Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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.

Inter	nal Reveni	ue Service		Go to www.i	rs.gov/Form	990 for instr	uctions and	the latest	inform	ation.		Inspection		
Α	For the	2022 calend	dar year, or tax	year begin	ning 7,	/01	, 202	2, and en	ding	6/30	, 20 2023			
В	Check if a	applicable:	С							D Employ	er ident	ification number		
	Addre	ess change	CATHOLIC	CHARITI	ES OF :	THE DIOC	ESE			94-	1678	938		
	Name	e change	OF FRESNO							E Telepho				
	Initia	ıl return	149 N FUL		EET					559	-237	-0851		
	Final r	return/terminated	FRESNO, C.	A 93701								0002		
	-	nded return								G Gross r	eceipts	\$ 11,885,599.		
	\vdash	ication pending	F Name and addr	ress of principa	l officer: TE	EFFREY N	CCDCTC		H(a)	Is this a group retur				
		, ,	SAME AS C		JE	CCCKLI N.	LGKLIL		H(b)	Are all subordinates If "No," attach a list	include			
1	Tax-exe		X 501(c)(3)	501(c) ()	(insert no.)	4947(a)(1)	or 527	7	If "No," attach a list	. See ins	structions.		
<u>. </u>	Webs		W.CCDOF.OF	` ` ` `		(III3CIT II0.)	+3+/(α)(1)	01 327		Group exemption nu	ımher			
K			X Corporation	Trust	Association	Other	1	L Year of for				egal domicile: CA		
Pa		Summar		Trust	ASSOCIATION	Other		L rear or for	mation:	1900 1113	state of i	egal dorniche: CA		
Га				tion's missi	on or mos	t cianificant	activities: T1	T CADD	VINC	רוויי ייטב כי	OCTA	L MISSION OF		
												ROVIDES FOOD,		
Se												SAN JOAQUIN		
nar		/ALLEY.	, <u> </u>	, 110010.	1111011 1	IND COM	01(1 10 1	1111 1 00	<u></u>	TITE CRIVIT	4111	<u> </u>		
Governance	_	heck this bo	x lifthe	organizatio	n discontir	nued its ope	rations or dis	sposed of	more th	nan 25% of its	net as	 sets.		
ၓ			ting members								3	12		
∞ŏ			dependent votir								4	11		
Activities &			of individuals e								5	81		
ΞĘ			of volunteers (•	-	•					6	640		
Ă			d business rev								7a	0.		
	b N	let unrelated	business taxat	ole income	from Form	1 990-1, Pari	t I, line II				7b	0.		
	•			t \ /!!! E	11-1					Prior Year	4.1	Current Year		
e e			and grants (Pa							7,002,4		10,254,203.		
enr			ice revenue (Pa							205,1		150,624.		
Revenue			come (Part VIII e (Part VIII, col								99.	44,909.		
_			= (Fart Viii, coii = – add lines 8							1,127,2 8,340,8		1,235,031. 11,684,767.		
			milar amounts							8,0		8,000.		
							-			0,0	100.	0,000.		
		•	to or for members (Part IX, column (A), line 4)er compensation, employee benefits (Part IX, column (A), lines 5-10)								110	3,651,889.		
es		rofessional fundraising fees (Part IX, column (A), line 11e)							2,481,2	.10.	3,031,009.			
Expenses			· ·	•	` ,	•								
ă			ing expenses (_		219,421						
			es (Part IX, col							5,469,8		7,354,125.		
			es. Add lines 13							7,959,0		11,014,014.		
		levenue less	expenses. Sub	otract line 1	8 from line	e 12				381,7	91.	670,753.		
Net Assets or Fund Balances										ginning of Curren		End of Year		
alan	20 T		Part X, line 16)							8,647,8		9,418,507.		
t As	21 To	otal liabilities	s (Part X, line 2	26)						881,0)58.	846,728.		
		let assets or	fund balances.	. Subtract li	ne 21 from	1 line 20				7,766,7	61.	8,571,779.		
Pa	rt II	Signatur	e Block											
Unde	r penalties	s of perjury, I de	clare that I have exa	amined this retu	ırn, including	accompanying s	chedules and sta	tements, and	d to the be	st of my knowledge	and bel	ief, it is true, correct, and		
comp	Diete. Deci	aration of prepai	rer (other than office	er) is based on	ali information	n of which prepa	rer nas any knov	vieage.						
		2:												
Sig	jn	Signature of	officer						L	Date				
He	re		Y NEGRETE						EXEC	CUTIVE DIF	RECTO	OR		
		, ,	name and title					T= :			, ,			
		Print/Type p	reparer's name		Preparer's s	signature		Date		Check	if	PTIN		
Pai			HINOJOSA, CP	A, CFE	FAUSTO	HINOJOSA,	CPA, CFE			self-employe	ed	P00196912		
Pre	parer	Firm's name	PRICE P	PAIGE & CO	OMPANY CI	PAS LLP								
Us	ė Only	/ Firm's addre	570 N M	MAGNOLIA A	AVE STE	100				Firm's EIN 87-3267876				
			CLOVIS,	CA 93611	L			· <u> </u>		Phone no.	(559) 299-9540		

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
		y describe the organization's mission:
	SEE_	SCHEDULE O
		e 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.
		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes	s," describe these changes on Schedule O.
4	Descr	tibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section and re	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.
	aria i	orondo, il dily, for odon program sorriod reportod.
//2	(Code	e:) (Expenses \$ 8,782,237. including grants of \$) (Revenue \$ 150,624.)
4 a	•	E:) (Expenses \$ 8,782,237. including grants of \$) (Revenue \$150,624.) IAL SERVICES - THE SOCIAL SERVICE PROGRAMS AT CATHOLIC CHARITIES ARE AVAILABLE TO
		ILIES OR INDIVIDUALS WHO HAVE EITHER HAD AN UNEXPECTED CRISIS OCCUR (I.E. COVID-19
		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 DETERMINE
		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
	ID _	VOUCHERS AND ENROLLMENT IN THE PG&E CARE PROGRAM.
4b	(Code	e:) (Expenses \$777,598. including grants of \$) (Revenue \$)
	IN	CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF
	FRE	SNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO
	THE	POOR IN THE CENTRAL SAN JOAQUIN VALLEY.
4c	(Code	e:) (Expenses \$ 526,443. including grants of \$) (Revenue \$)
	•	IOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS
		LUNTEER 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
		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
	<u>πTΨ</u>	BILITY COVERAGE WHILE THEY ARE SERVING.
	OH	Annantana comitaca (Deceribe en Cabadula O.)
		r program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expe	=======================================
4e	Total	program service expenses 10,240,577.

			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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Χ	
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	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), 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? <i>If "Yes," complete Schedule H</i>	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 (2022) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
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		Χ
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. 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? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A A	(gambling) winnings to prize winners?	1c	X	20000

Form 990 (2022) CATHOLIC CHARITIES OF THE DIOCESE

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	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>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
	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 1a 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 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a 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 7h 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?..... 8b 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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? 10b Χ 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O 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...... 15a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15b 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?..... 16a 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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(C)

Resition (do not check more)

				(C))					
(A) Name and title	(B) Average hours per	director/truste			s personal and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	line)	Ф	tee			sateo				
(1) JEFF NEGRETE	40									
EXECUTIVE DIR.	0			Χ				150,000.	0.	0.
(2) ASHLEE WOLF	40							·		
DEVELOPMENT DIR	0			Χ				89,975.	0.	0.
(3) KELLY GOODPASTER	40									
FINANCE DIRECT	0			Χ				83,596.	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	X		X				0.	0.	0.
(7) VERY REV. SALVADOR GONZALEZ JR	2									
EPISCOPAL DELEG	0	Χ						0.	0.	0.
(8) PATRICK COLLINS	2	.,						•	•	•
DIRECTOR	0	X						0.	0.	0.
(9) STEVEN SPENCER	2	37		3.7				0	0	0
VICE CHAIR	0	Χ		X				0.	0.	0.
(10) KENNETH BALDWIN DIRECTOR	$-\frac{2}{0}$	v						0	0	0
(11) KEVIN CONWAY	2	Х						0.	0.	0.
DIRECTOR	$-\frac{2}{0}$	Х						0.	0.	0.
(12) DOUG SAMPSON	2	Λ						0.	0.	0.
TREASURER	- 2 -	Х		Χ				0.	0.	0.
(13) EMILY BALOIAN-MARTINEZ	2	Λ		21				0.	0.	<u></u>
DIRECTOR	2	Х						0.	0.	0.
(14) DON PARREIRA	2							<u> </u>	· ·	<u> </u>
SECRETARY	0	Χ		Χ				0.	0.	0.
	•	•			-	•				

Part VII Section A. Officers, Directors, 110		ney		•	_	es,	alic	u nigilest coll	iperisaleu Emp	loyees	(continuea)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	check ess pe	sition more erson direct	than bot sor/true mployee	h 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)	compe the or and	(F) ated amount of other nsation from rganization of related anizations
(15) REV. ROBERT BORGES DIRECTOR	2	Х						0.	0.		0.
(16) MICHAEL SERRANO	22										
DIRECTOR (17) J. TYLER DAVIES DIRECTOR	0 0	X						0.	0.		0.
(18)											
(19)											
(20)		-									
(21)											
(22)											
(23)											
(24)		•									
(25)											
1b Subtotal	ļ							323,571.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.		0.
d Total (add lines 1b and 1c).								323,571.	0.		0.
2 Total number of individuals (including but not limited from the organization 1										ensation	
											Yes No
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste	e, ke	ey er	mplo	oyee	e, or	high	hest compensated	l employee	3	X
For any individual listed on line 1a, is the sum of the organization and related organizations greated.										. 3	A
such individual										. 4	X
for services rendered to the organization? If "Yes	s," compli	ete S	chec	dule	ally 2 <i>J f</i> (or su	ch p	person		. 5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	dent	t cor	ntra	ctors	tha	at received more t	han \$100,000 of		
(A)	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B)								((C)	
Name and business address Description of services C COMMERCIAL CONSTRUCTION CO 1425 MOTEL DRIVE MERCED, CA 95341 CONSTRUCTION									ńsation 47,751.		
- I I I I I I I I I I I I I I I I I I I		, ,									,
2 Total number of independent contractors (including t	out not lim	ited to	o tho	se I	listed	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization											

		Check if Schedule O contains a response or note to an	ny line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns				
Control and C	y h	lines 1a-1f				
	- 11	Business Code	10,254,203.			
Program Service Revenue	2a	PROG FEES 812900	150,624.	150,624.		
æ	b		·			
vice	С					
Ser	d					
щ	e	All other program convice revenue				
<u>p</u>		All other program service revenue	150 624			
α.	3	Investment income (including dividends, interest, and	150,624.			
	3	other similar amounts)	44,909.	44,909.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents 6a	1			
		Less: rental expenses 6b	-			
		Rental income or (loss) 6c	-			
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a	-			
	b	Less: cost or other basis	-			
	_	and sales expenses 7b Gain or (loss) 7c	-			
		Net gain or (loss)				
une		Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c).				
F.	h	See Part IV, line 18 8a 1,238,222 Less: direct expenses 8b 200,832	-			
Ţ,		Less: direct expenses 8b 200,832. Net income or (loss) from fundraising events	1 027 200			
O			1,037,390.			
	Ja	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory	196,413.	196,413.		
N.		Business Code		=50,110.		
함하	11a	MISCELLANEOUS REVENUES	1,228.			1,228.
ם	b					
scellaneous Revenue	C	All other revenue				
Σ <u>-</u>	_	Total. Add lines 11a-11d	1,228.			
	12	Total revenue. See instructions.	11,684,767.	391,946.	0.	1,228.
			, , , , .		U •	

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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0,000	3,333.		
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	323,571.	40,756.	154,416.	128,399.
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	2,560,591.	2,405,852.	154,739.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,300,331.	2,403,032.	134,733.	
9	Other employee benefits	514,049.	448,061.	40,517.	25,471.
10	Payroll taxes	253,678.	214,790.	24,095.	14,793.
11	Fees for services (nonemployees):				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	93,064.	33,005.	59,920.	139.
13	Office expenses				
14	Information technology				
15	Royalties.				
16	Occupancy	213,293.	210,530.	1,138.	1,625.
17	Travel.	109,305.	102,473.	612.	6,220.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	=55,555			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,754.	111,726.	26,028.	
23	Insurance	31,671.	28,213.	2,523.	935.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD AND OTHER ASSISTANCE	5,754,663.	5,754,648.		15.
b	MATERIALS AND SUPPLIES	334,564.	308,889.	22,644.	3,031.
С	STIPENDS	272,537.	272,537.		
d	SECURITY	163,489.	152,127.	8,286.	3,076.
e	All other expenses.	243,785.	148,970.	59,098.	35,717.
25	Total functional expenses. Add lines 1 through 24e	11,014,014.	10,240,577.	554,016.	219,421.
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	<u></u>	<u></u>			
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			376,303.	1	475,555.		
	2	Savings and temporary cash investments			3,277,254.	2	2,698,743.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			1,213,391.	4	1,727,202.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office I contribu	r, director, utor, or 35%		5			
				<u> </u>		э			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6				
	7	Notes and loans receivable, net	Notes and loans receivable, net						
ţ	8	Inventories for sale or use			151,806.	8	200,582.		
Assets	9	Prepaid expenses and deferred charges			10,618.	9	6,988.		
ď	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,367,515.					
	b	Less: accumulated depreciation	10b	1,967,840.	1,826,060.	10c	2,399,675.		
	11	Investments — publicly traded securities			1,355,257.	11	1,483,083.		
	12	Investments – other securities. See Part IV, line 11.			, ,	12	, ,		
	13	Investments - program-related. See Part IV, line 11.				13			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			437,130.	15	426,679.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		8,647,819.	16	9,418,507.		
	17	Accounts payable and accrued expenses		412,744.	17	300,988.			
	18	Grants payable			,	18	,		
	19	Deferred revenue			31,184.	19	122,311.		
	20	Tax-exempt bond liabilities				20			
es	21	Escrow or custodial account liability. Complete Part	IV of Sch	nedule D		21			
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dire	ector, trustee, 35%		22			
\Box	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23			
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24			
	25	' '							
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com Total liabilities. Add lines 17 through 25			437,130. 881,058.	25 26	423,429. 846,728.		
Ø	20	Organizations that follow FASB ASC 958, check here		X	001,030.	20	040,720.		
nces		and complete lines 27, 28, 32, and 33.							
ㅁ	27	Net assets without donor restrictions		⊢	7,392,949.	27	8,252,038.		
8	28	Net assets with donor restrictions			373,812.	28	319,741.		
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here						
ō	29	Capital stock or trust principal, or current funds				29			
ets	30	Paid-in or capital surplus, or land, building, or equipn			30				
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31			
1 te	32	Total net assets or fund balances		<u></u>	7,766,761.	32	8,571,779.		
ž	33	Total liabilities and net assets/fund balances			8,647,819.	33	9,418,507.		
BΑ	A		TEEA0111	L 09/01/22			Form 990 (2022)		

Par	t 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	11,6	84,7	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,0	14,0	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	70,7	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,7	66,7	61.
5	Net unrealized gains (losses) on investments.	5		59,6	
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	25,3	79.
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			
D	column (B))	10	8,5	71,7	79.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: X Separate basis	ate			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
BAA	TEEA0112L 09/01/22		Form	990 ((2022)

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

2022

Open to Public Inspection

Name	lame of the organization CATHOLIC CHARITIES OF THE DIOCESE Employer identification number								
		OF FRESNO					94-167893		
Par				organizations must			1 /	tions.	
	ř.	•	· ·	For lines 1 through 12,		•	•		
1			*	hurches described in sec	•	b)(1)(A)(i).		
2				ach Schedule E (Form					
3		·		ization described in sec			• • •		
4	<u> </u>	-	ition operated in conj	unction with a hospital	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	nter the hospital's	
	name, city	, and state:							
5	An organiz section 17	zation operated for '(0(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X An organization	ation that normally i 170(b)(1)(A)(vi). (receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	olic described	
8	A commun	nity trust described	l in section 170(b)(1)(A)(vi). (Complete Part	l.)				
9	=			ction 170(b)(1)(A)(ix) oper		onjunctio	on with a land-grant colle	ege	
		y or a non-land-gra		e (see instructions). Enter					
10	investmen ⁻	t income and unre	ly receives (1) more the exempt functions, substant dusiness taxables (509(a)(2). (Complete)	han 33-1/3% of its supp pject to certain exception e income (less section Part III.)	oort from ns; and 511 tax)	contrib (2) no r from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts is support from gross the organization after	
11	An organiz	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).		
12	or more pu	ublicly supported o	organizations describe	ely for the benefit of, to ed in section 509(a)(1)	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on	
а	Type I. A su	upporting organizati	on operated, supervise	upporting organization d, or controlled by its sup t a majority of the directo	ported o	Irganizat	ion(s), typically by givino	the supported	
	complete	Part IV, Sections A	A and B.				., .		
b	manageme	supporting organize nt of the supporting plete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You	
С	Type III fun	ctionally integrated	. A supporting organiza	tion operated in connectio	n with, a	nd function	onally integrated with, its	supported	
d	Type III nor	n-functionally integ	rated. A supporting ord	plete Part IV, Sections planization operated in converse must satisfy a distribu	nection	with its s	supported organization(s) that is not	
е	instruction	s). You must com	plete Part IV, Section	is A and D, and Part V. en determination from					
	integrated,	, or Type III non-fเ	unctionally integrated	supporting organization	١.			-	
f			organizations	d organization(c)					
g		ed organization		(iii) Type of organization			(v) Amount of monetary	45.4	
,	(i) Name of Supporte	eu organization	(ii) EIN	(described on lines 1-10 above (see instructions))	organizat	s the tion listed overning ment?	support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(-,									
<u>(B)</u>									
(C)									
(D)									
(E)									
Total	1						I	i	

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.)

