(b)</b> (1)	(A)(v).		
7	X Ai	n organization that normally respection 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general	public des	scribed
8		community trust described		<b>A)(vi).</b> (Complete Part I	l.)				
9	A	n agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant o	college	
L		r university or a non-land-grar							
	uı	niversity:							
10	fr in	n organization that normally om activities related to its envestment income and unrel une 30, 1975. See <b>section 5</b>	exempt functions, sub lated business taxable	ject to certain exception income (less section	ns; and	(2) no r	more than 33-1/3%	of its sup	port from gross
11	Α	n organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12	10	n organization organized ar r more publicly supported or	rganizations describe	d in <b>section 509(a)(1)</b> d	r <b>sectio</b>	n 509(a`	<b>)(2).</b> See <b>section 50</b>	<b>9(a)(3).</b> C	purposes of one heck the box on
_ [		nes 12a through 12d that de							
а	or or	ype I. A supporting organization rganization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	a majority of the director	rs or trus	tees of t	the supporting organization	zation. <b>Yo</b> o	u must
b [	m	ype II. A supporting organiz nanagement of the supporting nust complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), the supported organ	by having ization(s).	g control or <b>You</b>
с [	Ty	ype III functionally integrated. rganization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with,	its suppor	ted
d	<b>T</b> y fu	ype III non-functionally integranctionally integrated. The o	r <b>ated.</b> A supporting organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organizatio	n(s) that is	s not
e	С	nstructions). You must complete this box if the organization	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, T	Гуре III fu	ınctionally
f E		ntegrated, or Type III non-fu r the number of supported o							
		ide the following information	•						
(i)	Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organization listed in your governing support (see instructions) support (see instruct				
					Yes	No			
					103				
A)									
В)									
C)									
D)									
<del>-,</del>									
E)									
Fade!									

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.
6	<b>Public support.</b> Subtract line 5 from line 4						36,474,142.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	6,888,044.	7,212,288.	6,879,324.	7,368,423.	8,126,063.	36,474,142.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,188.	46,736.	45,814.	291,623.	5,899.	418,260.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	=======================================	20,1001	30,023		3,333	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	511,643.	473,783.	428,632.	768,980.	392,201.	2,575,239.
11	Total support. Add lines 7 through 10						39,467,641.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						
	33-1/3% support test—2021. If t	he organization di	d not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, chec	76.92 % k this box
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and <b>stop here</b>	e. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		piedes sempiete .	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	(ly rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	.,,		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					1 1	
17		•	• • •	-			%
	Investment income percentage for					<u> </u>	8
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2020.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organiz	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	ization ▶

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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI,</b> 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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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))?	0-		
b	o Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year.  The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations		l l	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
1	D:4 th	he experiention provide to each of its supported experientions, by the last day of the fifth month of the		Yes	No
organization's tax year, (i) a written notice describing the type and amoun	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1			
	orgai	ilzation's governing documents in enection the date of notification, to the extent not previously provided:			
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	,	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2021 CATHOLIC CHARITIES OF THE DIOCE			78938	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>Se</b> through E.	e:e
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
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			
Sec	tion C — Distributable Amount			Curren	it 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization	

BAA Schedule A (Form 990) 2021

94-1678938 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 2 in excess of income from activity 3 **3** Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details 8 in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 9

10 Line 8 amount divided by line 9 amount	10		
Section E — Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section E, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2021	 2020	2019	 2018	 2017
RENTAL INCOME THRIFT SHOP PROGRAM FEES MISCELLANEOUS	\$ 173,688. 205,194. 13,319. 392,201.	\$ 126,632. 320,286. 322,062. 768,980.	\$ 200. 85,047. 335,390. 7,995. 428,632.	\$ 6,324. 113,480. 350,059. 3,920. 473,783.	\$ 11,451. 107,144. 358,937. 34,111. 511,643.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

# Schedule B (Form 990)

**Schedule of Contributors** 

2021

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

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

Employer identification number

OMB No. 1545-0047

	OF FRES	
Organiza	ation type (check one) :	Section:
	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
,	•	red by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining contributions.
Special	Rules	
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or education	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one be year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one le year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions for during the year

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

Employer identification number

## CATHOLIC CHARITIES OF THE DIOCESE

Parti	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASHWOOD CONSTRUCTION INC  5755 E KINGS CANYON ROAD # 110  FRESNO, CA 93727	\$ <u>287,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

1 1 Pa

### CATHOLIC CHARITIES OF THE DIOCESE

raitii	<b>Noticash Property</b> (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b></b>	\$	
BAA	TEEA0703L 10/06/21	Schedule I	B (Form 990) (2021)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE Employer identification number 94-1678938

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	or. Comple exclusive	te columns (a) through (e) and ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres		Rela	tionship 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 gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship 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 gift		
	Transferee's name, address, and ZIP + 4			tionship 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 gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee

BAA

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

Open to Public Inspection
Employer identification number

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and oth	ner accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	res No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	 ∕es □ No
Part II Conservation Easements.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)  Preservation of a historically import	ant land area
Protection of natural habitat  Proservation of a certified historic s	
	structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easemed last day of the tax year.	ent on the
Held at the Er	nd of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,	
and officional of the conservation easements it helds:	res No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements durin	- ,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ►\$	e year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	res No
<b>9</b> In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization conservation easements.	1 1: 6
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	S.
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance she historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se Part XIII the text of the footnote to its financial statements that describes these items.	et works of art, ervice, provide in
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet whistorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, profollowing amounts relating to these items:	vorks of art, ovide the
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the follow amounts required to be reported under FASB ASC 958 relating to these items:	ving
a Revenue included on Form 990, Part VIII, line 1	
<b>b</b> Assets included in Form 990, Part X▶\$	