Section A. Public Support								
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.	
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.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.	
6	Public support. Subtract line 5 from line 4						41,123,618.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,736.	45,814.	291,623.	5,899.	44,909.	434,981.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20,1001	20,020	202,020	3,000		0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	473,783.	428,632.	768,980.	392,201.	348,265.	2,411,861.	
	Total support. Add lines 7 through 10						43,970,460.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.	
13	First 5 years. 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						93.53%	
	33-1/3% support test—2022. If t	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	% or more, chec	92.42 % k this box	
	and stop here. The organization	qualifies as a pul	olicly supported o	rganization			X	
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box	
17a	7a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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							
	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 l tion qualifies as a	box and stop here publicly supporte	. Explain in Part d organization	VI how the	

Schedule A (Form 990) 2022

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		picase complete i	<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(C) ZOZZ	(i) Total
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						
	Total. 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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) 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.)						
	Total support. (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						
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•		-	***		<u> </u>
	Investment income percentage f						%
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests—2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	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 Part VI 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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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 Part VI what controls the organization put in place to ensure such use.	3c		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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? <i>If</i> "Yes," provide detail in Part VI .	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))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	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 Part VI.	9с		
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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Parl	: IV	Supporting Organizations (continued)			
11	Hac f	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	ion	B. Type I Supporting Organizations			
	or mo	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 Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more		Yes	No
	than were	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 and the tax year.	1		
	that of the state	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 Part VI how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
		71 11 3 3		Yes	No
	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
		porting organization was vested in the same persons that controlled or managed the supported organization(s).	'		
sect	ion	D. All Type III Supporting Organizations		Yes	No
	orgaı vear.	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		103	
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	e 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 Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e 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 Part VI the role the organization's supported organizations played is regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1	Choo	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
a	吕				
b	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.	: 4	4 :	- \
С	Ш'	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	IIISIII	ictions	5).
2	Activ	rities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga	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 Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e 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		
		int of Supported Organizations. <i>Answer lines 3a and 3b below.</i> The organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
а	each	of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	\mathbf{r} t $\mathbf{v} = \mathbf{r}$ ype III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınızat	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	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)	
Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022 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	_	2022	 2021	2020	 2019	 2018
RENTAL INCOME THRIFT SHOP PROGRAM FEES MISCELLANEOUS TOTAL	\$	196,413. 150,624. 1,228. 348,265.	\$ 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.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

OF	FRESNO			94-1678938
Pai			er Similar Funds or A	ccounts.
	Complete if the organization answered			
		(a) Donor advised fund	ds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d are the organization's property, subject to the	onor advisors in writing that the ass e organization's exclusive legal cor	sets held in donor advised trol?	funds Yes No
6	Did the organization inform all grantees, dor for charitable purposes and not for the bene impermissible private benefit?	fit of the donor or donor advisor, or	for any other purpose cor	nferring
Pai	Conservation Easements. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held		apply).	
	Preservation of land for public use (for exar	mple, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space		<u> </u>	
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribu		
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation eas			
	Number of conservation easements on a cer		``	
(Number of conservation easements included historic structure listed in the National Regis	ter	2d	
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or t	erminated by the organization	on during the
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy			
6	and enforcement of the conservation easem Staff and volunteer hours devoted to monitoring			
Ū		, moposting, namating of violations, and	a chiloronig consolitation oa	sometic daring the year
7	Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and en	forcing conservation easeme	ents during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requi	rements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	eports conservation easements in it e to the organization's financial stat	s revenue and expense st ements that describes the	atement and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Complete if the organization answered	ollections of Art, Historical 7 d "Yes" on Form 990, Part IV, line 8.	reasures, or Other S	Similar Assets.
1 a	If the organization elected, as permitted und historical treasures, or other similar assets hart XIII the text of the footnote to its finance.	neld for public exhibition, education,	or research in furtherance	I balance sheet works of art, e of public service, provide in
I	If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	ler FASB ASC 958, to report in its r for public exhibition, education, or res	evenue statement and bal search in furtherance of publ	ance sheet works of art, lic service, provide the
	(i) Revenue included on Form 990, Part VII			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, amounts required to be reported under FASE	, historical treasures, or other similar a B ASC 958 relating to these items:	assets for financial gain, pro	vide the following
	Revenue included on Form 990, Part VIII, lin			
I	Assets included in Form 990, Part X	<u>.</u>	<u></u>	\$

Part III	Organizations Main	taining Collect	ions of Art, His	storicai	reasures, o	r Other Similar A	ssets	(contii	пиеа)
3 Using items	the organization's acquisition (check all that apply):	, accession, and ot	her records, check a	any of the f	following that mak	ke significant use of its	collection	n	
a P	ublic exhibition		d Loan	or exchar	nge program				
	cholarly research		e Other						
· L	reservation for future gener								
4 Provid Part >	le a description of the organiz (III.	ation's collections a	and explain how the	y further th	ne organization's	exempt purpose in			
to be	g the year, did the organiza sold to raise funds rather th	nan to be maintair	ned as part of the o	organizatio	on's collection?.		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangeme orm 990, Part X, Iir	nts. Complete if the 21.	ne organiz	ation answered "	Yes" on Form 990, Pai	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian or	other intermediary	for contri	butions or other	assets not included		г	٦
	rm 990, Part X?						Yes	L	No
D II Yes	s," explain the arrangement in	i Part XIII and com	olete the following to	able:			Amoun	+	
c Regin	ning balance						Amoun		
_	ons during the year								
	outions during the year								
	g balance								
	e organization include an a						Yes		No
	s," explain the arrangemen					-		_	┤`
	-, - p							<u> </u>	
Part V	Endowment Funds.	Complete if the or	ganization answere	d "Yes" or	n Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior yea	ır (c) Two years back	(d) Three years back	(e)	Four year:	s back
1 a Begin	ning of year balance								
b Contri	ibutions								
	vestment earnings, gains,								
d Grant	s or scholarships								
e Other and p	expenditures for facilities rograms								
f Admir	nistrative expenses								
g End o	f year balance								
2 Provid	de the estimated percentage	e of the current ye	ar end balance (lir	ne 1g, col	umn (a)) held as	S:			
a Board	I designated or quasi-endov		<u> </u>						
b Perma	anent endowment	%							
c Term	endowment	 %							
The pe	ercentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a Are th	ere endowment funds not in t	the possession of th	e organization that	are held ar	nd administered f	or the	r		
organ	ization by:							Yes	No
	nrelated organizations						3a(i)		
, ,	elated organizations						3a(ii)		-
	s" on line 3a(ii), are the rel	-					. 3b		
-	ibe in Part XIII the intended		nization's endowm	ent funds.	•				
Part VI	Land, Buildings, an								
	Complete if the organizati	on answered "Yes"	on Form 990, Part	IV, line 1	1a. See Form 990), Part X, line 10.			
	Description of property	(a) C	Cost or other basis (investment)	(b) Co basi	st or other is (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land.			. ,		781,444.			781	,444.
b Buildi	ngs			2.	911,592.	1,510,728.	1	,400	
	ehold improvements					_,,,		, -00	
	ment				674,479.	457,112.		217	,367.
e Other					,	,			
Total. Add I	lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X,	column (E	3), line 10c.)		2	399	675

BAA Schedule D (Form 990) 2022

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	ents — Otner Securities f the organization answered "\		N/A e 11b. See Form 990, Part X, line 12	
	or category (including name of secu		(c) Method of valuation: Cost or	
		I .		
(2) Closely held equity in	nterests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
<u>(F)</u>				
(G)				
(H)				
<u>(l)</u>				
	Form 990, Part X, column (B) line 12.			
Part VIII Investme	ents — Program Related	d. /aa" on Farm 000 Dort IV lin	N/A 0.110 Con Form 000 Port V Jing 12	
Complete II	i the organization answered in ion of investment	(b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or	end-of-vear market value
	ion or investment	(b) Book value	(c) Wethod of Valuation. Cost of	end-or-year market value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)			_	
(8)			_	
(9)				
(10)				
	Form 990, Part X, column (B) line 13	3.)		
Part IX Other As		N/	A	
Complete if	i the organization answered "\		e 11d. See Form 990, Part X, line 15	
/1)		(a) Description		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	t equal Form 990, Part X, col	lumn (B) line 15.)		
Part X Other Lia	abilities.	/00" on Form 000 Port IV lin	o 110 or 11f Coo Form 000 Port V	lino 2E
1.		Description of liability	e 11e or 11f. See Form 990, Part X,	(b) Book value
(1) Federal income tax		Description of hability		(b) Book value
(2) TRUST FUNDS				423,429.
(3)				120/1251
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	E 000 D 1 V 1 (D) " 0"	• •		400 400
			financial statements that reports the argeniza	423,429.
	isitions. In Part XIII, provide the text		financial statements that reports the organiza	tion's liability for uncertain SEE PART XTTT XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	1	11,864,127.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	'	11,004,127.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	-	
c Recoveries of prior year grants	-	
d Other (Describe in Part XIII.)	-	
,	2 e	204 720
e Add lines 2a through 2d	3	204,739.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	11,659,388.
· · · · · · · · · · · · · · · · · · ·	-	
b Other (Describe in Part XIII.) 4b	4.	25 270
c Add lines 4a and 4b	4 c	25,379.
		11,684,767.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	rii.
Total expenses and losses per audited financial statements	1	11,059,109.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		11,039,109.
a Donated services and use of facilities2a45,095.b Prior year adjustments2b	-	
c Other losses.	-	
d Other (Describe in Part XIII.) 2d	-	
e Add lines 2a through 2d.	2 e	45 005
3 Subtract line 2e from line 1.	3	45,095.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	11,014,014.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
♥ Outor (₽000H00 H1 Fall /\HI)		
c Add lines 4a and 4b .	4 c	

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 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

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2022

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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.

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938 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 Yes X No **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.

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.

ne			(a) Event #1 HARVEST OF HOP (event type)	(b) Event #2 OTHER FUNDRAIS (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	917,118.	135,377.	185,727.	1,238,222.
æ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	917,118.	135,377.	185,727.	1,238,222.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
irect	8	Entertainment				
D	9	Other direct expenses	132,847.	23,960.	44,025.	200,832.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 from	-			200,832. 1,037,390.
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye e 6a.	s" on Form 990, Pa	rt IV, line 19, or re	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ř	1	Gross revenue				
ses	2	Cash prizes				
=xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	Yes % No	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	nn (d)		
а	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming lo," explain:	g activities in each of the			
		e any of the organization's gaming license 'es," explain:				

Schedule G (Form 990) 2022	CATHOLIC CHA	RITIES OF THE DIOCESE	94-16789	938 Page 3
11 Does the organization cond		onmembers?		Yes No
		st, or a member of a partnership or other enti		Yes No
13 Indicate the percentage of ga				
-				%
		ne organization's gaming/special events books		%
Name				
Address				
	of gaming revenue received d by the third party \$	y from whom the organization receives gall by the organization \$		
Name				
Address				
16 Gaming manager information	ion:			
Name				
Gaming manager compens	sation \$			
Description of services pro	vided			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions:				
		able distributions from the gaming proceeds to		Yes No
	ions required under state law tactivities during the tax year	to be distributed to other exempt organizations	s or spent in the	
	s 9, 9b, 10b, 15b, 15c,	e explanations required by Part I, li 16, and 17b, as applicable. Also p		

BAA TEEA3703L 0705/22 Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

Employer identification number

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938

Types of Property (a) (b) (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 - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 49,133. FMV 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 Historic structures Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate - Other..... 18 19 Food inventory..... 4,263,379. WHOLESALE VAL 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 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 3 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. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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 07/12/22 Schedule M (Form 990) 2022

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

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.

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.

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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

(b)

Primary activity

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.

Legal domicile (state

OMB No. 1545-0047

Open to Public Inspection

Direct controlling

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

(a) Name, address, and EIN (if applicable) of disregarded entity

Employer identification number

94-1678938

(e)

End-of-year assets

(d)

Total income

		or roreign	1 country)				Critity	
(1)								
(2)								
40								
<u>(3)</u>								
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the t	e if the organization tax year.	answered "Ye	es" on Form 99	00, Part IV, line	: 34, beca	use it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status Direct c	(f) controlling ntity	Sec 5120 controlled	(b)(13) d entity?
							Yes	No
(1) ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703	CHURCH	CA	501 (C) (3	7	, n	I/A		X
(2)	CHORCH	CA	301 (C) (3	, , , , ,	r	I/ A		Λ
(3)								
<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 partnership during the tax year.
ı artın	¹ 34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	h) ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		nging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1000)	Yes	No	
<u>(1)</u>												
(2)												
<u> </u>												
(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) 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)									
(2)									
(3)									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		X
b Gift, grant, or capital contribution to related organization(s)			. 1 b		X
c Gift, grant, or capital contribution from related organization(s).			. 1 c		X
d Loans or loan guarantees to or for related organization(s).			. 1 d		Х
e Loans or loan guarantees by related organization(s)			. 1e		Х
f Dividends from related organization(s)			. 1f		Х
g Sale of assets to related organization(s)			. 1g		X
h Purchase of assets from related organization(s)			. 1h		Χ
i Exchange of assets with related organization(s)			. 1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			. 1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)					X
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
o Sharing of paid employees with related organization(s)					X
Containing of part on project man oration organization (c)					71
p Reimbursement paid to related organization(s) for expenses			. 1p		Х
q Reimbursement paid by related organization(s) for expenses.				Х	71
Trainibal Saniant paid by Tolaton organization(b) for expenses.			. 4	Λ	
r Other transfer of cash or property to related organization(s)			. 1r		Х
s Other transfer of cash or property from related organization(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 cover					Λ
	(b)			1)	
(a) Name of related organization	Transaction	(c) Amount involved Me	ethod of o		
	type (a-s)		amount	involv	ed
1) ROMAN CATHOLIC DIOCESE OF FRESNO	Q	687,321.AC	CTUAL		
2)					
3)					
•					
Λ					
4)					
_					
5)					
6)					
AA TEEA5003L 07/21/22		Schedule	R (Form	1 990)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Are all partners		Are all partners		Are all partners		Are all partners section		Are all partners section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	(1 01111 1 0 0 0)	Yes	No	+										
(1)																							
	_																						
	_																						
(2)																							
]																						
	_																						
(2)																							
(3)	-																						
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32	†																						
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BAA TEEA5004L 07/21/22 Schedule **R** (Form 990) 2022

Schedule R (Form 990) 2022 CATHOLIC CHARITIES OF THE DIOCESE 94-167893

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

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24 NO	DESCRIPTION	DATE ACQUIRED	DATE CO SOLD BA	ST/ SIS	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 R	12:50I CURRENT ATE DEPR.
FORM 990															
DEPT 10	O - BLDG & IMPROV														
2 AIR	CONDITIONER	4/14/97		44,648							44,648	8,744	S/L	10	
3 REM	10DEL	1/18/07		9,602							9,602	9,200	S/L	10	
4 CABI	LE & DATA DROP	1/17/07		4,657							4,657	4,010	S/L	3	
5 TRE	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 WIRI	ING GANG PLATES	3/09/07		2,224							2,224	2,146	S/L	10	
9 ASH	IPALT	12/12/07		82,905							82,905	82,905	S/L	10	
10 CON	ICRETE	12/12/07		14,715							14,715	14,715	S/L	10	
11 SALE	ES TAX	7/01/08		6,366							6,366	2,828	S/L	31.5	
12 BLIN	NDS	7/27/09		1,030							1,030	1,030	S/L	5	
13 BLD	G IMPROVE FRS	5/22/10		56,457							56,457	34,111	S/L	20	2,
14 BLD	G IMPROVE FRS	5/26/10		40,387							40,387	24,396	S/L	20	2,
15 BLD	G IMPROVE FRS	6/30/10		61,924							61,924	37,152	S/L	20	3,
16 STA	IR RAILING IMPROVEMENT	6/10/13		2,181							2,181	990	S/L	20	
TOT	TAL DEPT 10 - BLDG & IMPROV			338,361		0	0)	0 0) 0	338,361	233,055			8,
DEPT 10	O - EQUIP														
17 MIP	ACCOUNTING PRO	12/07/04		12,088							12,088	10,880	S/L	5	
18 REM	10DEL A/C ELEC & LIGHTS	2/02/07		15,079							15,079	14,452	S/L	10	
19 GAN	IG FACEPLATE & ELEC	3/27/07		1,156							1,156	1,131	S/L	10	
20 FL00	ORING DOORS W/ CLOSETS	4/06/07		25,556							25,556	24,921	S/L	10	
21 ELEC	CTRICAL WIRING	7/24/07		2,600							2,600	2,600	S/L	10	

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/24						PRIOR							12:50F
NO DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
22 WINDOWS, MS OFF LIN FEE	4/24/07	7	65						765	723	S/L	3	
23 2 DR PANEL, STORAGE CAB	3/29/07	3	67						867	848	S/L	10	
24 12 PORT PANEL 66 MOUNT	7/26/07	3	22						822	822	S/L	10	
25 EQUIP	9/14/07	Ę	46						546	546	S/L	10	
26 CAT JACKS & MODULAR	10/25/07	7	61						761	761	S/L	10	
27 SPEAKER PHONE	10/31/07	3	00						800	800	S/L	10	
28 UNDERGROUND CONDUIT	11/12/07	1,4	.03						1,403	1,403	S/L	10	
29 TESTING SOIL	11/13/07	1,0	45						1,045	1,045	S/L	10	
30 LINE PORTS	12/31/09	1,0	48						1,048	1,048	S/L	5	
32 ELEVATOR	5/23/12	4	.07						407	407	S/L	10	
98 PHONE SYSTEM FRESNO	8/01/15	19,8	63						19,863	13,737	S/L	10	1,9
111 LAPTOP/DOCKING - JACOBS	4/06/17	1,6	39						1,639	1,639	S/L	5	
TOTAL DEPT 10 - EQUIP		86,4	45	0	0	() (0	86,445	77,763			1,
DEPT 10 - FURN & FIXTURES													
33 CEILING FANS	11/15/99	1,5	00						1,500	1,367	S/L	7	
34 AIR CONDITIONER	8/31/98	3,2	50						3,250	1,899	S/L	39	
35 AIR CONDITIONER	9/08/98	4,1	00						4,100	2,382	S/L	39	
TOTAL DEPT 10 - FURN & FIXTUI	?	8,8	50	0	0	() (0	8,850	5,648			
DEPT 10 - LAND													
36 LAND-FRESNO	4/01/88	215,0	00						215,000				
37 FULTON & NEVADA LOT	4/01/08	80,0	00						80,000				
TOTAL DEPT 10 - LAND		295,0	00	0	0	(0 0	0	295,000	0			

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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 .	<u>LIFE RATE</u>	CURREN DEPR.
DEPT 10 - LAND & IMPROV														
38 6' FENCE & ROLLING GA	9/25/09		7,220							7,220	4,603	S/L	20	
39 6' WROUGHT IRON FENCE	10/27/09		17,443							17,443	11,045	S/L	20	
40 FENCE & WAREHOUSE	9/01/09		1,294							1,294	834	S/L	20	
TOTAL DEPT 10 - LAND & IMPROV			25,957		0	0	0	0	0	25,957	16,482			
DEPT 20														
156 FORKLIFT - 9N1462	10/02/20		8,871							8,871	1,552	S/L	10	
TOTAL DEPT 20			8,871		0	0	0	0	0	8,871	1,552			
DEPT 20 - AUTO/TRANSPORTATION E	QUIP													
152 2019 HINO 195H TRUCK MERCED	4/30/20		114,928							114,928	35,572	S/L	7	
TOTAL DEPT 20 - AUTO/TRANSPO			114,928		0	0	0	0	0	114,928	35,572			
DEPT 20 - BLDG & IMPROV														
41 REROOF MERCED BLDG	10/14/09		9,379							9,379	5,980	S/L	20	
42 SECURITY ALARM MERCED	12/04/09		824							824	824	S/L	5	
43 LINE PORTS	12/31/09		594							594	594	S/L	5	
44 LINE PORTS	12/31/09		736							736	736	S/L	5	
45 4 EVAP COOLERS	7/06/09		6,516							6,516	4,238	S/L	20	
46 BLDG IMPR MERCED PGE	12/22/10		827							827	472	S/L	20	
47 BLDG IMPR MERCED ELECTR	5/03/11		25,915							25,915	14,472	S/L	20	
48 BLDG IMPR MERCED GEN CONS	5/03/11		26,298							26,298	14,684	S/L	20	
49 LIGHTING FOR MERCED BLDG	8/31/11		4,618							4,618	2,502	S/L	20	

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24								PRIOR							12:50
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.	<u>METHOD</u>	LIFE RAT	CURREN E DEPR.
50 BLDG I	IMPR MERCED	7/28/11		2,435							2,435	1,332	S/L	20	
51 HVAC I	MERCERD	3/06/13		10,972							10,972	10,239	S/L	10	
96 SYNTH	HETIC TURF FRESNO	1/21/15	-	15,723							15,723	2,989	S/L	39	
TOTAL	_ DEPT 20 - BLDG & IMPROV			104,837		0	0	() (0	104,837	59,062			
DEPT 20 -	EQUIP														
99 PHONE	E SYSTEM MERCED	8/01/15		4,044							4,044	2,795	S/L	10	
101 VIDEO	SCREENS MERCED	5/04/15	-	2,205							2,205	2,205	S/L	5	
TOTAL	_ DEPT 20 - EQUIP			6,249		0	0	() (0	6,249	5,000			
DEPT 20 -	LAND - MERCED														
52 LAND-3	336 W. MAIN #1MERCED	12/23/87		80,329							80,329				
TOTAL	_ DEPT 20 - LAND - MERCED			80,329		0	0	() (0	80,329	0			
DEPT 20 -	MERCED BLDG & IMPROV														
1 BUILDI	ING - FRESNO	4/01/98		636,239							636,239	636,239	S/L	31.5	
53 BUILDI	ING-MERCED	12/28/00		186,911							186,911	121,106	S/L	31.5	
162 SOLAR	?	3/31/23		88,600							88,600		S/L	5	
163 MERCE	ED REMODEL	2/13/23	-	534,033							534,033		S/L	20	1
TOTAL	_ DEPT 20 - MERCED BLDG			1,445,783		0	0	0) (0	1,445,783	757,345			2
DEPT 20 -	MERCED EQUIP														

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24															12:50F
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 _R/	CURRENT ATE DEPR.
54 EQUI	PMT HVAC	5/03/11		26,688	}						26,688	26,688	S/L	10	
55 HVAC		7/28/11		3,642	!						3,642	3,642	S/L	10	
160 RAVA	AS WALK ELEC JACK S/N 2229	9/26/22		9,910)						9,910		S/L	10	7
161 WISE	SECURITY - CAMERA UPGRA	5/11/23		27,144							27,144		S/L	5	9
TOTA	AL DEPT 20 - MERCED EQUIP			67,384		0	0	0	C	0	67,384	30,330			1,6
DEPT 35	- BLDG & IMPROV														
56 FENC	DE POST	3/30/07		1,877	<u>.</u>						1,877	1,833	S/L	10	
TOTA	AL DEPT 35 - BLDG & IMPROV			1,877		0	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	9,605	S/L	20	8
58 PAIN	TING	6/07/13		2,950)						2,950	2,680	S/L	10	;
106 CLIE	NT INTAKE COUNTER CON	4/19/16		23,779	<u>.</u>						23,779	7,332	S/L	20	1,
TOTA	AL DEPT 40 - BLDG & IMPROV			42,849	١	0	0	0	C	0	42,849	19,617			2,2
DEPT 40	- BLDG & IMPROV FRS														
112 DOUE	BLE DOORS TO WAREHOUSE	5/03/17		3,815	i						3,815	1,974	S/L	10	3
158 BOIL	ER REPLACEMENT	2/17/22		23,834	-						23,834	530	S/L	15	1,5
TOTA	AL DEPT 40 - BLDG & IMPROV			27,649	ı	0	0	0	0	0	27,649	2,504			1,9
DEPT 40	- EQUIP														
															

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

-/24													12:50F
NO. DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD 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.
59 EQUIP-FLOOR POLISHER	3/04/11	1,	70						1,170	1,170	S/L	10	
60 ELEVATOR	5/23/12	2,	35						2,035	2,035	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	(0	17,264	17,264			
DEPT 40 - FURN & FIXTURES													
63 CHAIRS FRESNO LOBBY	5/01/13	1,	133						1,333	1,333	S/L	5	
TOTAL DEPT 40 - FURN & FIXTUR	?	1,	133	0	0	0	C	0	1,333	1,333			
DEPT 43 - BUILDING FRESNO													
113 WINDOWS IN PAYEE BUILDING	7/11/16	3,	860						3,360	2,016	S/L	10	3
TOTAL DEPT 43 - BUILDING FRES	S	3,	160	0	0	0	C	0	3,360	2,016			3
DEPT 43 - FURN & FIX FRESNO PAYE	E												
64 ROLLUP DOOR	12/19/06	1,	885						1,385	1,205	S/L	10	
TOTAL DEPT 43 - FURN & FIX FR	E	1,	85	0	0	0	C	0	1,385	1,205			
DEPT 44 - AUTO/TRANSPORTATION	EQUIP												
153 2019 HINO 268A TRUCK FRESNO	12/01/19	60,	571						60,571	22,354	S/L	7	8,6
TOTAL DEPT 44 - AUTO/TRANSP	20	60,	571	0	0	0	() 0	60,571	22,354			8,6

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

I/24		DATE	DATE	COST/	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG	DEPR.	PRIOR			12:50F CURRENT
NO	DESCRIPTION	ACQUIRED	SOLD	BASIS	PCT.	BONUS	ALLOW.	SP. DEPR.	DEC. BAL DEPR.	REDUCT	BASIS	DEPR.	METHOD	LIFE RATE	DEPR.
DEPT 44 - B	LDG & IMPROVEMENT														
65 ROOF RE	PAIRS	- 8/17/11		800							800	433	S/L	20	
66 DUCTING	ì	8/22/11		2,400							2,400	1,300	S/L	20	1
150 WAREHO	USE	11/30/19		143,699							143,699	18,561	S/L	20	7,1
155 WAREHO	USE HEATER	1/22/20	_	2,920							2,920	706	S/L	10	2
TOTAL D	DEPT 44 - BLDG & IMPROV			149,819		0	0		0 0	0	149,819	21,000			7,6
DEPT 44 -EC	QUIPMENT														
67 BACKDR	AFT DAMPERS	8/22/11		560							560	560	S/L	10	
68 ELEVATO)R	5/23/12		1,221							1,221	1,221	S/L	10	
151 2010 NIS	SAN FORKLIFT 9N1803	9/30/19	_	8,849					_,		8,849	2,434	S/L	10	
TOTAL D	DEPT 44 -EQUIPMENT			10,630		0	0		0 0	0	10,630	4,215			8
DEPT 45 - A	UTO/TRANSPORTATION EQ	UIP													
154 2019 HIN	IO 268A TRUCK FRESNO	12/01/19		60,571							60,571	22,354	S/L	7	8,6
TOTAL D	DEPT 45 - AUTO/TRANSPO			60,571		0	0		0 0	0	60,571	22,354			8,6
DEPT 45 - B	LDG & IMPROVMT														
69 ROOF RE	PAIRS	8/17/11		400							400	217	S/L	20	
70 DUCTING	ì	8/22/11	_	1,200							1,200	650	S/L	20	
ΤΩΤΔΙ Γ	DEPT 45 - BLDG & IMPROV			1,600		0	0		0 0) 0	1,600	867			

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/24								PRIOR							12:50
NO. DE	ESCRIPTION	DATE <u>ACQUIRED</u>	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	<u>LIFE</u> <u>RATE</u>	CURRENT DEPR.
DEPT 45 - EQUIPN	MENT														
71 BACK DRAFT		8/22/11		280							280	280	S/L	10	
72 ELEVATOR		5/23/12	_	407							407	407	S/L	10	
TOTAL DEPT 4	45 - EQUIPMENT			687		0	0	0	0	0	687	687			
DEPT 49 - EQUIP															
118 TV MONITOR		7/31/16	_	2,096							2,096	2,096	S/L	5	
TOTAL DEPT 4	49 - EQUIP			2,096		0	0	0	0	0	2,096	2,096			
DEPT 80															
 157	DH127632	12/09/20	_	23,954							23,954	5,418	S/L	7	<u></u> ;
TOTAL DEPT 8	80			23,954		0	0	0	0	0	23,954	5,418			;
DEPT 80 - AUTO/	TRANSPORTATION E	QUIP													
124 2013 INTL		12/31/17	_	55,671							55,671	50,103	S/L	5	!
TOTAL DEPT 8	80 - AUTO/TRANSPO)		55,671		0	0	0	0	0	55,671	50,103			!
DEPT 80 - BLDG 8	& IMPROV														
114 BAKERSFIELD	FLOORING	9/13/16	_	3,575							3,575	2,088	S/L	10	
TOTAL DEPT S	80 - BLDG & IMPROV	i		3,575		0	0	0	0	0	3,575	2,088			