Part III Organizations Maintaining Coll	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	<b>sets</b> (continu	ea)
<b>3</b> Using the organization's acquisition, accession, items (check all that apply):	and other records, check an	ny of the following that ma	ake significant use of its	collection	
a Public exhibition	<b>d</b> Loan o	or exchange program			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the	aintained as part of the o	rganization's collection?		Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount or	<b>ments.</b> Complete if t n Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:			_
				Amount	
<b>c</b> Beginning balance			1с		
<b>d</b> Additions during the year			1 d		
e Distributions during the year					
<b>f</b> Ending balance					
2a Did the organization include an amount on Fo				Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	nation has been provided	d on Part XIII		
			200 5		
Part V Endowment Funds. Complete it					
(a) Currer	nt year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowment ▶	<del></del> %				
	00				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessio	n of the organization that a	re held and administered	for the		
organization by:				Yes	No
(i) Unrelated organizations				3a(i)	<u> </u>
(ii) Related organizations				3a(ii)	<u> </u>
<b>b</b> If 'Yes' on line 3a(ii), are the related organization	·			. 3b	<u> </u>
4 Describe in Part XIII the intended uses of the		ent tunas.			
Part VI Land, Buildings, and Equipmer Complete if the organization ans		n 990, Part IV, line	11a. See Form 99	0, Part X, Iii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
<b>1 a</b> Land		532,444.		532	,444.
<b>b</b> Buildings		2,287,252.	1,427,890.		,362.
c Leasehold improvements					
<b>d</b> Equipment		637,425.	402,196.	235	,229.
<b>e</b> Other		199,025.	·		,025.
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, o			1,826	
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Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(B)			
(C)			
(A) (B) (C) (D) (E)			
<u>(F)</u>			
(G)			
(H) 			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •		20.10	
Part VIII Investments – Program Related. Complete if the organization answered	'Voc' on Form 99	N/A O Part IV line 11c See Form	990 Part V line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	
	(b) Book value	(e) metrica er variationi. eest er er	ia or your market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Fart IX Other Assets.		0.5 - 10/1: 111 0 5	000 D 1 V 1: 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered		0, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) De:	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.  Complete if the organization answered  (a) December 13. (a) December 13. (a) December 13. (a) December 13. (b) CASH TRUST FUNDS		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.  Complete if the organization answered  (a) Dec.  (1) CASH TRUST FUNDS  (2)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.  Complete if the organization answered  (a) Description (1) CASH TRUST FUNDS  (2)  (3)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.  Complete if the organization answered  (a) Dec.  (1) CASH TRUST FUNDS  (2)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.  Complete if the organization answered  (a) Description (Cash Trust Funds)  (2)  (3)  (4)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (Cash Trust Funds)  (2)  (3)  (4)  (5)  (6)  (7)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (Cash Trust Funds)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (Cash Trust Funds)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Description (Cash Trust Funds (Cash Trust Funds (Cash (Ca	scription		(b) Book value 437, 130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) CASH TRUST FUNDS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)	scription		(b) Book value 437, 130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (Column (b) must equal Form 990, Part X, column (b) Part X  Other Liabilities.	Scription  B) line 15.)		(b) Book value 437, 130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Description (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fart X.	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Description (B) must equal Form 990, Part X, column (B) line 13.) Part IX Other Liabilities.  Complete if the organization answered 'Yes' on Fig. 1.	Scription  B) line 15.)		(b) Book value 437, 130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  (a) Description (B) must equal Form 990, Part X, column (B) (B)  Other Liabilities.  Complete if the organization answered 'Yes' on Fig. (a) Description (B) Federal income taxes	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  (a) Description (B) India (B) In	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) Description (b) Part X (column (b) Part X (column (b) Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on Fart X (column (b) Part X (column (b) Part X)  (1) Federal income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) Description (b) Part X (column (b) Part X (column (b) Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on Fig. (1) Federal income taxes  (2) TRUST FUNDS PAYABLE  (3)  (4)  (5)	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Factor (Column (Colu	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (b) Description (b) Description (c)	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Description (Column (b) Part X (column (b) P	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Dec.  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization of the organizatio	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130  437,130  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Factor of the organization of the organizatio	3) line 15.)orm 990, Part IV, line 1		(b) Book value 437,130  437,130
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Dec.  (1) CASH TRUST FUNDS  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization	Scription  3) line 15.)  orm 990, Part IV, line 1 iption of liability	11e or 11f. See Form 990, Part X, line	(b) Book value 437,130  437,130  437,130  (b) Book value

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Part XI Reconciliation of Revenue per Audited Financial Statemen	•	Return.	
Complete if the organization answered 'Yes' on Form 990, F			
1 Total revenue, gains, and other support per audited financial statements		1	8,139,346.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	<b>2a</b> -223,04	0.	
<b>b</b> Donated services and use of facilities	<b>2b</b> 39,26	4.	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	-183,776.
3 Subtract line 2e from line 1		3	8,323,122.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 17,68	7.	
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4с	17,687.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	8,340,809.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses p	er Return	
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, F		er Return	
	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.		7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	Part IV, line 12a.  2a 2b		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments	2a		
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.	Part IV, line 12a.    2a	1	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	Part IV, line 12a.  2a 2b 2c 2d	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	Part IV, line 12a.  2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a	1	7,959,018.
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2a	1	7,959,018.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **PART X - FASB ASC 740 FOOTNOTE**

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THE ORGANIZATION HAS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF CALIFORNIA INCOME TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

OMB No. 1545-0047

Open to Public Inspection

94-1678938 OF FRESNO **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

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

e			(a) Event #1  HARVEST OF HOP (event type)	(b) Event #2  TURKEY DRIVES (event type)	(c) Other events  3 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	850,024.	86,264.	148,070.	1,084,358.
~	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	850,024.	86,264.	148,070.	1,084,358.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
	9	Other direct expenses	108,905.		35,185.	144,090.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	om line 3, column (d)		<b>&gt;</b>	940,268.
Par	t III	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	oorted more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
~	1	Gross revenue				<u> </u>
ses	2	Cash prizes.				
=xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		<u> </u>
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license es,' explain:		or terminated during th		

Sch	edule G (Form 990) 2021 CATHOLIC CHARITIES OF THE DIOCESE 9	4-1678938	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		s No
13	Indicate the percentage of gaming activity conducted in:		
i	a The organization's facility	13a	%
	<b>b</b> An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:	
	Name ►		
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization   and to of gaming revenue retained by the third party   t If 'Yes,' enter name and address of the third party:	ue? \begin{align*} \text{'\text{he amount}} \text{'}	Yes No
	Name ►		
	Address •		i 
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer   □ Employee   □ Independent contractor		
	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	r	res No
I	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year ► \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information. See instructions.	olumns (iii) ar ny additional	nd (v);

 BAA
 TEEA3703L
 07/12/21
 Schedule G (Form 990) 2021

#### **SCHEDULE M** (Form 990)

Internal Revenue Service Name of the organization Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990.