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

					0115	0050141	PRIOR	20102	0.41.74.0						12:50
DESCRIPTION	DATE ACQUIRED	DATE C	OST/ BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.	/BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE .	RATE	CURREN DEPR.
T 80 - BLDG & IMPROV-BAKERSFIEL	D														
825 BUILDING	6/26/09		186,601							186,601	77,012	S/L	31.5		
809 BUILDING	6/26/09		204,937							204,937	84,578	S/L	31.5		
825 CHESTER TERMITE	7/07/09		76,500							76,500	49,725	S/L	20		
825 CHESTER PERMITS	7/16/09		367							367	367	S/L	5		
809 CHESTER HVAC	8/04/09		3,295							3,295	2,131	S/L	20		
825 CHESTER REMODEL	8/19/09		18,155							18,155	11,652	S/L	20		
825 CHESTER SECURITY SYS	8/07/09		1,635							1,635	1,059	S/L	20		
825 CHESTER REMODEL CHG	8/31/09		4,630							4,630	2,977	S/L	20		
809 CHESTER SECURITY	8/12/09		445							445	284	S/L	20		
825 CHESTER BLINDS	9/04/09		668							668	668	S/L	5		
WIRING BKSF	9/12/09		6,204							6,204	3,979	S/L	20		
WIRING BKSF	9/12/09		2,557							2,557	1,643	S/L	20		
BLINDS BKSF	9/21/09		668							668	668	S/L	5		
REROOFING BLDG BAKERSFIE	10/20/14		12,245							12,245	2,407	S/L	39		
BAKERSFIELD WAREHOUSE REM	10/01/15		178,692							178,692	30,928	S/L	39		
AC UNIT	5/12/16		7,686							7,686	6,771	S/L	7	_	
TOTAL DEPT 80 - BLDG & IMPROV			705,285		0	0		0 (0	705,285	276,849				2
T 80 - EQUIP															
LAPTOP/DOCKING - VORHEES	11/19/16		1,393					_		1,393	1,393	S/L	5	_	
TOTAL DEPT 80 - EQUIP			1,393		0	0		0 (0	1,393	1,393				
T 80 - EQUIP-BAKERSFIELD															
· · · · · · · · · · · · · · · · · · ·															
	T 80 - BLDG & IMPROV-BAKERSFIEL 325 BUILDING 329 BUILDING 325 CHESTER TERMITE 325 CHESTER PERMITS 339 CHESTER HVAC 325 CHESTER REMODEL 325 CHESTER SECURITY SYS 325 CHESTER SECURITY 325 CHESTER BLINDS WIRING BKSF WIRING BKSF BLINDS BKSF BEROOFING BLDG BAKERSFIE BAKERSFIELD WAREHOUSE REM AC UNIT TOTAL DEPT 80 - BLDG & IMPROV T 80 - EQUIP	DESCRIPTION ACQUIRED T 80 - BLDG & IMPROV-BAKERSFIELD 325 BUILDING 6/26/09 325 CHESTER TERMITE 7/07/09 325 CHESTER PERMITS 7/16/09 325 CHESTER REMODEL 8/19/09 325 CHESTER REMODEL CHG 8/31/09 325 CHESTER SECURITY SYS 8/07/09 325 CHESTER SECURITY SYS 8/12/09 326 CHESTER BLINDS 9/04/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CH	DESCRIPTION ACQUIRED SOLD IN T 80 - BLDG & IMPROV-BAKERSFIELD 325 BUILDING 6/26/09 325 CHESTER TERMITE 7/07/09 325 CHESTER PERMITS 7/16/09 326 CHESTER PERMITS 7/16/09 327 CHESTER REMODEL 8/19/09 328 CHESTER REMODEL CHG 8/31/09 329 CHESTER SECURITY SYS 8/07/09 320 CHESTER SECURITY 8/12/09 321 CHESTER SECURITY 8/12/09 322 CHESTER BLINDS 9/04/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER SECURITY 8/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 322 CHESTER BLINDS 9/12/09 323 CHESTER BLINDS 9/12/09 324 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/09 326 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 327 CHESTER BLINDS 9/12/09 328 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 329 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 320 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 321 CHESTER BLINDS 9/12/09 325 CHESTER BLINDS 9/12/	DESCRIPTION ACQUIRED SOLD BASIS T 80 - BLDG & IMPROV-BAKERSFIELD 325 BUILDING 6/26/09 204,937 325 CHESTER TERMITE 7/07/09 76,500 325 CHESTER PERMITS 7/16/09 367 329 CHESTER HVAC 8/04/09 3,295 325 CHESTER REMODEL 8/19/09 18,155 325 CHESTER SECURITY SYS 8/07/09 1,635 325 CHESTER REMODEL CHG 8/31/09 4,630 329 CHESTER SECURITY 8/12/09 445 325 CHESTER BLINDS 9/04/09 668 325 CHESTER BLINDS 9/04/09 668 326 CHESTER BLINDS 9/12/09 6,204 327 CHESTER BLINDS 9/12/09 6,204 328 CHESTER BLINDS 9/12/09 668 33 CHESTER BLINDS 9/12/09 705,285 34 CHESTER BLINDS 9/12/16 7,686 35 CHESTER BLINDS 9/12/16 7,686 36 CHESTER BLINDS 9/12/16 7,686 37 CHESTER BLINDS 11/19/16 1,393 38 CHESTER BLINDS 11/19/16 1,393	DESCRIPTION ACQUIRED SOLD BASIS PCT. T 80 - BLDG & IMPROV-BAKERSFIELD 325 BUILDING 6/26/09 186,601 326 CHESTER TERMITE 7/07/09 76,500 327 CHESTER PERMITS 7/16/09 367 328 CHESTER REMODEL 8/19/09 18,155 328 CHESTER REMODEL 8/19/09 1,635 325 CHESTER REMODEL CHG 8/31/09 4,630 326 CHESTER SECURITY SYS 8/07/09 1,635 325 CHESTER SECURITY 8/12/09 445 325 CHESTER SECURITY 8/12/09 445 325 CHESTER BLINDS 9/04/09 668 MIRING BKSF 9/12/09 6,204 MIRING BKSF 9/12/09 6,204 MIRING BKSF 9/12/09 668 REROOFING BLDG BAKERSFIE 10/20/14 12,245 BAKERSFIELD WAREHOUSE REM 10/01/15 178,692 AC UNIT 5/12/16 7,686 TOTAL DEPT 80 - BLDG & IMPROV 705,285 TOTAL DEPT 80 - EQUIP 1,393	DESCRIPTION ACQUIRED SOLD BASIS PCT BONUS T 80 - BLDG & IMPROV-BAKERSFIELD 825 BUILDING 6/26/09 186,601 826 CHESTER TERMITE 7/07/09 76,500 825 CHESTER PERMITS 7/16/09 367 826 CHESTER PERMITS 7/16/09 3,295 825 CHESTER REMODEL 8/19/09 18,155 825 CHESTER REMODEL 8/19/09 1,635 825 CHESTER REMODEL CHG 8/31/09 4,630 826 CHESTER SECURITY SYS 8/07/09 445 827 CHESTER SECURITY 8/12/09 445 828 CHESTER BLINDS 9/04/09 668 828 MIRING BKSF 9/12/09 6,204 829 CHESTER BLINDS 9/04/09 668 826 CHESTER BLINDS 9/12/09 6,204 827 CHESTER BLINDS 9/12/09 7,557 83 BLINDS BKSF 9/12/09 6,804 84 BREROOFING BLDG BAKERSFIE 10/20/14 12,245 85 BAKERSFIELD WAREHOUSE REM 10/01/15 178,692 86 CUNIT 5/12/16 7,686 86 COTAL DEPT 80 - BLDG & IMPROV 705,285 0 86 COTAL DEPT 80 - EQUIP 1,393 86 COTAL DEPT 80 - EQUIP 1,393 0	DATE DATE BASIS PCT. BONIIS ALLOW. T 80 - BLDG & IMPROV-BAKERSFIELD 325 BUILDING 6/26/09 186,601 325 CHESTER TERMITE 7/07/09 76,500 325 CHESTER PERMITS 7/16/09 367 326 CHESTER REMODEL 8/19/09 18,155 325 CHESTER REMODEL 8/19/09 1,635 325 CHESTER REMODEL 8/19/09 1,635 325 CHESTER REMODEL 8/31/09 4,630 326 CHESTER REMODEL BASIS PCT. BASIS BUILDING 6/26/09 1,635 325 CHESTER REMODEL 8/19/09 1,635 325 CHESTER REMODEL BASIS BAS	DATE ACQUIRED DATE SOLD BUS. 179 DEPR. BONIS DEPR. BONIS DEPR. BONIS DEPR. BONIS DEPR. BONIS BUS. 179 DEPR. BONIS BUS. BU	DATE DATE DATE COST BUS. 179 DEPR. BONUS DEC. BAL DEC. BA	DATE DATE ACQUIRED SOLD SASIS BUS. 179 DEPR. BONUS DEPR. DEPR.	DATE DATE DATE SOLD BASIS PCT BONIUS PEPR BONIUS PEPR BONIUS PER PER	Description	DESCRIPTION DATE DATE SOLD DATE COST BUS. CLT SOLD 179 DEFR. BONUS DEFR. BASIS DEFR. METHOD.	Date Date Date COST/ BUS. CUP SPECIAL 179/ DEPR. BOHULS/ DEPR. DEPR.	Description Date Date Cost Bus 179 Deer De

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24														12:50
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>	CURRENT DEPR.
100 PHONE SYSTEM BAKERSFIELD	8/01/15		8,013							8,013	5,541	S/L	10	
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	F		11,887		0	0	0	0	0	11,887	9,415			
DEPT 80 - FURN & FIX-BAKERSFIELD														
86 3 FILING 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														
87 825 CHESTER LAND	6/26/09		66,486							66,486				
88 809 CHESTER LAND	6/26/09		38,716							38,716				
159 BAKERSFIELD LAND - CHESTER A	6/13/23	_	250,707	<u>.</u>						250,707		S/L		
TOTAL DEPT 80 - LAND-BAKERSF	71		355,909		0	0	0	0	0	355,909	0			
DEPT 83 - BUILDING BKSF														
115 BAKERSFIELD PAYEE FLOOR	1/04/17		1,572							1,572	864	S/L	10	
116 BKSF PAYEE WALLS/DOORS	1/09/17		5,400							5,400	2,970	S/L	10	
119 HVAC UNIT	6/29/17	_	7,399							7,399	3,700	S/L	10	
TOTAL DEPT 83 - BUILDING BKSF	=		14,371		0	0	0	0	0	14,371	7,534			1
FURNITURE AND FIXTURES														

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CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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	12:50F CURRENT DEPR.
120 RAC	K FOR WAREHOUSE	12/31/17		4,043							4,043	3,640	S/L	5	4(
121 OFF	ICE CREDENZA	12/31/17		2,310							2,310	2,079	S/L	5	23
ТОТ	AL FURNITURE AND FIXTURE		_	6,353		0	0		0 0	0	6,353	5,719			6
IMPROV	/EMENTS														
136 SIGN	N	9/17/18		9,909							9,909	2,478	S/L	15	6
137 IROI	N FENCE	10/03/18		2,900							2,900	544	S/L	20	1
143 CON	ICRETE	1/09/19		13,775							13,775	4,823	S/L	10	1,3
144 CAB	BINETS	1/09/19		9,945							9,945	4,973	S/L	7	1,4
145 IROI	N FENCE	1/09/19		4,515							4,515	791	S/L	20	2
146 FLO	ORING	1/09/19		17,794							17,794	6,227	S/L	10	1,7
147 THR	RIFT STORE REMODEL	1/09/19		19,781							19,781	6,923	S/L	10	1,9
148 THR	RIFT STORE DOORS	7/09/18		4,620							4,620	1,848	S/L	10	4
149 WOO	OD RAMP	4/19/19	_	3,791					_		3,791	1,200	S/L	10	3
ТОТ	TAL IMPROVEMENTS			87,030		0	0		0 0	0	87,030	29,807			8,4
MACHIN	NERY & EQUIPMEN DEP 80														
122 COM	MPUTERS	12/31/17		1,826							1,826	1,826	S/L	3	
ТОТ	AL MACHINERY & EQUIPMEN			1,826		0	0		0 0	0	1,826	1,826			
MACHIN	NERY & EQUIPMENT														
89 HVA	C-PAYEE DEPT	7/15/11		6,765							6,765	6,765	S/L	10	
ТОТ	AL MACHINERY & EQUIPMENT			6,765		0	0		0 0) 0	6,765	6,765			

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/24														12:50
NO	DESCRIPTION	DATE <u>ACQUIRED</u> .	DATE COST/ SOLD BASIS	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 _RAT	CURRENT DEPR.
MACHINERY A	AND EQUIPMENT													
123 HVAC UNI	T	12/31/17	7	,771						7,771	3,497	S/L	10	
125 COMPUTE	ERS/LAPTOPS	12/31/17	1	,864						1,864	1,864	S/L	3	
126 COMPUTE	ERS	12/31/17	1	,718						1,718	1,718	S/L	3	
127 COMPUTE	ERS	12/31/17	4	,294						4,294	4,294	S/L	3	
128 COMPUTE	ERS	12/31/17		859						859	859	S/L	3	
129 COMPUTE	ERS	12/31/17	6	,012						6,012	6,012	S/L	3	
130 COMPUTE	ERS	12/31/17	6	,012						6,012	6,012	S/L	3	
131 COMPUTE	ERS	12/31/17		859						859	859	S/L	3	
132 COMPUTE	ERS	12/31/17		859						859	859	S/L	3	
133 COMPUTE	ERS	12/31/17	1	,718						1,718	1,718	S/L	3	
134 COMPUTE	ERS	12/31/17	3	,435						3,435	3,435	S/L	3	
135 COMPUTE	ERS	12/31/17	3	,435						3,435	3,435	S/L	3	
138 CONDENS	SED FAN MOTORS	8/31/18	8	,199						8,199	3,143	S/L	10	
139 SWAMP C	COOLER	10/09/18	4	,936						4,936	1,852	S/L	10	
140 PALLET T	RUCK	7/09/18	3	,641						3,641	2,912	S/L	5	
141 REFRIGER	ATOR	10/05/18	4	,934						4,934	1,849	S/L	10	
142 WATER HE	EATER	11/30/18	1	575						1,575	566	S/L	10	
TOTAL MA	ACHINERY AND EQUIPM	E	62	,121	0	0	(0 0	0	62,121	44,884			3
MISCELLANEO	OUS													
90 TWO COO	LERS FRS	7/18/05	7	,458						7,458	6,713	S/L	5	
91 ROOF THE	RIFT STORE	8/02/05	30	,920						30,920	25,420	S/L	20	
92 FLOORING	G MERCED	12/29/05	3	,825						3,825	3,059	S/L	20	
93 WALKIN F	FREEZER	8/01/05	2	,600						2,600	2,412	S/L	7	

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CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

5/14	/24															12:50PM
4	O. 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.
	94 SOFTWARE FUNDRAISE	12/31/05		10,541							10,541	9,700	S/L	3		0
	95 QBOOKS SOFTWARE	8/31/05	_	6,374							6,374	5,313	S/L	3		0
	TOTAL MISCELLANEOUS			61,718		0	0	() (0	61,718	52,617				1,737
	TOTAL DEPRECIATION		:	4,363,122		0	0	() (0	4,363,122	1,836,151				137,754
	GRAND TOTAL DEPRECIATION			4,363,122		0	0	() (0 0	4,363,122	1,836,151				137,754

2022 California Exempt Organization Annual Information Return

FORM

199

			l year beginning (m	nm/dd/yyyy) 7	/01/202	22 , and ending (mm/dd/yyyy) <u>6/30/</u>			
Corporation/Or	rganiza	tion name (CATHOLIC CH	ARITIES OF :	THE DIC	CESE			California corporation nu	ımber
Additional info	rmation		OF FRESNO						0553047 FEIN	
Additional line	matioi	i. Occ manuci	uoris.						94-1678938	
Street address								F	PMB no.	
149 N I	F.OT.	ION STE	KEET				State	2	Zip code	
FRESNO							CA		93701	
Foreign countr	y name	:					Foreign province/state/county	F	Foreign postal code	
B Amended C IRC Secti D Final info	I returnation 494 primation issolve e: (mm countin Cash eturn fi her 990 group f	7(a)(1) trust n return? d /dd/yyyy) g method: 2 X Acc iled? 1 • series illing? See in:	crual 3		Reorganized Sch H (990) S X No	not reported to the state of the content of the con	tion have any changes to its ghe FTB? See instructions R&TC Section 23701d, has the aged in political activities? on exempt under R&TC Section express receipts from the activities on a limited liability company tion file Form 100 or form 10	e 2370	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No X No
						Date filed with IF	RS			
Part I	Com	plete Part	I unless not requ	ired to file this for	m. See Ge	eneral Information	B and C.			
Receipts and Revenues	1 2 3 4 5 6 7 8	Gross du Gross co Total gro This line Cost of g Cost or co	es and assessme ntributions, gifts, ss receipts for filli must be complet loods sold other basis, and sa its. Add line 5 and	nts from members grants, and similar ng requirement tes ed. If the result is lates expenses of as I line 6	and affilia amounts at. Add line less than \$ ssets sold	received	eral Information B •	1 2 3 4 7 8	1,631 10,254 11,885	,203. ,599.
	9							9	11,214	
Expenses	10	Excess o	of receipts over ex	penses and disbur	sements. S	Subtract line 9 fro	m line 8 •	10		,753.
	11	Total pay						11		
	12							12		
	13	,					ine 11 •	13		
F <u>i</u> ling	14						: 12 •	14		
Fee	15							15		
	16	Balance du	ue. Add line 12 and line	e 15. Then subtract line	11 from the	result	<u></u>	16		0.
Sign Here	correc	penalties of penal	perjury, I declare that I I ete. Declaration of prepa	nave examined this return arer (other than taxpayer)	Title	TIVE DIRECT		ĺ	● Telephone 559-237-085	
Paid	Prepa	arer's ture F7	МИЗТО НІМОТ		FF.	Date	Check if self-employed	7	● PTIN P00196912	
Paid Preparer's				<u>OSA, CPA, CI</u> GE & COMPAN		T.T.P	employeu		● Firm's FEIN	
Use Only	(or yo	s name ours, if mployed)		NOLIA AVE S					87-3267876	
	and a	ddress	CLOVIS, C						 Telephone 	
	N 4	, the FTC	diagnas Heir		alac:::: '	a	iono		(559) 299-9	
	ivlay	tne FIB	uiscuss this return	ı witn the preparer	snown ab	ove? See instruct	ions	•	X Yes	No