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

**Open to Public** Inspection

Employer identification number

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938 Types of Property Part I (a) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a **b** If 'Yes.' describe in Part II.

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

describe in Part II.

Schedule M (Form 990) 2021

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Employer identification number

94-1678938

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

RESPECTING THE PRESENCE OF GOD AMONG US, WE SERVE, ADVOCATE FOR AND EMPOWER THOSE IN NEED. IN CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF FRESNO, THE ORGANIZATION PROVIDES FOOD, CLOTHING, HOUSING SUPPORT, CRISIS ASSISTANCE AND COMFORT TO LOW INCOME FAMILIES AND INDIVIDUALS THROUGHOUT THE 8 COUNTY SAN JOAQUIN VALLEY.

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PAYEE SERVICES - REPRESENTATIVE PAYEE PROGRAM PROVIDES ASSISTANCE TO ANY PERSON NEEDING HELP WITH THE MANAGEMENT OF THEIR SOCIAL SECURITY AND/OR VA BENEFITS.

THRIFT STORE - THE THRIFT STORE ACCEPTS DONATIONS OF GENTLY USED CLOTHING, FURNITURE AND HOUSEHOLD GOODS. THESE GOODS ARE SOLD TO THE PUBLIC AND THE PROCEEDS GO DIRECTLY BACK TO THE AGENCY'S PROGRAMS AND SERVICES. INDIVIDUALS AND FAMILIES THAT ARE IN NEED OF CLOTHING CAN OBTAIN VOUCHERS REDEEMABLE FOR ITEMS IN OUR THRIFT STORE.

CAREER & EDUCATION CENTER - APPROXIMATELY 59% OF THOSE SERVED BY CATHOLIC CHARITIES HAVE A HIGH SCHOOL GRADUATE LEVEL EDUCATION OR LESS. WITH THAT IN MIND, THE CAREER AND EDUCATION CENTER AT CATHOLIC CHARITIES PROVIDES CLIENTS WITH THE TOOLS THEY NEED TO BUILD CONFIDENCE, GET BACK TO WORK AND BECOME SELF-SUFFICIENT. SINCE THE CENTER OPENED, NEARLY 96 STUDENTS HAVE GRADUATED FROM ONE OR MORE COURSE AT SITES IN FRESNO AND BAKERSFIELD.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE FINANCE DIRECTOR. A COPY IS PROVIDED TO THE BOARD MEMBERS.

Schedule O (Form 990) 2021 Page 2

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE
OF FRESNO

| Employer identification number 94-1678938

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEWS ANY POTENTIAL CONFLICTS AT THEIR ANNUAL MEETING.

#### FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA ANNUALLY TO DETERMINE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEE COMPENSATION.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPY OF THE FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENT IS AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE.

BAA Schedule O (Form 990) 2021

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Open to Public Inspection Employer identification number

94-1678938

(a) Name, address, and EIN (if applicable) of disregarded en	itity	<b>(b)</b> Primary a	ctivity	Legal dom or foreigr	c) icile (state i country)	Та	(d) tal income	End-c	(e) End-of-year assets		(f) Direct controlling entity		
<u>(1)</u>													
<u>(2)</u>													
(3)													
Part II Identification of Related Tax-Exempt Ore had one or more related tax-exempt organization.													
(a) Name, address, and ElN of related organization	Prima	<b>(b)</b> ary activity	Legal dom or foreign	c) icile (state country)	(d) Exempt section	Code	(e) Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct contro entity	olling	Sec 512 controlled		
(1) ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703	C	HURCH	C	CA	501 (C	) (3)	7		N/A		Yes	No X	
(2)					002 (0	, (3)	·		=1, ==				
<u>(3)</u>													
<u>(4)</u>													

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 par	tnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	l tior	h) ropor- nate ations?	20 of Schedule K-1 (Form	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
-												
<u>(3)</u>												
-												

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

(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	( <b>i)</b> 2(b)(13) ed entity?
		Yes	No
	Share of end-of- year assets	Share of end-of-year assets  Percentage ownership	Share of end-of-year assets  Percentage ownership  Yes

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

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
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?				
a	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1 a		Х
Ł	<b>b</b> Gift, grant, or capital contribution to related organization(s)		1 b		Χ
c	c Gift, grant, or capital contribution from related organization(s).		1 c		Χ
c	d Loans or loan guarantees to or for related organization(s)		1 d		Χ
e	e Loans or loan guarantees by related organization(s)		1 e		X
f	f Dividends from related organization(s).		1 f		X
-	g Sale of assets to related organization(s)				X
ŀ	h Purchase of assets from related organization(s)		1 h		X
	i Exchange of assets with related organization(s)				X
j	j Lease of facilities, equipment, or other assets to related organization(s)		1 j		X
	k Lease of facilities, equipment, or other assets from related organization(s)				X
I	Performance of services or membership or fundraising solicitations for related organization(s)		11		X
r	m Performance of services or membership or fundraising solicitations by related organization(s)		1 m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
C	o Sharing of paid employees with related organization(s)		10		X
	p Reimbursement paid to related organization(s) for expenses				X
C	q Reimbursement paid by related organization(s) for expenses.		1 q	Χ	
r	r Other transfer of cash or property to related organization(s).		1 r		X
	s Other transfer of cash or property from related organization(s)		1 s		X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction				
	(a) (b)  Name of related organization A	(c) mount involved Me	thod of o	<b>i)</b> Heterm	ninina
	type (a-s)		amount	involv	ed
1) ]	ROMAN CATHOLIC DIOCESE OF FRESNO Q	414,654.AC	TUAL		
2)					
<u> </u>					
3)					
-,					
<b>/</b> \					
4)					
-\					
5)					
6)					
AA	TEEA5003L 09/21/21	Schedule	R (Forn	า 990)	2021

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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all p	partners   tion	Share of total income	(g) Share of end-of-year assets	l tior	nate	K-1	Gene mana partr	) ral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
-												
-												
•												
-												
-												
-												
	(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)	(b) Primary activity Legal domicile (state or foreign country)  Legal domicile (related, unrelated, excluded from tax under sections 512-514)	lated, excluded organiz	lated, excluded   organizations?   from tax under	lated, excluded   organizations?     from tax under	lated, excluded   organizations?	lated, excluded   organizations?	lated, excluded   organizations?	lated, excluded   organizations?   K-1   K-1   From tax under   (Form 1065)	(state or foreign country) (related, unre-lated, excluded from tax under form tax under country) (state or foreign country) (related, unre-lated, excluded organizations? (related, unre-lated, excluded organizations? (state or foreign country) (related, unre-lated) (related) (relate	lated, excluded   organizations?