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. Part II

		1	Gross sales or receipts from all	business activities. See	instru	ctions		• 1		196,413.			
		2	Interest						2	44,909.			
		3	Dividends					• 3	3	•			
Rece		4	Gross rents					_	广				
from Othe		5	Gross royalties					-	;				
Sour	ces	6	Gross amount received from sale										
		_	Other income. Attach schedule.						_	1 200 074			
		7	Total gross sales or receipts from other s						_	1,390,074.			
		8	Contributions, gifts, grants, and similar a						_	1,631,396.			
		9								8,000.			
		10	Disbursements to or for member	S			С З						
		11	Compensation of officers, director					• 11		323,571.			
Expe	ncac	12	Other salaries and wages						_	2,560,591.			
and		13	Interest						;				
Disb		14	Taxes			• 14	1	253,678.					
ment	S	15	Rents	nts									
		16	Depreciation and depletion (See						;	137,754.			
		17	Other expenses and disburseme	nts. Attach schedule		SEE ST	ATEMENT 4	17	<i>,</i>	7,717,959.			
		18	Total expenses and disbursements. Add l						,	11,214,846.			
Sch	edule	· I	Balance Sheet	Beginning of					axal	ole year			
Asse				(a)		(b)	(c)	0		(d)			
1				(4)		3,653,557.			•	3,174,298.			
2			receivable			1,213,391.			•	1,727,202.			
3			eivable			1,210,001.			•				
4			151,806.							200,582.			
-			tate government obligations			101,000.			•				
6	Investments in other bonds								•				
7		Investments in stock							•	1,483,083.			
8			18			1,555,257.			•	1,400,000.			
9	•	-	nents. Attach schedule						•				
•				2 122 702			3 506	071					
			ssets.	3,123,702.		1 202 616	3,586,			1 (10 001			
			ated depreciation	1,830,086.		<u>1,293,616.</u>	1,967,	840.	•	1,618,231.			
			COM E			532,444.			_	781,444.			
12			Attach schedule			447,748.			•	433,667.			
						8,647,819.			_	9,418,507.			
Liabi	lities a	ınd n	et worth										
14	Accoun	ts paya	able			412,744.			•	300,988.			
			gifts, or grants payable						•				
16	Bonds a	and no	tes payable						•				
17			yable						•				
18	Other li	abilitie	es. Attach schedule			468,314.				545,740.			
19	Capital	stock	or principal fund						•				
20	Paid-in	or cap	pital surplus. Attach reconciliation						•				
21	Retaine	d earn	ings or income fund			7,766,761.			•	8,571,779.			
22	Total li	abiliti	es and net worth			8,647,819.				9,418,507.			
Sch	edule	: M-	Reconciliation of income per Do not complete this schedule	books with income per e if the amount on Sche	returi dule L	1 , line 13, column	n (d), is less thar	n \$50,0	00.				
1	Net inc	ome p	er books	805,018.	. 7	Income recorded on	books this year not i	ncluded					
			ne tax	,			ch schedule SEE		•	159,644.			
			ital losses over capital gains)	8	Deductions in this							
			corded on books this year.			against book incom	e this year.						
			ıle)					•				
5			orded on books this year not deducted		9	Total. Add line 7 ar	nd line 8			159,644.			
			Attach schedule SEE . S.T 7	25,379	25,379. 10 Net income per return.								
6			e 1 through line 5	830 , 397.		Subtract line 9	from line 6			670 , 753.			

3652224 **Side 2** Form 199 2022 059 CACA1112L 01/10/23

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	4 199									
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	rporatio	on number
	OF FRE								055	304	7	
Part			perty Under IRC S								1	<b>*</b> 05.000
1	Maximum deduction									2		\$25,000
2 3	Total cost of IRC Sec		•							3	-	\$200 000
3 4	Threshold cost of IRG Reduction in limitation		-							4		\$200,000
5	Dollar limitation for t									5		
6		Description of property	400 1110 1110111 11110		ost (business u			Elected				
	(4)	booting ion or property		(2) 0	oot (buomooo t	acc city)	(0)	Liootoa	0001	1		
										1		
										1		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				-		
8	Total elected cost of		•				line 7			8	T	
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 Part	<b>)</b>											
	•			1		1	1			>		(h)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		( <b>d)</b> eciation	(e) Depreciation	(f) n Life		Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method				year		year
					vable in er years						depreciation	
BUI	LDING - FRES	4/01/1998	636,239.		36,239.	S/L		32				
	R CONDITIONER	4/14/1997	44,648.		8,744.	S/L		10				
	MODEL	1/18/2007	9,602.		9,200.	S/L		10				
CAE	BLE & DATA DR	1/17/2007	4,657.		4,010.	S/L		3				
TRE	END MICRO CAB	1/31/2007	565.		486.	S/L		3				
15	Add the amounts in	column (g) and co	lumn (h). The total	of colur	nn (h) may	not excee	d					
	\$2,000. See instructi	ions for line 14, co	lumn (h)					15	13	7,7	54.	
	t III Summary											
16	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						
	Depreciation (if no e	• •				107					16	
	Total depreciation classification adjustments										17	
10	Form 100W, Side 1,	line 6. If line 17 is g	less than line 16,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 2, state adjustments or										18	
Parl		I FOITH 100 OF FOITH	1 100vv, 110 aujustii	nent is i	lecessary).						10	
19	(a)	(b)	(c)			d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&Ť	С	Period			Amortization
	of property	(mm/dd/yyyy	other bas	sis	allowed or in earlie		Section (see in		percent	age		for this year
					III dariic	or yours	(500 11	15117			+	
											+	
20	Total. Add the amou	nts in column (a)								20	1	
21	Total amortization cl	(0)								21		
	Amortization adjustn		•		•						1	
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 2,	Ine 12								22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	orporatio	on number
	OF FRE								055	304	.7	
Part		cpense Certain Pro									1	405.000
1	Maximum deduction									1		\$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		(2) 0	oot (buomood t	300 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	ved deduction from	prior taxable years	S						10		
11	Business income lim									11		
12	IRC Section 179 exp					_				12		
13	Carryover of disallov							0.401				
Parl	•	nd Election of Addit		reciation		1						
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Denr	<b>(d)</b> reciation	(e) Depreciation	<b>(f)</b> 1 Life		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
					wable in er years							depreciation
TNS	STALL CABINET	3/30/2007	700.	Carn	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				
	IPALT	12/12/2007	82,905.		82 <b>,</b> 905.	S/L		10				
	ICRETE	12/12/2007	14,715.		14,715.	S/L		10				
-	Add the amounts in					•	- T					
13	\$2,000. See instruct							15				
Parl	t III Summary	,					u.					
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 1	15 colun	nns (d	n) and (h	) <b>or</b>		
	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 difference	e here and	d on Forr	n 100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary).						18	
Parl							1					
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	(c Amorti		(e) R&T	_	(f) Period	d or		(g)
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			Amortization for this year
					in earlie	er years	(see in	str)				
							+				_	
											-	
							+				-	
	T. I. I. A. I. I.						1				-	
20	Total. Add the amou	107								20		
21	Total amortization cl		•		*					21	-	
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

2006	
3003	

	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia corp	oratior	n number
	OF FRE	SNO							055	3047		
Par		cpense Certain Pro										
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se		•							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> Co	ost (business ı	use only)	(c)	Elected	d cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim				•					11 12		
12	IRC Section 179 exp					_				12		
13 Part	Carryover of disallov	nd Election of Addit						n 2/12	56			
	-	I								1		(6)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	(d) eciation	(e) Depreciation	1 <b>(1</b> n Life	e or	Depreci	<b>g)</b> ation f	or	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	ra			year	-	year
					vable in er years							depreciation
SAT	LES TAX	7/01/2008	6,366.	carno	2,828.	S/L		32		20	2.	
	INDS	7/27/2009	1,030.		1,030.	S/L		5				
	OG IMPROVE FR	5/22/2010	56,457.		34,111.	S/L		20		2,82	3.	
	OG IMPROVE FR	5/26/2010	40,387.		24,396.	S/L		20		2,01		
	OG IMPROVE FR	6/30/2010	61,924.		37 <b>,</b> 152.	S/L		20		3 <b>,</b> 09		
	Add the amounts in	•			•		4			<del>-,</del>	-	
13	\$2,000. See instruct							15				
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	l line 15,	column (g)	or	15 oolu	mnc (	(a) and (h	) Or		
	Depreciation (if no e										6	
17	Total depreciation cl	•									7	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	d on Fo	rm 10	0 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	n 100	or oforo			
	state adjustments or	n Form 100 or Form	na depreciation an n 100W. no adiustn	nent is r	ne useu to t necessarv).					1	8	
Par			,							ı		
19	(a)	(b)	(c)		((	d)	(e	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&	ГС	Period			Amortization
	of property	(mm/dd/yyyy	other bas	515	in earlie	allowable er vears	Sect (see i		percent	aye		for this year
						<u>,                                     </u>						
20	Total. Add the amou	ints in column (a)	1				1			20		
21	Total amortization cl									21		
	Amortization adjustn	•	•		,					<del>  </del>		
	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,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

	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			perty Under IRC S							,		
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Sec									2	-	+000 000
3	Threshold cost of IR		-							4	_	\$200,000
4 5	Reduction in limitation Dollar limitation for t									5	-	
6		Description of property	act line 4 from line				(c) E			5		
	(a)	Description of property		(n) cc	ost (business i	use only)	(6) [	ecteu	COST	1		
										1		
										1		
										-		
7	Listed property (elec	ted IRC Section 17	19 cost)			7				-		
8	Total elected cost of		•				line 7			8	Т	
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim	nitation. Enter the s	maller of business	income	(not less tl	han zero) (	or line 5.			11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but d	o not enter	more than	line 11.			12		
13	Carryover of disallow	ved deduction to 20	23. Add line 9 and	l line 10,	less line 1	2	13					
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section	243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		_ (	g)	,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	n Life o		Depreci	atıon year		Additional first year
	or property	(11111111111111111111111111111111111111	01101 20313	allowable in depreciation								
				earlie	er years							
	AIR RAILING I	6/10/2013	2,181.		990.	S/L		20		1	09.	
		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				
FLC	OORING DOORS	4/06/2007	25 <b>,</b> 556.	2	24,921.	S/L		10				
15	Add the amounts in							_				
David	\$2,000. See instruct	ions for line 14, co	lumn (h)					5				
Par		iam ia alaatima.										
10	Total: If the corporat IRC Section 179 exp	lion is electing. ense. add the amo	ount on line 12 and	line 15.	column (a)	or or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line					10	
17	Depreciation (if no e	•			•	,				-	16 17	
	Total depreciation cl Depreciation adjustn										17	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 2, state adjustments or										18	
Par		I FOITH 100 OF FOITH	1 100vv, 110 aujustii	Hent is n	ecessary).						10	
19	(a)	(b)	(c)			d)	(e)		(f)			(g)
13	Description	Date acquire	d Cost o		Amorti	ization	R&TC	;	Period	or		Amortization
	of property	(mm/dd/yyyy	) other bas	sis	allowed or				percent	age		for this year
					in earlie	er years	(see ins	our)				
								$\dashv$			+	
				+							+	
											+	
20	T-1-1 A 1-1 11	and a fine and a second								20	1	
20	Total. Add the amou	107								20	1	
21	Total amortization cl									21	+	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6 If line 21 is	reater than line 20	, enter the	ne difference	ce here and	d on Form	າ 100 100 -	or Or			
	Form 100W, Side 1,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FORM	1 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia cor	poratio	on number
	OF FRE								055	304	7	
Par		pense Certain Pro										
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 IR									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 ze	ro or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> Co	ost (business ι	use only)	(c) E	ected (	cost			
										-		
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 disallow									10		
11	Business income lim	itation. Enter the s	maller of business	income	(not less th	han zero) o	r line 5.			11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but d	o not enter	more than	line 11.			12		
13	Carryover of disallow	ved deduction to 20	23. Add line 9 and	l line 10	, less line 1	2	13					
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section	2435	6			
14	(a)	(b)	(c)		(d)	(e)	(f)		(	g)		(h)
	Description	Date acquired	Cost or		eciation	Depreciation		or	Depreci	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate		this	year		year depreciation
					er years							acpreciation
ELE	ECTRICAL WIRI	7/24/2007	2,600.		2,600.	S/L		10				
MIN	NDOWS, MS OFF	4/24/2007	765.		723.	S/L		3				
2 [	OR PANEL, STO	3/29/2007	867.		848.	S/L		10				
12	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	column (a) and col	umn (h). The total	of colur	nn (h) may	not exceed	1					
	\$2,000. See instructi							5				
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	5 colum	nc (a	and (h	) OF		
	Depreciation (if no e										16	
17	Total depreciation cl	• •			•	107				_	17	
	Depreciation adjustn											
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and o	on Form	100 o	r			
	state adjustments or										18	
Par	•				.000000.37.							
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC		Period			Amortization
	of property	(mm/dd/yyyy	) other bas	SIS	allowed or in earlie		Section (see ins		percent	age		for this year
					iii caille	n yours	(300 1113				1	
							+	-+			1	
							+	-+			+-	
							+	-			1	
20	Total Add the amou	nte in column (a)					1			20	1	
	Total. Add the amou	,								21	1	
21	Total amortization cl	•	•							21	1	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is gi line 6. If line 21 is	reater than line 20, less than line 20	, enter tl enter the	ne aitterence e difference	te nere and there and o	i on Form on Form	ı 100 100 ∩	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR 2022

### Corporation Depreciation and Amortization

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-24	'Xh
. 10	K 1. J

	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia corpo	oration	number
	OF FRE	SNO							055	3047		
<u>Part</u>		kpense Certain Pro										
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									4 5		
	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		(b) Cos	st (business ı	ise only)	(c)	Elected	cost			
7	Listed property (elec		•				7			_		
8	Total elected cost of Tentative deduction.									9		
9 10	Carryover of disallov									10		
10 11	Business income lim		'							11		
12	IRC Section 179 exp				•	-				12		
13	Carryover of disallov											
Parl		nd Election of Addit						n 2435	56			
14	(a)	(b)	(c)		d)	(e)	(f		((	1)		(h)
• •	Description	Date acquired	Cost or	Depre	ciation	Depreciation		or	Deprecia	ation fo	or	Additional first
	of property	(mm/dd/yyyy)	other basis		ved or able in	method	rat	e	this	year		year depreciation
					r years							depreciation
CAT	JACKS & MOD	10/25/2007	761.		761.	S/L		10				
	AKER PHONE	10/31/2007	800.		800.	S/L		10				
	ERGROUND CON		1,403.		1,403.	S/L		10				
	STING SOIL	11/13/2007	1,045.		1,045.	S/L		10				
	IE PORTS	12/31/2009	1,048.		1,048.	S/L		5				
15	Add the amounts in		•		•		Ч					
13	\$2,000. See instruct							15				
Parl	t III Summary		• •				•	•				
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	line 15, 0	column (g)	or ts on line	15 colu	mne (c	n) and (h	) Or		
	Depreciation (if no e										6	
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	4562, line	22				1	7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the	e differenc	e here and	d on_For	m 100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									1	8	
Parl	t IV Amortization											
19	(a)	(b)	(c)			<del>d)</del>	(e	)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or	zation allowable	R&T Sect		Period percent			Amortization for this year
	or property	(IIIIII aar yyy)	) Other bas	313	in earlie		(see in		percent	age		ioi tilis year
20	Total. Add the amou	ınts in column (a).								20		
21	Total amortization cl	107								21		_
	Amortization adjustr	nent. If line 21 is a	reater than line 20.	. enter the	e differenc	e here and	d on For	m 100	or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form	า 100 ต	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

3885

	h to Form 100 or For	m 100W. FOR	4 199								
Corpor	ation name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia corpora	ition number
	OF FRE								055	3047	_
Part		cpense Certain Pro									
_	Maximum deduction									1	\$25,000
2	Total cost of IRC Se		•							2	****
3	Threshold cost of IR		-							3	\$200,000
	Reduction in limitation for t									4 5	
<u> 5</u>			act line 4 from line							3	
	(a)	Description of property		(b) CO:	st (business ı	ise only)	(c)	Elected	COST		
	Linkad managety (alag	stad IDC Castian 17	70			7					
	Listed property (elec		•			ـــــــا	lino 7			8	
9	Total elected cost of Tentative deduction.									9	
10	Carryover of disallov									10	
11	Business income lim									11	
12	IRC Section 179 exp				•					12	
13	Carryover of disallov			-		_					
Part	II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section	n 2435	56		
14	(a)	(b)	(c)	(	(d)	(e)	(f	)	((	3)	(h)
	Description	Date acquired	Cost or other basis		eciation	Depreciation			Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	Other basis		ved or able in	method	rat	.e	this	уеаг	year depreciation
				earlie	r years						<u>'</u>
ELE	VATOR	5/23/2012	407.		407.	S/L		10			
CEI	LING FANS	11/15/1999	1,500.		1,367.	S/L		7			
AIR	CONDITIONER	8/31/1998	3,250.		1,899.	S/L		39		83.	•
AIR	CONDITIONER	9/08/1998	4,100.		2,382.	S/L		39		105	•
LAN	D-FRESNO	4/01/1988	215,000.					0			
15	Add the amounts in										
	\$2,000. See instruct	ions for line 14, co	lumn (h)					15			
	III Summary										
16	Total: If the corporat IRC Section 179 exp		unt on line 12 and	line 15	column (a)	or					
	Additional first year	depreciation under	R&TC Section 243	356, add f	the amoun	ts on line					
	Depreciation (if no e	• •			•	107					
	Total depreciation cl									17	
10	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is g	less than line 16.	, enter the	e difference	e here and	on Forn	า 100	or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts are	e used to d	determine	net inco	me be	fore		
Part	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is ne	ecessary).					18	
19		(h)	(0)	1		٦/	(0		(6)		(a)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	(c Amorti		(e R&1	<u>,</u>	<b>(f)</b> Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy	other bas	sis	allowed or		Sect	ion	percenta	age	for this year
					in earlie	er years	(see ii	nstr)			
							+				
							+				
							+				
							-				
	T-4-1 A ! ! !!	make the color of the							1	20	
20	Total. Add the amou	107								20	
	Total amortization cl		•		,					21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20	, enter the	e difference	e here and	d on For	m 100 1 100 <i>i</i>	or or		
	Form 100W, Side 1,									22	

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

		-	•									
	ch to Form 100 or For	m 100W. FORI	м 199									
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIC	CESE					Califor	nia coi	rporatio	n number
	OF FRE								055	304	7	
Par			perty Under IRC S									
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									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	ise only)	(c) E	lected	cost			
_	Listed property (elec		•								1	
8	Total elected cost of									8		
9	Tentative deduction.									9	-	
10	Carryover of disallov									10	1	
11	Business income lim				•	•				11 12	-	
12 13	IRC Section 179 exp Carryover of disallov					_				12		
Par			ional First Year Dep					2/13	56			
14	•	1	•	CCIATIO						\		(h)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	( <b>d)</b> reciation	<b>(e)</b> Depreciation	(f) Life		Deprecia	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		this			year
					wable in er years							depreciation
ווים	TON & NEVADA	4/01/2008	80,000.	Carn	or yours			0				
	' FENCE & ROLL 9/25/2009 7,220. 4,603. S/L 20 361.											
	WROUGHT IRON		17,443.		11,045.	S/L		20			72.	
	NCE & WAREHOU		1,294.		834.	S/L		20			65.	
	ROOF MERCED B		9,379.		5,980.	S/L		20			69.	
			•				1	20		4	09.	
15	Add the amounts in \$2,000. See instruct							15				
Par		10115 101 11116 14, 00	iuiiii (ii)					13				
	Total: If the corporal	tion is electing:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or						
	Additional first year										16	
17	Depreciation (if no e Total depreciation cl	•								_	16 17	
	Depreciation adjustn									···-  -	17	
	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	line 12. (If Californ	nia depreciation am	nounts a	re used to d	determine r	net incor	ne be	fore		18	
Par		TFOIII 100 OF FOII	ii 100vv, 110 aujusti	HEHR IS I	iecessary).						10	
19	(a)	(b)	(c)		(0	47	(a)		(f)		1	(g)
13	Description	Date acquire		r	Amorti	zation	(e) R&T		Period	or		Amortization
	of property	(mm/dd/yyyy	/) other bas	sis	allowed or		Section		percent	age		for this year
					in earlie	ı years	(see in	su)			-	
							-				1	
							-				1	
							1				+	
20	Total. Add the amou	107								20	1	
21	Total amortization cl		•							21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form	n 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess tran line 20,	enter th	e umerence	nere and (	oii Loim	100 (	UI	22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

		-	•									
	ch to Form 100 or For	rm 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	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se									2		
3	Threshold cost of IR		-							3		\$200 <b>,</b> 000
4	Reduction in limitation									4		
5	Dollar limitation for		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> 0	ost (business u	use only)	(c)	Elected	cost			
7	Listed property (elec	cted IRC Section 17	79 cost)			7						
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim				•	•				11		
12	IRC Section 179 exp					_				12		
13	,							0.43				
Par	· · · · · · · · · · · · · · · · · · ·	nd Election of Addit	•	reciation		1	C Sectio	n 243:			-	
14	<b>(a)</b> Description	(b)	(c)	Don	<b>(d)</b> reciation	(e)	(f)		Deprecia	g)	for	(h) Additional first
	of property	Date acquired (mm/dd/yyyy)	Cost or other basis		wed or	Depreciation method	n Life rate		this		101	year
	, , ,	, ,,,,,,			wable in					,		depreciation
		10/01/0000	004	earii	er years	- /-	+					
	CURITY ALARM	12/04/2009	824.		824.	S/L	+	5				
	NE PORTS	12/31/2009	594.		594.	S/L		5				
	NE PORTS	12/31/2009	736.		736.	S/L		5				
	EVAP COOLERS	7/06/2009	6,516.		4,238.	S/L		20		3:	26.	
BLI	OG IMPR MERCE	12/22/2010	827.		472.	S/L		20			41.	
15	Add the amounts in \$2,000. See instruct							15				
Par		,										
	Total: If the corpora											
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	l line 15	, column (g)	or	15 aaluu		ما/ امصما (ام	\		
	Depreciation (if no e										16	
17	Total depreciation of	•								_	17	
	Depreciation adjustr											
	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 Form	100	or			
	state adjustments or	n Form 100 or Forn	n 100W. no adiustr	ment is i	necessary).						18	
Par			, ,							l l	I	
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	ed Cost o		Amorti	zation	R&T	C	Period			Amortization
	of property	(mm/dd/yyy)	/) other ba	SIS	allowed or in earlie		Section (see in		percent	age		for this year
					iii caiiic	i years	(366 11	311)				
							1				+	
							1				1	
										1	1	
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 t	he differenc	e here and	d on_Fori	n 100	or or			
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter th	e difference	nere and	on Form	100	or	22		
	Form 100W, Side 2,	IIIIE 12								22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

2005	
ろおおち	
3003	

Attac	ch to Form 100 or For	m 100W. FORI	И 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporatio	n number
	OF FRE								055	304	17	
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 <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> Co	ost (business u	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	Business income lim				•					11		
12	IRC Section 179 exp					_				12		
13 Part	Carryover of disallow		ional First Year Dep					n 242	<b>5</b> 6			
	-			1		1	1				1	4.5
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Denr	(d) eciation	(e) Depreciation	<b>(f</b> 1 Lif∈	) or	Depreci	<b>g)</b> iation	n for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	ra			year		year
allowable in earlier years												depreciation
DII	OG IMPR MERCE	5/03/2011	25,915.		14,472.	S/L		20		1 2	96.	
	OG IMPR MERCE	5/03/2011	26,298.		14,472. 14,684.	S/L		20		$\frac{1,2}{1,3}$		
	SHTING FOR ME	8/31/2011	4,618.		2,502.	S/L	+	20			31.	
		7/28/2011			1,332.	S/L	+	20			22.	
	OG IMPR MERCE	3/06/2013	2,435. 10,972.			S/L		10			33.	
	AC MERCERD				10,239.		1	10			33.	
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	141111 (11)								<u> </u>	
16	Total: If the corporat	ion 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 adjustments of the second secon	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	າ 100	or			
	Form 100W, Side 2, state adjustments or	illie 12. (II Callion Form 100 or Form	na depreciation am n 100W no adjustn	nent is r	re useu to t necessary)	Jetermine i	net mcc	me be	eiore		18	
Par					.000000.37.							
19	(a)	(b)	(c)		((	d)	(e	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&	С	Period			Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		Sect (see i		percent	tage		for this year
					iii oaiiic	or yours	(300 1	1511)				
							+					
							+					
20	Total. Add the amou	nte in column (a)						1		20	+	
21	Total amortization cl	(5)								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 Forn	า 100	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

### **2022** Corporation Depreciation and Amortization

3885

		•	•							
	ch to Form 100 or For	m 100W. FORI	M 199							
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIC	CESE			Califo	ornia co	orporation	on number
	OF FRE						055	304	:7	
Par			perty Under IRC S					1 -	ı	
1	Maximum deduction							2		\$25,000
2 3	Total cost of IRC Se Threshold cost of IR							3		\$200,000
4	Reduction in limitation		-							\$200,000
5	Dollar limitation for t							5		
6		Description of property		(b) Cost (busine		(c) Electe				
				```	,,					
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)		7					
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	·				T .					
Par			ional First Year Dep				356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciatio	n Life or	Deprec	iation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	triis	year		year depreciation
				earlier years						<u> </u>
LAI	ND-336 W. MAI	12/23/1987	80,329.			0	1			
BU]	LDING-MERCED		186,911.	121,106	5. S/L	32		5,9	34.	
EQU	JIPMT HVAC	5/03/2011	26,688.	26,688		10				
HV		7/28/2011	3,642.	3,642		10	1			
FEN	NCE POST	3/30/2007	1,877.	1,833	3. S/L	10				
15	Add the amounts in									
<b>D</b>	\$2,000. See instruct	ions for line 14, co	lumn (h)			15				
Par		Bara da alla aktorio								
10	Total: If the corporat IRC Section 179 exp		ount on line 12 and	line 15. column	(a) <b>or</b>					
	Additional first year	depreciation under	R&TC Section 243	356, add the amo	unts on line				10	
17	Depreciation (if no e Total depreciation cl	•						_	16 17	
	Depreciation adjustn								17	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the differer	nce here and	on Form 100	or or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation am n 100W no adjustr	nounts are used t ment is necessar	o determine	net income t	etore		18	
Par		11 01111 100 01 1 0111	11 10011, 110 dajasa	Horit is Hoodssar	,,					
19	(a)	(b)	(c)		(d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		ortization or allowable	R&TC	Period	d or		Amortization
	of property	(mm/dd/yyy)	other bas		or allowable rlier years	Section (see instr)	percen	laye		for this year
										_
20	Total. Add the amou	ınts in column (g).						20		
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form 4562, li	ne 44			21		
22	Amortization adjustn Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the different	ence here an	d on Form 10	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess man iine 20,	enter the differer	ice riere and	on Form 100	) OI	22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

2000
2005

	ch to Form 100 or For	m 100W. FORM	1 199								
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Califor	rnia corp	oratio	n number
	OF FRE							055	3047	'	
Part		pense Certain Pro							-		*05.000
1	Maximum deduction								1		\$25,000
2	Total cost of IRC Sec								3		<u> </u>
3 4	Threshold cost of IRO Reduction in limitation		-						4		\$200,000
5	Dollar limitation for t								5		
6		Description of property	act line 4 from line	(b) Cost (but			(c) Electe				
	(a)	Description of property		(u) 1800 (u)	SIIICSS U	ise unity)	(C) LIGUIG	u cost	_		
									-		
									_		
									_		
7	Listed property (elec	ted IRC Section 17	19 cost)			7			_		
8	Total elected cost of		•				ne 7		8		
9	Tentative deduction.								9		
10	Carryover of disallow								10		
11	Business income lim	nitation. Enter the s	maller of business	income (not	less th	nan zero) o	r line 5		11		
12	IRC 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										
Parl	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Dedu	uction	Under R&TO	Section 24	356			
14	(a)	(b)	(c)	(d)		(e)	(f)	(	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciati allowed o		Depreciation method	Life or rate	Depreci	ation i year	or	Additional first year
	5. p. sp 5. sj		,		depreciation						
		0/04/0010	16 100	earlier yea		G /=				_	
	OG IMPR FULTO	8/04/2010	16,120.		505.	S/L	20		80		
	NTING	6/07/2013	2,950.	•	580.	S/L	10		27	0.	
	JIP-FLOOR POL	3/04/2011	1,170.	•	L70.	S/L	10				
	EVATOR	5/23/2012	2,035.		)35.	S/L	10	1			
	AIRS FRESNO L	5/01/2013	1,333.		333.	S/L	5				
15	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (h). The total umn (h)	of column (h)	) may 	not exceed	15				
	t III Summary										
16	Total: If the corporat IRC Section 179 exp		unt on line 10 and	line 1E colum	mn (a)						
	Additional first year	depreciation under	R&TC Section 243	156, add the a	amount	ts on line 1	5, columns	(g) and (h	) or		
	Depreciation (if no e	•		•		.07			<u> </u>	16	
	Total depreciation cl		•						📮	7	
18	Depreciation adjustn Form 100W, Side 1,	1ent. If line 17 is gi line 6 If line 17 is	reater than line 16, less than line 16	, enter the diffenter	terence	e here and here and c	on Form 100	10 or 1 or			
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	ounts are use	ed to c	letermine n	et income b	efore		_	
<u> </u>	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necess	sary).				] 1	8	
Par		(b)	(0)		/-	IN.	(0)	(6)			(m)
19	<b>(a)</b> Description	(b) Date acquire	d <b>(c)</b> Cost o	r   A	<b>(c</b> Amorti:		(e) R&TC	(f) Period	dor		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allow	ved or	allowable	Section	percent			for this year
				ın	earlie	r years	(see instr)				
							]		1 00		
20	Total. Add the amou	,							20		
21	Total amortization cl	'	'						21		
22	Amortization adjustn Form 100W, Side 1,										
	Form 100W, Side 1,								22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