## Part VII Supplemental Information

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

Date A	Accepted
--------	----------

TAXABLE Y	EAR Califor	nia e-file Return	Authorizat	ion for			FORM
2021	 Exemp	t Organizations					8453-EO
Exempt Organiza						Identifying r	number
	C CHARITIES OF					94-16	78938
		nformation (whole dollars or					0 404 000
-	·	99, line 4)				_	8,484,899. 8,484,899.
-		ments (Form 199, line 9)				_	8,103,108.
		nt Electronically for Ta					.,,
_	ectronic funds withdrav				date (mm/dd/y	ууу)	
Part III E	Banking Informati	on (Have you verified the e.	xempt organization'	s banking infor	mation?)		
5 Routing	g number			Γ			
6 Accour			<b>7</b> Type	of account:	Checking	Sav	rings
	Declaration of Offi						
	ne exempt organization or the amount listed or	n's account to be settled as n line 4a.	designated in Part	I. If I check Pa	ırt II, box 4, I au	ıthorize an	electronic funds
return original corresponding organization's Tax Board (For the fee list statements be	ator (ERO), transmitte ng lines of the exempt s return is true, correct, FTB) does not receive ability and all applicab e transmitted to the FTB	that I am an officer of the abover, or intermediate service prorganization's 2021 Californand complete. If the exempt of full and timely payment of the interest and penalties. I also by the ERO, transmitter, or incorize the FTB to disclose to	ovider and the amo nia electronic return, rganization is filing a he exempt organiza authorize the exemp ntermediate service pi	unts in Part I a To the best of balance due ret tion's fee liabil torganization rovider. If the prediate service	above agree with f my knowledge turn, I understand ity, the exempt return and acco ocessing of the provider the rea	n the amou and belief I that if the organization mpanying exempt org ison(s) for	ints on the , the exempt Franchise on will remain liable schedules and anization's
Sign				► EXECUTI	VE DIRECTO	R	
Here	Signature of officer		Date	Title			
Part V [	Declaration of Elec	ctronic Return Origina	tor (ERO) and P	aid Prepare	r. See instruction	ons.	
I declare that the best of norganization officer's sign forms and in Authorized exempt organunder penalt statements,	It I have reviewed the ny knowledge. (If I an 's return. I declare, ho nature on form FTB 84: Iformation that I will fill fille Providers. I will knization return is filed, willes of perjury, I declar	above exempt organization's nonly an intermediate serving wever, that form FTB 8453-153-EO before transmitting the with the FTB, and I have feep form FTB 8453-EO on finishever is later, and I will make that I have examined the knowledge and belief, they	s return and that the ce provider, I unders EO accurately reflect is return to the FTE followed all other receitle for <b>four</b> years from the a copy available to above exempt organ	e entries on for stand that I am its the data on I; I have provid quirements des on the due date to the FTB upon nization's return	m FTB 8453-EC n not responsible the return.) I had ed the organiza scribed in FTB F e of the return of request. If I am and accompan	o are completed for review and obtained the obtained the following some complete for the pair of the p	wing the exempt at the organization with a copy of all 2021 Handbook for rs from the date the d preparer, dules and
	EDOI:		Date		eck if Chec	k if	RO's PTIN
ERO	ERO's FAUSTO	O HINOJOSA, CPA, C			so paid X self- eparer X empl	oyed L I	200196912
Must	Firm's name (or yours	PRICE, PAIGE & CO				Firm's FEIN	
Sign	if self-employed) and address	570 N MAGNOLIA AV	E STE 100		CA		77-0203007 93611
Under penalties	of perjury, I declare that I ha	ve examined the above organization's	return and accompanying	g schedules and sta			
are true, correct	, and complete. I make this	declaration based on all information	of which I have knowled				
	Paid preparer's			Date	Check if		aid preparer's PTIN
Paid Proparer	signature				self-employe		
Preparer Must	Firm's name					Firm's FEIN	
Sign	(or yours if self- employed) and					ZIP code	
	address						

FTB 8453-EO 2021

**CLIENT CATHCHAR** 

# 2021 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23 No.	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE (	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFF I	01:02F CURRENT RATE DEPR.
FORM 199							71557	<u> </u>			<u> </u>	<b>92.</b>	- METHOD		
DEPT 10 - B	LDG & IMPROV														
1 BUILDING	G - FRESNO	4/01/98		636,239							636,239	636,239	S/L	31.5	
2 AIR CONI	DITIONER	4/14/97		44,648							44,648	8,744	S/L	10	
3 REMODE	L	1/18/07		9,602							9,602	9,200	S/L	10	
4 CABLE &	DATA DROP	1/17/07		4,657							4,657	4,010	S/L	3	
5 TREND N	MICRO CABLE	1/31/07		565							565	486	S/L	3	
6 INSTALL	CABINETS	3/30/07		700							700	675	S/L	7	
7 1ST FL00	OR PAINTING	3/09/07		10,000							10,000	9,667	S/L	10	
8 WIRING 0	GANG PLATES	3/09/07		2,224							2,224	2,146	S/L	10	
9 ASHPALT	Γ	12/12/07		82,905							82,905	82,905	S/L	10	
10 CONCRET	ГЕ	12/12/07		14,715							14,715	14,715	S/L	10	
11 SALES T	AX	7/01/08		6,366							6,366	2,626	S/L	31.5	:
12 BLINDS		7/27/09		1,030							1,030	1,030	S/L	5	
13 BLDG IM	PROVE FRS	5/22/10		56,457							56,457	31,288	S/L	20	2,
14 BLDG IM	PROVE FRS	5/26/10		40,387							40,387	22,377	S/L	20	2,
15 BLDG IM	PROVE FRS	6/30/10		61,924							61,924	34,056	S/L	20	3,0
16 STAIR RA	AILING IMPROVEMENT	6/10/13		2,181							2,181	881	S/L	20	
TOTAL D	EPT 10 - BLDG & IMPROV			974,600		0	C	)	0 0	0	974,600	861,045			8,2
DEPT 10 - E0	QUIP														
17 MIP ACC	OUNTING PRO	12/07/04		12,088							12,088	10,880	S/L	5	
18 REMODE	L A/C ELEC & LIGHTS	2/02/07		15,079							15,079	14,452	S/L	10	
19 GANG FA	CEPLATE & ELEC	3/27/07		1,156							1,156	1,131	S/L	10	
20 FLOORIN	G DOORS W/ CLOSETS	4/06/07		25,556							25,556	24,921	S/L	10	

**CLIENT CATHCHAR** 

# 2021 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/14/23	3														01:02PM
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RATE_	CURRENT DEPR.
21	ELECTRICAL WIRING	7/24/07		2,600	)						2,600	2,600	S/L	10	0
22	WINDOWS, MS OFF LIN FEE	4/24/07		765	i						765	723	S/L	3	0
23	2 DR PANEL, STORAGE CAB	3/29/07		867	,						867	848	S/L	10	0
24	12 PORT PANEL 66 MOUNT	7/26/07		822	!						822	822	S/L	10	0
25	EQUIP	9/14/07		546	i						546	546	S/L	10	0
26	CAT JACKS & MODULAR	10/25/07		761							761	761	S/L	10	0
27	SPEAKER PHONE	10/31/07		800	)						800	800	S/L	10	0
28	UNDERGROUND CONDUIT	11/12/07		1,403							1,403	1,403	S/L	10	0
29	TESTING SOIL	11/13/07		1,045	;						1,045	1,045	S/L	10	0
30	LINE PORTS	12/31/09		1,048	1						1,048	1,048	S/L	5	0
32	ELEVATOR	5/23/12		407							407	372	S/L	10	35
98	PHONE SYSTEM FRESNO	8/01/15		19,863							19,863	11,751	S/L	10	1,986
111	LAPTOP/DOCKING - JACOBS	4/06/17	_	1,639	_						1,639	1,394	S/L	5	245
	TOTAL DEPT 10 - EQUIP			86,445	i	0	0	(	0 0	0	86,445	75,497			2,266
DE	PT 10 - FURN & FIXTURES														
33	CEILING FANS	11/15/99		1,500	)						1,500	1,367	S/L	7	0
34	AIR CONDITIONER	8/31/98		3,250	)						3,250	1,816	S/L	39	83
35	AIR CONDITIONER	9/08/98	_	4,100							4,100	2,277	S/L	39	105
	TOTAL DEPT 10 - FURN & FIXTUR			8,850	)	0	0	(	0 0	0	8,850	5,460			188
DE	PT 10 - LAND														
36	LAND-FRESNO	4/01/88		215,000	)						215,000				0
37	FULTON & NEVADA LOT	4/01/08	-	80,000	<u> </u>						80,000				0
	TOTAL DEPT 10 - LAND			295,000	)	0	0	(	0 0	0	295,000	0			0

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23 NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE RATE	01:02F
	LAND & IMPROV		- VV-U	J, W.O				V DEI	<u> </u>			<u> </u>			<b>321</b> 111
38 6' FEN	CE & ROLLING GA	9/25/09		7,220							7,220	4,242	S/L	20	
39 6' WR	OUGHT IRON FENCE	10/27/09		17,443							17,443	10,173	S/L	20	
40 FENCE	& WAREHOUSE	9/01/09		1,294							1,294	769	S/L	20	
TOTA	_ DEPT 10 - LAND & IMPROV			25,957		0	0	0	0	0	25,957	15,184			1,
DEPT 20															
156 FORKI	- LIFT - 9N1462	10/02/20		8,871							8,871	665	S/L	10	
TOTA	_ DEPT 20			8,871		0		0	0	0	8,871	665			
DEPT 20 -	AUTO/TRANSPORTATION EQ	IUIP		,							,				
152 2019 H	IINO 195H TRUCK MERCED	4/30/20		114,928							114,928	19,154	S/L	7	16
TOTAI	_ DEPT 20 - AUTO/TRANSPO			114,928		0	0	0	0	0	114,928	19,154			16
DEPT 20 -	BLDG & IMPROV														
41 RERO(	DF MERCED BLDG	10/14/09		9,379							9,379	5,511	S/L	20	
42 SECUF	RITY ALARM MERCED	12/04/09		824							824	824	S/L	5	
43 LINE F	PORTS	12/31/09		594							594	594	S/L	5	
44 LINE F	PORTS	12/31/09		736							736	736	S/L	5	
45 4 EVA	P COOLERS	7/06/09		6,516							6,516	3,912	S/L	20	
46 BLDG	IMPR MERCED PGE	12/22/10		827							827	431	S/L	20	
47 BLDG	IMPR MERCED ELECTR	5/03/11		25,915							25,915	13,176	S/L	20	1,
48 BLDG	IMPR MERCED GEN CONS	5/03/11		26,298							26,298	13,369	S/L	20	1,
49 LIGHT	ING FOR MERCED BLDG	8/31/11		4,618							4,618	2,271	S/L	20	

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23								PRIOR							01:02F
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
50 BLD	OG IMPR MERCED	7/28/11		2,435							2,435	1,210	S/L	20	1:
51 HVA	AC MERCERD	3/06/13		10,972							10,972	9,142	S/L	10	1,0
96 SYN	ITHETIC TURF FRESNO	1/21/15		15,723							15,723	2,586	S/L	39	4
ТОТ	TAL DEPT 20 - BLDG & IMPROV			104,837		0	0	(	) (	) (	104,837	53,762			5,3
DEPT 20	0 - EQUIP														
99 PHO	ONE SYSTEM MERCED	8/01/15		4,044							4,044	2,391	S/L	10	4
101 VIDE	EO SCREENS MERCED	5/04/15		2,205					<u> </u>		2,205	2,205	S/L	5	
ТОТ	TAL DEPT 20 - EQUIP			6,249		0	0	(	) (	) (	6,249	4,596			4
DEPT 20	0 - LAND - MERCED														
52 LAN	ID-336 W. MAIN #1MERCED	12/23/87		80,329							80,329				
ТОТ	TAL DEPT 20 - LAND - MERCED			80,329		0	0	(	) (	) (	80,329	0			
DEPT 20	0 - MERCED BLDG & IMPROV														
53 BUII	LDING-MERCED	12/28/00		186,911							186,911	115,172	S/L	31.5	5,9
ТОТ	TAL DEPT 20 - MERCED BLDG			186,911		0	0	(	) (	) (	186,911	115,172			5,9
DEPT 20	0 - MERCED EQUIP														
54 EQU	JIPMT HVAC	5/03/11		26,688							26,688	26,688	S/L	10	
55 HVA	C	7/28/11		3,642							3,642	3,610	S/L	10	
ТОТ	TAL DEPT 20 - MERCED EQUIP			30,330		0	0	(	) (	) (	30,330	30,298			;