		-	-									
	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	on number
	OF FRE								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 Se									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> 0	ost (business ı	use only)	(c)	Elected	l cost			
										_		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov		•							10		
11	Business income lim				•	,				11		
12	IRC Section 179 exp					_				12		
13	,							040	F.C.			
Par	· · · · · · · · · · · · · · · · · · ·	nd Election of Addit		reciatioi		1	C Section	n 243			ı	
14	<b>(a)</b> Description	(b)	(c)	Don	<b>(d)</b> reciation	(e)	(f		Depreci	g) otion	for	<b>(h)</b> Additional first
	of property	Date acquired (mm/dd/yyyy)	Cost or other basis		wed or	Depreciation method	n Life rat			year	101	year
	1 1 3	, , , , , , , , , , , , , , , , , , , ,			wable in					,		depreciation
		10/10/000	4 005	earii	er years	- /-		1.0				
	LLUP DOOR	12/19/2006	1,385.		1,205.	S/L		10				
	OF REPAIRS	8/17/2011	800.		433.	S/L		20			40.	
	CTING	8/22/2011	2,400.		1,300.	S/L		20		1	20.	
BAC	CKDRAFT DAMPE	8/22/2011	560.		560.	S/L		10				
ELE	EVATOR	5/23/2012	1,221.		1,221.	S/L		10				
15	Add the amounts in \$2,000. See instruct							15				
Par		,					Į.					
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15	, column (g)	or	15 aaluu	(	ما محما (ام	\		
	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 Forn	na depreciation an n 100W. no adiustn	nent is i	ne useu io i necessarv).						18	
Par			, ,								I	
19	(a)	(b)	(c)		((	d)	(e	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&T	C	Perioc			Amortization
	of property	(mm/dd/yyyy	y) other bas	SIS	allowed or in earlie		Section (see in		percent	age		for this year
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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 For	m 100	or or			
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter th	e difference	nere and	on Forn	1 100	or	22		
	Form 100W, Side 2,	IIIIピ 1∠								22		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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Controlled Part   Carpeting		ch to Form 100 or For	m 100W. FORM	1 199									
Part   Election 10 Expense Certain Property Under IRC Section 179   1   \$25,000   2   Total cost of IRC Section 179 property placed in service.   3   \$200,000   2   Total cost of IRC Section 179 property based in service.   3   \$200,000   3   Threshold cost of IRC Section 179 property before reduction in limitation.   3   \$200,000   4   Reduction in limitation.   3   \$200,000   5   \$200,000   5   \$3   \$3   \$3   \$3   \$3   \$3   \$3	Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	rporatio	on number
1 S25,000 2 Total cost of IRC Section 179 property baced in service. 2 Total cost of IRC Section 179 property baced in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2.1 lizaro or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Control limitation in limitation. Subtract line 3 from line 2.1 lizaro or less, enter -0. 5 Control limitation in limitation. Subtract line 4 from line 1. If zero or less, enter -0. 5 Control limitation in limitation. Subtract line 4 from line 1. If zero or less, enter -0. 5 Control limitation in limitation. Subtract line 4 from line 1. If zero or less, enter -0. 5 Control limitation. Subtract line 4 from line 1. If zero or less, enter -0. 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 5 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 experses deduction. Add line 9 and line 10, but do not enter more than line 1. 12 IRC Section 179 experses deduction. Add line 9 and line 10, but do not enter more than line 1. 12 IRC Section 179 experses deduction of Add line 9 and line 10, less line 12. 13 Carrywore of disallowed deduction to 2023. Add line 9 and line 10, less line 12. 13 Carrywore of disallowed deduction to 2023. Add line 9 and line 10, less line 12. 14 (a) (b) (c) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e										055	304	7	
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Part II   Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356	12	•			-		_				12		
Cost or other basis   Depreciation of property   Date acquired (mm/dd/yyyy)   Cost or other basis   Depreciation of property   Depreciation of property   Depreciation of property   Depreciation of property   Depreciation   Deprec													
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ROOF REPAIRS   8/17/2011   400.   217.   S/L   20   20.													
ROOF REPAIRS			, ,,,,,,,,								_		depreciation
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BACK DRAFT    8/22/2011   280.   280.   S/L   10													
ELEVATOR 5/23/2012 407. 407. S/L 10  825 BUILDING 6/26/2009 186,601. 77,012. S/L 32 5,924.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (g) or Additional first year depreciation is electing:  IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). 16  17 Total 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 California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization  19 (a) (b) (c) (Cost or Other basis (company) (Cost or O				•								60.	
825 BUILDING 6/26/2009 186, 601. 77, 012. S/L 32 5, 924.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation aclaimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W. Side 2, line 12, (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, on adjustment is necessary).  18 Part IV Amortization  19 (a) Description of property Date acquired (mm/dd/yyyy) other basis of property Date acquired (mm/dd/yyyy) other basis of the basis of the determine net income before see instriplication allowed or allowable in earlier years of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for this year of the determine net income before see instriplication for t													
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Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total 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 California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18 Part IV Amortization  19 (a) (b) (c) (c) Amortization allowable in earlier years (mm/dd/yyyy) other basis (mm/dd/yyyy) other basis (see instr)  19 (a) (b) (c) (c) Amortization allowable in earlier years (see instr)  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or 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 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 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, line 6. 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 greater than line 20, enter the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or Incomplete the difference here and on Form 100 or In	16												
Depreciation (if no election is made), enter the amount from line 15, column (g)		IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	) <b>or</b> ts on line 1	I5 colur	nns (i	n) and (h	) Or		
18 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 California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization  19  (a) (b) (c) (d) Amortization Date acquired (mm/dd/yyyy) other basis allowed or allowable in earlier years (see instr)  19  Total. Add the amounts in column (g) 20  20  Total amortization claimed for federal purposes from federal Form 4562, line 44 21  22  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100 W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or												16	
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 California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  Part IV Amortization  19 (a) (b) (c) (c) (d) (d) (mm/dd/yyyy) (mm/dd/yyyyy) (mm/dd/		•		•							[	17	
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  19 (a) (b) (c) (c) (c) (d) (mm/dd/yyyy) (cost or other basis) (mm/dd/yyyy) (mm/dd/yyyy) (cost or other basis) (allowed or allowable in earlier years) (see instr)  20 Total. Add the amounts in column (g)	18	Depreciation adjustn	nent. If line 17 is gr	reater than line 16,	enter th	e differenc	e here and	on For	n 100	or or			
Part IV Amortization  19 (a) (b) (c) Cost or other basis allowed or allowable in earlier years  20 Total. Add the amounts in column (g).  21 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													
19 (a) Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) other basis Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired other basis Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage of this year of this year Date acquired (mm/dd/yyyy) Date acquired			n Form 100 or Form	n 100W, no adjustn	nent is n	ecessary).						18	
Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyyy)  other basis  Date acquired (mm/dd/yyyyy)  other basis  Amortization allowed or allowable in earlier years  R&TC Section (see instr)  Period or percentage  Amortization for this year  20 Total. Add the amounts in column (g).  21 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		t IV Amortization	T				_	1					
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years Section (see instr) percentage for this year  20 Total. Add the amounts in column (g)	19				_			(e)			1 or		
in earlier years (see instr)  20 Total. Add the amounts in column (g)													
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>						in earlie	er years	(see ir	ıstr)				
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>													
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>													
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>													
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>													
<ul> <li>21 Total amortization claimed for federal purposes from federal Form 4562, line 44.</li> <li>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</li> </ul>											1	<u> </u>	
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	20		107								_		
Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or			•	'		,					21		
	22												
											22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

_	_	_	
~	_	_	_
_	v	v	_
_	_	_	- 1

	h to Form 100 or For	m 100W. FORM	4 199									
Corpor	ation name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	orporatio	on number
	OF FRE								055	304	7	
Part 1			perty Under IRC S									*05.000
	Maximum deduction									2		\$25,000
	Total cost of IRC Sec		•							3		\$200 000
	Threshold cost of IRG Reduction in limitation		-							4	_	\$200,000
	Dollar limitation for t									5		
6		Description of property	400 1110 1110111 11110		ost (business u			Elected				
	(4)	boompton or property		(2) 0	oot (buomood t	acc city)	(0)	Liootoc		-		
										-		
										-		
										-		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				1		
	Total elected cost of		•				ine 7			8	Т	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallow	ved deduction from	prior taxable years	S						10		
	Business income lim					-				11		
12	IRC Section 179 exp					_				12		
	Carryover of disallow							040	F.C.			
Part	•		onal First Year Dep	1							1	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		(d) reciation	(e) Depreciation	life		Denreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property (mm/dd/yyyy) other basis allowed or method rate this year ye											
	allowable in earlier years depreciation											
809	BUILDING	6/26/2009	204,937.		84,578.	S/L		32		6 - 5	06.	
	CHESTER TER	7/07/2009	76,500.		49,725.	S/L		20		3,8		
	CHESTER PER	7/16/2009	367.		367.	S/L		5		<u> </u>	20.	
	CHESTER HVA	8/04/2009	3,295.		2,131.	S/L		20		1	65.	
	CHESTER REM	8/19/2009	18,155.		11,652.	S/L		20			08.	
	Add the amounts in	•				•	4				-	
13	\$2,000. See instructi							15				
Part	III Summary	•					<u> </u>					
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)	) <b>or</b> ts on line 1	15 colui	mns (	a) 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 For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or	Form 100 or Form	n 100W, no adjustn	nent is r	necessary).						18	
Part						_					-	
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) ization	(e) R&T	)	(f) Period	l or		(g)
	of property	(mm/dd/yyyy			allowed or	allowable	Secti		percent			Amortization for this year
					in earlie	er years	(see ir	nstr)				
							-					
											-	
	T											
	Total. Add the amou	,								20		
	Total amortization cl	'	•		*					21		
	Amortization adjustn Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

2005	
<b>3885</b>	
<b>500</b> 5	

	ch to Form 100 or For	m 100W. FOR	4 199						0-1:4-			
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	orporatio	on number
	OF FRE	SNO							055	304	:7	
Par			perty Under IRC S									
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>(b)</b> Co	st (business ı	use only)	(c) l	lected	cost	-		
										4		
										-		
										_		
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim				•					11		
12	IRC Section 179 exp									12		
13								0.40	=-			
Par			ional First Year Dep	reciation	Deduction							
14	(a)	(b)	(c)		(d)	(e)	(f)		Danrasi	g)	for	<b>(h)</b> Additional first
	Description   Date acquired   Cost or   Depreciation   Depreciation   Life or   Depreciation for   Arrow of property   (mm/dd/yyyy)   other basis   allowed or   method   rate   this year											
	allowable in depreciation											
earlier years												
	CHESTER SEC	8/07/2009	1,635.		1,059.	S/L		20			82.	
	CHESTER REM	8/31/2009	4,630.		2 <b>,</b> 977.	S/L		20			32.	
809	O CHESTER SEC	8/12/2009	445.		284.	S/L		20			22.	
825	CHESTER BLI	9/04/2009	668.		668.	S/L		5				
WIF	RING BKSF	9/12/2009	6,204.		3,979.	S/L		20		3	10.	
15	Add the amounts in	column (a) and co	umn (h). The total	of colun	nn (h) mav	not excee	d					
	\$2,000. See instructi							15				
Par	t III Summary											
16	Total: If the corporat	ion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	15 oolun	anc (	a) and (h	) or		
	Depreciation (if no e										16	
17	Total depreciation cl	• •			•	107				-	17	
	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Forr	n 100	or or	Ī		
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or										18	
Par			· · · · · · · · · · · · · · · · · · ·									
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	0	Period			Amortization
	of property	(mm/dd/yyyy	) other bas	sis	allowed or in earlie		Section (see in		percent	age		for this year
					III Carrie	or years	(366 111	Su)				
				-								
20	Total. Add the amou	107								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	ne differend	ce here and	d on Forr	n 100	or or			
	Form 100W, Side 1,									22		
	Form 100W, Side 2,	III I Z								22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

JUUL	

	h to Form 100 or For	m 100W. FORM	4 199									
Corpor	ation name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporatio	on number
	OF FRE								055	304	.7	
Part			perty Under IRC S									<b>*</b> 05.000
1	Maximum deduction									2		\$25,000
2 3	Total cost of IRC Sec Threshold cost of IRC		•							3		\$200,000
4	Reduction in limitation		-							4	_	7200,000
5	Dollar limitation for t									5		
6		Description of property			ost (business u			Elected				
	•					- 77						
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallow		,							10		
11 12	Business income lim				•	-				11 12		
13	IRC Section 179 exp Carryover of disallow									12		
Part			onal First Year Dep					n 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)	1		g)		(h)
• •	Description	Date acquired	Cost or		reciation	Depreciation	n Life	or	Depreci	ation		Additional first
	of property (mm/dd/yyyy) other basis allowed or method rate this year year allowable in depreciation											
	earlier years											
WIF	ING BKSF	9/12/2009	2 <b>,</b> 557.		1,643.	S/L		20		1	28.	
BLI	NDS BKSF	9/21/2009	668.		668.	S/L		5				
3 E	'ILING CABINE	7/02/1997	579.		579.	S/L		7				
825	CHESTER LAN	6/26/2009	66,486.					0				
809	CHESTER LAN	6/26/2009	38,716.				⊥	0				
15	Add the amounts in \$2,000. See instruct							15				
	: III Summary											
16	Total: If the corporat		umb on line 10 and	lina 15	L (a)							
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	1111e 15, 1356, add	, column (g) I the amoun	ts on line	15, colun	nns (	g) and (h	i) <b>or</b>		
	Depreciation (if no e	•			•	,					16	
	Total depreciation cl		•								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g Tine 6. If line 17 is	reater than line 16, less than line 16.	, enter t enter th	ne differenc e difference	e nere and here and	on Forr on Form	n 100 100	J or or			
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation am	nounts a	ire used to d	determine	net incor	ne be	efore		10	
Parl	state adjustments or IV Amortization	1 Form 100 or Form	n 100w, no adjustn	nent is r	necessary).						18	
19	(a)	(b)	(c)		(0	4)	(e)		(f)			(g)
13	Description	Date acquire	d Cost o		Amorti	zation	(e) R&T	С	Period	d or		Amortization
	of property	(mm/dd/yyyy	other bas	sis	allowed or in earlie		Section (see in		percent	tage		for this year
					iii caiiic	i years	(366 111	Su)				
												_
20	Total. Add the amou	nts in column (a)	<u> </u>							20		
21	Total amortization cl	107								21		
	Amortization adjustn		•		•							
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form	100	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

2005	
2003	

	ch to Form 100 or For	m 100W. FORM	4 199										
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				C	Californ	ia corporat	ion number		
	OF FRE							0	553	047			
Part		cpense Certain Pro								-	*05.000		
1	Maximum deduction								-	1	\$25 <b>,</b> 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			ted cost					
	(4)	Bootinpaton or property		(2) 0	oot (buomood t	300 011137	(0) 2100	7104 0001	$\neg$				
									$\neg$				
									$\neg$				
									$\neg$				
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 years	s					[	10			
11	Business income lim				•				· · · ·	11			
12	IRC Section 179 exp					_				12			
13	Carryover of disallov							4050					
Parl	· · · · · · · · · · · · · · · · · · ·	nd Election of Additi		reciation		1		4356			T		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Denr	<b>(d)</b> reciation	(e) Depreciation	( <b>f)</b> Life or	Den	(g)	) tion for	(h) Additional first		
	of property	ear	year										
	of property (mm/dd/yyyy) other basis allowed or method rate this year year allowable in earlier years												
нуг	HVAC-PAYEE DEPT 7/15/2011 6,765. 6,765. S/L 10												
	COOLERS FRS	7/18/2005	7,458.		6,713.	S/L	-	5					
	F THRIFT STO	8/02/2005	30,920.	,	25,420.	S/L		0	1	,546.			
	ORING MERCED		3,825.		3,059.	S/L		0		191.			
	KIN FREEZER	8/01/2005	2,600.		2,412.	S/L		7					
	Add the amounts in		•	of colur		•	4						
13	\$2,000. See instruct												
Parl	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)	) <b>or</b> ts on line 1	15 column	s (a) an	d (h)	or			
	Depreciation (if no e												
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 difference	e here and	on Form	100 or					
	Form 100W, Side 1, Form 100W, Side 2,												
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary).					18			
Parl	t IV Amortization	1					1	_					
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	(c Amorti	d) zation	(e) R&TC	Do.	<b>(f)</b> eriod	or	(g)		
	of property	(mm/dd/yyyy			allowed or		Section		centa		Amortization for this year		
					in earlie	er years	(see instr	.)					
									-				
20	Total. Add the amou	(0)							· · ·	20			
21	Total amortization cl		•		*				· · ·	21			
22	Amortization adjustr Form 100W, Side 1,												
	Form 100W, Side 1,									22			

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporatio	n number
	OF FRE								055	304	17	
Part		cpense Certain Pro										*05.000
1	Maximum deduction									2		\$25,000
2	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 i			Elected				
	(4)	Decemption of property		(2) 0	oot (buomooo t	acc city)	(0)	Liootoc	. 0001	-		
										-		
										-		
										-		
7	Listed property (elec	cted IRC Section 17	'9 cost)			7				1		
8	Total elected cost of		•				line 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallov	wed deduction from	prior taxable years	s						10		
11	Business income lim				•					11		
12	IRC Section 179 exp					-				12		
13	Carryover of disallov							0.40	=-			
Parl	•	nd Election of Addit		1				- 1			1	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		(d) eciation	(e) Depreciation	<b>(f</b> n Life		Depreci	<b>g)</b> ation	n for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat			year		year
	allowable in earlier years depreciation											
SOF	SOFTWARE FUNDRA 12/31/2005 10,541. 9,700. S/L 3											
	OKS SOFTWARE	8/31/2005	6,374.		5,313.	S/L		3				
	THETIC TURF	1/21/2015	15,723.		2,989.	S/L		39		4	03.	
	ROOFING BLDG	10/20/2014	12,245.		2,407.	S/L		39			14.	
	NE SYSTEM FR	8/01/2015	19,863.		13,737.	S/L		10			86.	
	Add the amounts in					•	d			_,,		
13	\$2,000. See instruct							15				
Parl	t III Summary	,										_
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	line 15,	column (g)	) <b>or</b> ts on line '	15 colu	mne (	a) and (h	) or		
	Depreciation (if no e										16	
	Total depreciation cl									[	17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter th	he difference	e here and	d on For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary).						18	
Parl						_		. 1			1	
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	Amorti	d) ization	(e R&1	)	(f) Period	l or		(g)
	of property	(mm/dd/yyyy			allowed or	allowable	Sect		percent			Amortization for this year
					in earlie	er years	(see ii	nstr)				
	T											
20	Total. Add the amou	107								20		
21	Total amortization cl		•		•					21		
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

3885

		-	-									
	ch to Form 100 or For	m 100W. FOR	4 199									
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	on number
	OF FRE								055	304	7	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Sec									2		
3	Threshold cost of IRO		-							3		\$200 <b>,</b> 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> C	ost (business ı	use only)	(c)	Elected	l cost	-		
										_		
										_		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallow		•							10		
11	Business income lim				•	,				11		
12	IRC Section 179 exp					_				12		
13	,							040	F.C.			
Par	•		ional First Year Dep	1			C Sectio	n 243				
14	<b>(a)</b> Description	(b)	<b>(c)</b> Cost or		(d) eciation	(e)	(f) 1 Life		Depreci	g)	for	<b>(h)</b> Additional first
	of property	Date acquired (mm/dd/yyyy)	other basis		wed or	Depreciation method	rate			year		year
	. 11 9	( 11 )			vable in					,		depreciation
earlier years												
	ONE SYSTEM ME	8/01/2015	4,044.		2,795.	S/L		10			04.	
	ONE SYSTEM BA	8/01/2015	8,013.		5,541.	S/L		10		8	01.	
	DEO SCREENS M	5/04/2015	2,205.		2,205.	S/L		5				
	DEO SCREENS F	5/04/2015	2,205.		2,205.	S/L		5				
VII	DEO SCREENS B	5/04/2015	664.		664.	S/L		5				
15	Add the amounts in \$2,000. See instructi							15				
Par	t III Summary	·	` ,									
	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	l line 15,	column (g)	or	15 aaluu		ما/ مسما (ام			
	Depreciation (if no e										16	
17	Total depreciation cl	•								-	17	
	Depreciation adjustm											
	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 Form	100	or			
	state adjustments or	Form 100 or Forn	na depreciation an n 100W, no adiustr	nent is r	ne useu io i necessarv)	ueterrinie i	net inco	iie be	SIUIE		18	
Par			, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>I</u>		
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	C	Perioc			Amortization
	of property	(mm/dd/yyyy	y) other bas	SIS	allowed or in earlie		Secti (see in		percent	age		for this year
					iii caille	or yours	(355 11	30 <i>)</i>			+	
							1					
							+				+	
							+				+	
								-			1	
										1 .		
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 differenc	ce here and	d on_For	n 100	0 or			
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter th	e difference	here and	on Form	100	or	22		
	Form 100W, Side 2,	IIIIE 12										