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23														01:02
NODESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE RATE</u>	CURRENT DEPR.
DEPT 35 - BLDG & IMPROV														
56 FENCE POST	3/30/07		1,877							1,877	1,833	S/L	10	
TOTAL DEPT 35 - BLDG & IMPROV			1,877		0	0	(	) (	0 0	1,877	1,833			
DEPT 40 - BLDG & IMPROV FRS														
57 BLDG IMPR FULTON RENOV	8/04/10		16,120							16,120	8,799	S/L	20	
58 PAINTING	6/07/13		2,950							2,950	2,385	S/L	10	
106 CLIENT INTAKE COUNTER CON	4/19/16		23,779							23,779	6,143	S/L	20	1
TOTAL DEPT 40 - BLDG & IMPROV			42,849		0	0	(	) (	0 0	42,849	17,327			2
DEPT 40 - BLDG & IMPROV FRS														
112 DOUBLE DOORS TO WAREHOUSE	5/03/17		3,815							3,815	1,592	S/L	10	
158 BOILER REPLACEMENT	2/17/22		23,834							23,834		S/L	15	
TOTAL DEPT 40 - BLDG & IMPROV			27,649		0	0	(	) (	0 0	27,649	1,592			
DEPT 40 - EQUIP														
59 EQUIP-FLOOR POLISHER	3/04/11		1,170							1,170	1,170	S/L	10	
60 ELEVATOR	5/23/12		2,035							2,035	1,853	S/L	10	
103 VIDEO SCREENS FRESNO	5/04/15		2,205							2,205	2,205	S/L	5	
108 EDUCATION RM COMP, 13	6/05/16		11,854							11,854	11,854	S/L	5	
TOTAL DEPT 40 - EQUIP			17,264		0	0	(	) (	0	17,264	17,082			

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23						CUR	SPECIAL	PRIOR 179/	PRIOR	SALVAG					01:02F
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.	/BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
DEPT 40 -	FURN & FIXTURES														
63 CHAIRS	S FRESNO LOBBY	5/01/13		1,333							1,333	1,333	S/L	5	
TOTAL	DEPT 40 - FURN & FIXTUR			1,333		0	0	0	0	) C	1,333	1,333			
DEPT 43 -	BUILDING FRESNO														
113 WINDO	WS IN PAYEE BUILDING	7/11/16		3,360							3,360	1,680	S/L	10	33
TOTAL	DEPT 43 - BUILDING FRES			3,360		0	0	0	0	) C	3,360	1,680			33
DEPT 43 -	FURN & FIX FRESNO PAYEE														
64 ROLLU	P DOOR	12/19/06		1,385							1,385	1,205	S/L	10	
TOTAL	DEPT 43 - FURN & FIX FRE			1,385		0	0	C	0	) (	1,385	1,205			
DEPT 44 -	AUTO/TRANSPORTATION EQ	UIP													
153 2019 H	INO 268A TRUCK FRESNO	12/01/19		60,571							60,571	13,701	S/L	7	8,65
TOTAL	DEPT 44 - AUTO/TRANSPO			60,571		0	0	C	0	) C	60,571	13,701			8,65
DEPT 44 -	BLDG & IMPROVEMENT	_													
65 ROOF F	REPAIRS	8/17/11		800							800	393	S/L	20	4
66 DUCTIN	NG	8/22/11		2,400							2,400	1,180	S/L	20	12
150 WAREH	HOUSE	11/30/19		143,699							143,699	11,376	S/L	20	7,18
155 WAREH	HOUSE HEATER	1/22/20		2,920						<u>.</u> <u>.</u>	2,920	414	S/L	10	29
TOTAL	DEPT 44 - BLDG & IMPROV			149,819		0	0	(	0	) (	149,819	13,363			7,63

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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4/23															01:02
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURREN' DEPR.
DEPT 44 -E0	QUIPMENT														
67 BACKDR	AFT DAMPERS	8/22/11		560	)						560	551	S/L	10	
68 ELEVATO	OR .	5/23/12		1,221							1,221	1,108	S/L	10	
151 2010 NIS	SSAN FORKLIFT 9N1803	9/30/19		8,849	<u> </u>						8,849	1,549	S/L	10	
TOTAL [	DEPT 44 -EQUIPMENT			10,630	)	0	0	0	0	0	10,630	3,208			
DEPT 45 - A	UTO/TRANSPORTATION EQU	JIP													
154 2019 HIN	NO 268A TRUCK FRESNO	12/01/19		60,571	_						60,571	13,701	S/L	7	
TOTAL [	DEPT 45 - AUTO/TRANSPO			60,571	_	0	0	0	0	0	60,571	13,701			
DEPT 45 - B	SLDG & IMPROVMT														
69 ROOF RE	EPAIRS	8/17/11		400	)						400	197	S/L	20	
70 DUCTING	3	8/22/11		1,200	<u> </u>						1,200	590	S/L	20	
TOTAL [	DEPT 45 - BLDG & IMPROV			1,600	)	0	0	0	0	0	1,600	787			
DEPT 45 - E	QUIPMENT														
71 BACK DI	RAFT	8/22/11		280	)						280	275	S/L	10	
72 ELEVATO	OR .	5/23/12		407	<u>'</u>						407	372	S/L	10	
TOTAL [	DEPT 45 - EQUIPMENT			687	,	0	0	0	0	0	687	647			
DEPT 49 - E	QUIP														
118 TV MON	ITOR	7/31/16		2,096	) -					<u> </u>	2,096	2,060	S/L	5	
TOTAL [	DEPT 49 - EQUIP			2,096	6	0	0	0	0	0	2,096	2,060			

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

						PRIOR								01:02
NODESCRIPTION	DATE ACQUIRED	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BAS REDU	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURREN DEPR.
DEPT 80														
157 2013 INT. 4300 DH127632	12/09/20	 23,954								23,954	1,996	S/L	7	3
TOTAL DEPT 80		23,954		0	0	C	) (	0	0	23,954	1,996			3
DEPT 80 - AUTO/TRANSPORTATION I	EQUIP													
124 2013 INTL	12/31/17	 55,671					<u></u>			55,671	38,969	S/L	5	11
TOTAL DEPT 80 - AUTO/TRANSPO	0	55,671		0	0	C	) (	0	0	55,671	38,969			1
DEPT 80 - BLDG & IMPROV														
114 BAKERSFIELD FLOORING	9/13/16	 3,575								3,575	1,730	S/L	10	
TOTAL DEPT 80 - BLDG & IMPROV	V	3,575		0	0	0	) (	0	0	3,575	1,730			
TOTAL DEPT 80 - BLDG & IMPROV DEPT 80 - BLDG & IMPROV-BAKERSF		3,575		0	0	C	(	0	0	3,575	1,730			
DEPT 80 - BLDG & IMPROV-BAKERSFI		3,575 186,601		0	0	C	(	0	0	3,575 186,601	1,730 71,088	S/L	31.5	!
	IELD			0	0	C	(	0	0				31.5 31.5	Ę
DEPT 80 - BLDG & IMPROV-BAKERSFI 73 825 BUILDING 74 809 BUILDING	6/26/09	186,601		0	0	C		0	0	186,601	71,088	S/L		
DEPT 80 - BLDG & IMPROV-BAKERSFI  73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE	6/26/09 6/26/09	186,601 204,937		0	0	C		0	0	186,601 204,937	71,088 78,072	S/L	31.5	(
DEPT 80 - BLDG & IMPROV-BAKERSFI	6/26/09 6/26/09 7/07/09	186,601 204,937 76,500		0	0	C		0	0	186,601 204,937 76,500	71,088 78,072 45,900	S/L S/L S/L	31.5	(
DEPT 80 - BLDG & IMPROV-BAKERSFI 73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE 76 825 CHESTER PERMITS	6/26/09 6/26/09 7/07/09 7/16/09	186,601 204,937 76,500 367		0	0	C		0	0	186,601 204,937 76,500 367	71,088 78,072 45,900 367	S/L S/L S/L	31.5 20 5	(
DEPT 80 - BLDG & IMPROV-BAKERSFI  73 825 BUILDING  74 809 BUILDING  75 825 CHESTER TERMITE  76 825 CHESTER PERMITS  77 809 CHESTER HVAC	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09	186,601 204,937 76,500 367 3,295		0	0	C		0	0	186,601 204,937 76,500 367 3,295	71,088 78,072 45,900 367 1,966	S/L S/L S/L S/L	31.5 20 5 20 20	(
DEPT 80 - BLDG & IMPROV-BAKERSFI 73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE 76 825 CHESTER PERMITS 77 809 CHESTER HVAC 78 825 CHESTER REMODEL	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09	186,601 204,937 76,500 367 3,295 18,155		0	0	C		0	0	186,601 204,937 76,500 367 3,295 18,155	71,088 78,072 45,900 367 1,966 10,744	S/L S/L S/L S/L S/L	31.5 20 5 20 20	(
DEPT 80 - BLDG & IMPROV-BAKERSFI 73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE 76 825 CHESTER PERMITS 77 809 CHESTER HVAC 78 825 CHESTER REMODEL 79 825 CHESTER SECURITY SYS	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09 8/07/09	186,601 204,937 76,500 367 3,295 18,155 1,635		0	0	C		0	0	186,601 204,937 76,500 367 3,295 18,155 1,635	71,088 78,072 45,900 367 1,966 10,744 977	\$/L \$/L \$/L \$/L \$/L \$/L	31.5 20 5 20 20 20 20	(
DEPT 80 - BLDG & IMPROV-BAKERSFI 73 825 BUILDING 74 809 BUILDING 75 825 CHESTER TERMITE 76 825 CHESTER PERMITS 77 809 CHESTER HVAC 78 825 CHESTER REMODEL 79 825 CHESTER SECURITY SYS 80 825 CHESTER REMODEL CHG	6/26/09 6/26/09 7/07/09 7/16/09 8/04/09 8/19/09 8/07/09 8/31/09	186,601 204,937 76,500 367 3,295 18,155 1,635 4,630		0	0	C		0	0	186,601 204,937 76,500 367 3,295 18,155 1,635 4,630	71,088 78,072 45,900 367 1,966 10,744 977 2,745	\$/L \$/L \$/L \$/L \$/L \$/L	31.5 20 5 20 20 20 20	(

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23														01:02F
					CUR	SPECIAL	PRIOR 179/	PRIOR	SALVAG /BASIS					
NO. DESCRIPTION	DATE <u>ACQUIRED</u> _	DATE SOLD	COST/ BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.	/BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
84 WIRING BKSF	9/12/09		2,557							2,557	1,515	S/L	20	1:
85 BLINDS BKSF	9/21/09		668							668	668	S/L	5	
97 REROOFING BLDG BAKERSFIE	10/20/14		12,245							12,245	2,093	S/L	39	3
105 BAKERSFIELD WAREHOUSE REM	10/01/15		178,692							178,692	26,346	S/L	39	4,5
109 AC UNIT	5/12/16	_	7,686							7,686	5,673	S/L	7	1,0
TOTAL DEPT 80 - BLDG & IMPRO	V		705,285		0	0	0	0	0	705,285	252,753			24,0
DEPT 80 - EQUIP														
117 LAPTOP/DOCKING - VORHEES	11/19/16		1,393							1,393	1,279	S/L	5	1
TOTAL DEPT 80 - EQUIP			1,393		0	0	0	0	0	1,393	1,279			1
DEPT 80 - EQUIP-BAKERSFIELD														
100 PHONE SYSTEM BAKERSFIELD	8/01/15		8,013							8,013	4,740	S/L	10	8
104 VIDEO SCREENS BAKERSFIELD	5/04/15		664							664	664	S/L	5	
107 LAPTOP BKSFD SITE DIRECTO	3/20/16		1,433							1,433	1,433	S/L	5	
110 VIDEO SCREENS BKSFD	8/18/15	_	1,777							1,777	1,777	S/L	5	
TOTAL DEPT 80 - EQUIP-BAKERS	SF		11,887		0	0	0	0	0	11,887	8,614			8
DEPT 80 - FURN & FIX-BAKERSFIELD	)													
86 3 FILING CABINETS	7/02/97	_	579							579	579	S/L	7	
TOTAL DEPT 80 - FURN & FIX-BA	A.		579		0	0	0	0	0	579	579			
DEPT 80 - LAND-BAKERSFIELD														

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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4/23 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	01:02f CURRENT DEPR.
87 825 CHESTER LAND	6/26/09		66,486							66,486				
88 809 CHESTER LAND	6/26/09		38,716							38,716				
TOTAL DEPT 80 - LAND-BAKERSF	1		105,202		0	0	C	0	0	105,202	0			
DEPT 83 - BUILDING BKSF														
115 BAKERSFIELD PAYEE FLOOR	1/04/17		1,572							1,572	707	S/L	10	
16 BKSF PAYEE WALLS/DOORS	1/09/17		5,400							5,400	2,430	S/L	10	
119 HVAC UNIT	6/29/17		7,399							7,399	2,960	S/L	10	
TOTAL DEPT 83 - BUILDING BKSF	:		14,371		0	0	C	C	0	14,371	6,097			1
FURNITURE AND FIXTURES														
120 RACK FOR WAREHOUSE	12/31/17		4,043							4,043	2,831	S/L	5	
121 OFFICE CREDENZA	12/31/17		2,310							2,310	1,617	S/L	5	
TOTAL FURNITURE AND FIXTURE			6,353		0	0	0	0	0	6,353	4,448			1
IMPROVEMENTS														
136 SIGN	9/17/18		9,909							9,909	1,817	S/L	15	
137 IRON FENCE	10/03/18		2,900							2,900	399	S/L	20	
143 CONCRETE	1/09/19		13,775							13,775	3,445	S/L	10	1
144 CABINETS	1/09/19		9,945							9,945	3,552	S/L	7	1
145 IRON FENCE	1/09/19		4,515							4,515	565	S/L	20	
146 FLOORING	1/09/19		17,794							17,794	4,448	S/L	10	1
147 THRIFT STORE REMODEL	1/09/19		19,781							19,781	4,945	S/L	10	1
148 THRIFT STORE DOORS	7/09/18		4,620							4,620	1,386	S/L	10	
149 WOOD RAMP	4/19/19		3,791							3,791	821	S/L	10	

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/23														01:02
NODESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _R	CURRENT ATE DEPR.
TOTAL IMPROVEMENTS			87,030		0	0	C	) 0	0	87,030	21,378			8,4
MACHINERY & EQUIPMEN DEP 80														
122 COMPUTERS	12/31/17		1,826							1,826	1,826	S/L	3	
TOTAL MACHINERY & EQUIPMEN			1,826		0	0	(	) (	0	1,826	1,826			
MACHINERY & EQUIPMENT														
89 HVAC-PAYEE DEPT	7/15/11		6,765							6,765	6,765	S/L	10	
TOTAL MACHINERY & EQUIPMENT			6,765		0	0	(	) (	0	6,765	6,765			
MACHINERY AND EQUIPMENT														
123 HVAC UNIT	12/31/17		7,771							7,771	2,720	S/L	10	
125 COMPUTERS/LAPTOPS	12/31/17		1,864							1,864	1,864	S/L	3	
126 COMPUTERS	12/31/17		1,718							1,718	1,718	S/L	3	
127 COMPUTERS	12/31/17		4,294							4,294	4,294	S/L	3	
128 COMPUTERS	12/31/17		859							859	859	S/L	3	
129 COMPUTERS	12/31/17		6,012							6,012	6,012	S/L	3	
130 COMPUTERS	12/31/17		6,012							6,012	6,012	S/L	3	
131 COMPUTERS	12/31/17		859							859	859	S/L	3	
132 COMPUTERS	12/31/17		859							859	859	S/L	3	
133 COMPUTERS	12/31/17		1,718							1,718	1,718	S/L	3	
134 COMPUTERS	12/31/17		3,435							3,435	3,435	S/L	3	
135 COMPUTERS	12/31/17		3,435							3,435	3,435	S/L	3	
138 CONDENSED FAN MOTORS	8/31/18		8,199							8,199	2,323	S/L	10	1
139 SWAMP COOLER	10/09/18		4,936							4,936	1,358	S/L	10	

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**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/23																01:02PM
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _	RATE	CURRENT DEPR.
140 PAL	LET TRUCK	7/09/18		3,641							3,641	2,184	S/L	5		728
141 REF	RIGERATOR	10/05/18		4,934							4,934	1,356	S/L	10		493
142 WAT	FER HEATER	11/30/18		1,575					_		1,575	408	S/L	10	_	158
TOT	AL MACHINERY AND EQUIPME			62,121		0	0	0	0	0	62,121	41,414				3,470
MISCEL	LANEOUS															
90 TW0	COOLERS FRS	7/18/05		7,458							7,458	6,713	S/L	5		0
91 ROO	F THRIFT STORE	8/02/05		30,920							30,920	23,874	S/L	20		1,546
92 FLO	ORING MERCED	12/29/05		3,825							3,825	2,868	S/L	20		191
93 WAL	KIN FREEZER	8/01/05		2,600							2,600	2,412	S/L	7		0
94 SOF	TWARE FUNDRAISE	12/31/05		10,541							10,541	9,700	S/L	3		0
95 QB0	OOKS SOFTWARE	8/31/05		6,374							6,374	5,313	S/L	3	-	0
ТОТ	TAL MISCELLANEOUS			61,718		0	0	0	0	0	61,718	50,880				1,737
ТОТ	AL DEPRECIATION			3,452,728		0	0	0	0	0	3,452,728	1,709,080			=	127,071
GRA	ND TOTAL DEPRECIATION			3,452,728		0	0	0	0	0	3,452,728	1,709,080			=	127,071