TAXABLE YEAR

### 2022 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					Califo	rnia co	orporatio	on number	
	OF FRE								055	304	17		
Part		cpense Certain Pro									1	<b>*</b> 05.000	
1	Maximum deduction									1		\$25,000	
2	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			Elected					
	(4)	Bootinpaton or property		(2) 0	oot (buomood t	acc city)	(0)		. 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	ved deduction from	prior taxable years	S						10			
11	Business income lim				•					11			
12	IRC Section 179 exp					_				12			
13	Carryover of disallow												
Parl	•	nd Election of Addit	· ·	reciation			1	1					
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Deni	(d) reciation	(e) Depreciation	(f) Life		Depreci	<b>g)</b> ation	n for	<b>(h)</b> Additional first	
	of property (mm/dd/yyyy) other basis allowed or method rate this											year	
	allowable in earlier years depreciation												
BAK	BAKERSFIELD WAR 10/01/2015 178,692. 30,928. S/L 39 4,582.												
	ENT INTAKE C	4/19/2016	23,779.		7,332.	S/L		20			89.		
	TOP BKSFD SI	3/20/2016	1,433.		1,433.	S/L		5		<del>-,-</del>			
	CATION RM CO	6/05/2016	11,854.		11,854.	S/L		5					
	UNIT	5/12/2016	7,686.		6,771.	S/L		7		9	15.		
	Add the amounts in		•	of colum	•	•	7	•					
13	\$2,000. See instruct	ions for line 14, co	lumn (h)		(11) 111ay		J	15					
Parl	III Summary	·	. ,										
16													
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	.line 15 856   add	, column (g) the amoun	) <b>or</b> ts on line 1	I5 colur	nns (	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 t	he difference	e here and	on Form	n 100	0 or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	re used to d	determine r	net incor	ne be	efore				
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary).						18		
Parl		1				_		-			1		
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	Amorti	d) ization	(e) R&T		(f) Period	l or		(g)	
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			Amortization for this year	
					in earlie	er years	(see in	str)					
	T												
20	Total. Add the amou	(0)								20			
21	Total amortization cl		•		*					21			
22	Amortization adjustn Form 100W, Side 1,												
	Form 100W, Side 2,									22			

TAXABLE YEAR

## 2022 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	1 199									
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE					Califor	nia cor	poratio	n number
	OF FRE								055	304	7	
Part		pense Certain Pro									ı	*05.000
1	Maximum deduction									2		\$25,000
2 3	Total cost of IRC Sec									3		\$200 000
3 4	Threshold cost of IRG Reduction in limitation		-							4		\$200,000
5	Dollar limitation for t									5		
-6		Description of property	400 1110 1 11 0111 11110	(b) Cost (			(c) Ele			_		
	(4)	Decempation of property		(3) 0001 (	Buomoco t	100 0111)	(0) 210	0100 00	,,,,			
7	Listed property (elec	ted IRC Section 17	9 cost)			7						
8	Total elected cost of		•				ne 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallow	ved deduction from	prior taxable years	S						10		
11	Business income lim			-		•				11		
12	IRC Section 179 exp			•		_				12		
13	Carryover of disallow							24250				
Parl	•	nd Election of Additi	· ·				1	24356			ı	
14	(a) Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	( <b>d)</b> Deprecia	ation	<b>(e)</b> Depreciation	Life or	,   _	) Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed	d or	method	rate	٦		year	101	year
				allowab earlier y								depreciation
VII	DEO SCREENS B	8/18/2015	1,777.		,777.	S/L		5				
	TOP/DOCKING	4/06/2017	1,639.		,639.	S/L		5				
	JBLE DOORS TO	5/03/2017	3,815.	•	,974.	S/L	1	.0		38	32.	
	DOWS IN PAYE	7/11/2016	3,360.	,	,016.	S/L		.0			36.	
	ERSFIELD FLO	9/13/2016	3,575.		,088.	S/L		.0			58.	
	Add the amounts in	•		•			·				•	
13	\$2,000. See instructi	ions for line 14. col	umn (h). The total	or column	(11) 111ay	exceed	1 <u>5</u>	5				
Parl	t III Summary	, , , , , , , , , , , , , , , , , , , ,	()								J.	
	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, col	lumn (g)	or	5 column	nc (a)	and (h	۱ ۵۲		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 45	62, line	22				🛚	17	
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	enter the o	differenc	e here and	on Form	100 o	r			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is nece	essary).						18	
Parl	t IV Amortization		1				1				1	
19	<b>(a)</b> Description	(b) Date acquire	d (c)	-	(c Amorti		(e) R&TC		(f) Period	lor		(g)
	of property	(mm/dd/yyyy				allowable	Section	l p	percent			Amortization for this year
					in earlie	er years	(see inst	r)				
								_				
								$\perp$				
20	Total. Add the amou	,								20		
21	Total amortization cl	'	'		,					21		
22	Amortization adjustn Form 100W, Side 1,											
	Form 100W, Side 1,									22		

TAXABLE YEAR

## 2022 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	4 199									
Corpoi	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	orporatio	on number
	OF FRE	SNO							055	304	17	
Part		cpense Certain Pro										
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									4		
5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		(b) C	ost (business u	use only)	(c)	Elected	d cost	_		
										_		
										-		
										_		
7			•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10 11	Carryover of disallov Business income lim		,							10 11	+	
12	IRC Section 179 exp				•	•				12		
13	•			-		_				12		
Parl		nd Election of Additi						n 243	356			
14	(a)	(b)	(c)		(d)	(e)	(f)			g)		(h)
1-4	Description	Date acquired	Cost or		eciation	Depreciation			Depreci	<b>وي</b> iatior	n for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rat	е	this	year	•	year
					vable in er years							depreciation
BAF	KERSFIELD PAY	1/04/2017	1,572.		864.	S/L		10		1	57.	
BKSF PAYEE WALL 1/09/2017 5,400. 2,970. S/L 10										40.		
LAPTOP/DOCKING 11/19/2016 1,393. 1,393. S/L 5												
	MONITOR	7/31/2016	2,096.		2,096.	S/L		5				
	AC UNIT	6/29/2017	7,399.		3,700.	S/L		10		7	40.	
			•		•	•	, 1				10.	
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	iuiiiii (ii)									
	Total: If the corporat	tion is electina:										
	IRC Section 179 exp	ense, add the amo	unt 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									۱ ا		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 2, state adjustments or										18	
Par					.000000.37.							
19	(a)	(b)	(c)		((	d)	(e)	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	С	Period	d or		Amortization
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie		Secti (see ir		percent	tage		for this year
					iii caille	, yours	(300 11	1311)				
			<del> </del>									
20	Total. Add the amou	unte in column (a)								20		
	Total amortization cl	107								21	-	
21											1	
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	ne aitterence e difference	e nere and here and	u on For on Form	m 100 100	or or			
	Form 100W, Side 2,									22		

TAXABLE YEAR

## 2022 Corporation Depreciation and Amortization

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Attac	ch to Form 100 or For	m 100W. FORI	И 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califo	rnia co	rporatio	n number
	OF FRE	SNO							055	304	:7	
Par		kpense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 <b>,</b> 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							5		
6	(a)	Description of property		<b>(b)</b> Co	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 disallov									10		
11	Business income lim									11 12		
12	IRC Section 179 exp Carryover of disallow					_				12		
13 Part		nd Election of Addit						n 2/12	56			
	•					1	1	- 1				(h)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depre	<b>(d)</b> eciation	(e) Depreciation	(f Life	or	Depreci	<b>g)</b> iation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allov	wed or	method	rat			year		year
					able in er years							depreciation
RAC	TK FOR WAREHO	12/31/2017	4,043.	Carrie	3,640.	S/L		5			03.	
	RACK FOR WAREHO 12/31/2017 4,043. 3,640. S/L 5 DFFICE CREDENZA 12/31/2017 2,310. 2,079. S/L 5										31.	
	PUTERS	12/31/2017	1,826.		1,826.	S/L		3			51.	
	AC UNIT	12/31/2017	7,771.		3,497.	S/L		10		7	77.	
	3 INTL	12/31/2017	55,671.		50,103.	S/L	+	5		5,5		
					•		1			J, J	00.	
15	Add the amounts in							15				
Par	\$2,000. See instruct	ions for line 14, co	iumin (n)					13				
16	Total: If the corpora	tion is alacting:								1	1	
10	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	ts on line 1						
17	Depreciation (if no e	•									16 17	
	Total depreciation of									٠ ا	17	
10	Depreciation adjustr Form 100W, Side 1,	line 6. If line 17 is g	less than line 16,	enter the	difference	here and	on Form	າ 100	or			
	Form 100W, Side 2,	line 12. (If Californ	na depreciation am	าounts ar	e used to d	determine r	net inco	me be	etore		10	
Par	state adjustments or	1 FORM 100 OF FORM	n 100vv, no adjustn	nent is n	ecessary).						18	
19		(b)	(6)			4/	(6)	. 1	<b>(A)</b>			(a)
13	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	(c Amorti		(e) R&T	c l	<b>(f)</b> Period	d or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or		Secti	on	percent			for this year
					in earlie	er years	(see ir	istr)			+	
											+-	
											+-	
											1	
										1 -	$\bot$	
20	Total. Add the amou	(3)								20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form	4562, line	44				21	$\perp$	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter th	ne difference	e here and	l on For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,									22		

TAXABLE YEAR

### 2022 Corporation Depreciation and Amortization

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Λ ± ± = .	ab to Farma 100 ar Far	. 100\4/							
	ch to Form 100 or For	1014	M 199				California	oornorat	ion number
Согро	CATHOL OF FRE	IC CHARITIES SNO	S OF THE DIO	CESE			05530	·	on number
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
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	C Section 179 prop	erty before reducti	ion in limitation				3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for							5	
6		Description of property		(b) Cost (business		(c) Elected			
	("/	Decempes of property		(2) 6001 (2001)	,	(0) 2.0000			
7	Listed property (elec	cted IRC Section 17	79 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	wed deduction from	prior taxable year	S			1	10	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less	than zero) o	r line 5		1	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do not ente	r more tha <u>n</u>	line 11	1	12	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		1
14	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	_ (g)		(h)
	Description of property	Date acquired	Cost or	Depreciation allowed or	Depreciation method		Depreciati		Additional first
	or property	(mm/dd/yyyy)	other basis	allowable in	method	rate	this ye	aı	year depreciation
				earlier years					doprodiation
CON	MPUTERS/LAPTO	12/31/2017	1,864.	1,864.	S/L	3			
CON	1PUTERS	12/31/2017	1,718.	1,718.		3			
CON	MPUTERS	12/31/2017	4,294.	4,294.	S/L	3			
	MPUTERS	12/31/2017	859.	859.		3			
	MPUTERS	12/31/2017	6,012.	6,012.	· ·	3			
			•		•				
	Add the amounts in \$2,000. See instruct								
Par									T
16	Total: If the corporal IRC Section 179 exp Additional first year Depreciation (if no e	pense, add the amo depreciation under	R&TC Section 243	356, add the amour	nts on line 1				
17	Total depreciation of			·	107				
	Depreciation adjustr							· <del>  ' / -</del>	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,							. 18	
Par	state adjustments or t IV Amortization	I FOITH TOO OF FOITH	1 100vv, 110 aujusti	nent is necessary)				. 10	<u> </u>
19		(b)	(a)		(4)	(0)	(6)		(a)
13	<b>(a)</b> Description of property	(b) Date acquire (mm/dd/yyyy		or Amor sis allowed o	(d) tization r allowable er years	(e) R&TC Section (see instr)	(f) Period o percentag		(g) Amortization for this year
20	Total. Add the amou	ints in column (a)	l	L		1		20	
21	Total amortization of	107						21	
			•						
22	Amortization adjustr Form 100W, Side 1, Form 100W, Side 2,	nent. If line 21 is g line 6. If line 21 is line 12	reater than line 20 less than line 20,	enter the difference	e here and	on Form 10 on Form 100	or or	22	

2022 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	rm 100W. FORI	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia corpo	oration	number
	OF FRE	SNO							055	3047		
<u>Part</u>		xpense Certain Pro										
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									4		
5_	Dollar limitation for		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Cos	t (business ı	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		
11 12	Business income lim IRC Section 179 exp									12		
13	Carryover of disallow									12		
Part		nd Election of Addit						n 2435	6			
14	(a)	(b)	(c)		d)	(e)	(f		((	٠,		(h)
14	Description	Date acquired	Cost or		ciation	Depreciatio		or	Deprecia	ation fo	or	Additional first
	of property	(mm/dd/yyyy)	other basis		ed or	method	rat	e	this	year		year
					able in years							depreciation
COM	1PUTERS	12/31/2017	6,012.		6,012.	S/L		3				
	1PUTERS	12/31/2017	859.		859.	S/L		3				
	1PUTERS	12/31/2017	859.		859.	S/L		3				
	1PUTERS	12/31/2017	1,718.		1,718.	S/L		3				
	1PUTERS	12/31/2017	3,435.		3,435.	S/L		3				
	Add the amounts in		•	•			hd					
	\$2,000. See instruct							15				
Parl	t III Summary											
16	Total: If the corpora											
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	line 15, d	column (g)	or ts on line	15 colu	mne (n	) and (h	) Or		
	Depreciation (if no e										6	
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	4562, line	22				1	7	
18	Depreciation adjustr	ment. If line 17 is g	reater than line 16	, enter the	e differenc	e here and	d on_For	m 100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									1	8	
Parl	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)	)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti Amorti	zation allowable	R&T Secti		Period percenta			Amortization for this year
	or property	(IIIIII) dan yyyy	) Other bas	313	in earlie		(see in		percent	age		ioi tilis year
20	Total. Add the amou	ınts in column (g).								20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form	4562, line	44				21		
22	Amortization adjustr	nent. If line 21 is a	reater than line 20	, enter the	e differenc	e here and	d on For	m 100	or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form	า 100 ด	r	00		
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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	th to Form 100 or For	m 100W. FORI	м 199						
Corpor	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Califor	rnia corpo	oration number
	OF FRE						055	3047	
Part			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 5	Reduction in limitation Dollar limitation for t							5	
6		Description of property	act line 4 from line					J 1	
-	(a)	Description of property		(b) Cost (business	s use only)	(c) Elected	u cost	-	
								-	
								_	
	1:11		10 1)					_	
_	Listed property (elec		•			lina 7		8	
8 9	Total elected cost of Tentative deduction.							9	
10								10	
11	Carryover of disallov Business income lim							11	
12	IRC Section 179 exp			•	,			12	
	Carryover of disallow								
Parl			ional First Year Dep				356		
14	(a)	(b)	(c)	(d)	(e)	(f)	1	g)	(h)
• •	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreci	ation fo	or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					depreciation
COM	IPUTERS	12/31/2017	3,435.	3,435	. S/L	3			
SIGN 9/17/2018 9,909. 2,478. S/L 15 661.									1.
IRC	N FENCE		14						
	IDENSED FAN M	10/03/2018 8/31/2018	2,900. 8,199.	3,143		20 10		820	
	MP COOLER	10/09/2018	4,936.	1,852		10		49	
	Add the amounts in		•		•				
13	\$2,000. See instruct								
Part		,					ı		
	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, column (	g) <b>or</b>	1E Lucion - 1	المصمار المرا		
	Additional first year Depreciation (if no e								6
17	Total depreciation cl								
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the differer	nce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100	or		
	state adjustments or	n Form 100 or Form	n 100W. no adiustn	nent is necessary)	L			18	8
Parl			· · · · · ·						
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	or Amor	tization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas		or allowable ier years	Section (see instr)	percent	lage	for this year
				34.1	<i>y</i>	(			
20	Total. Add the amou	ints in column (a)	<u> </u>	I .		1		20	_
21	Total amortization cl	107						21	
		•	•	•					
22	Amortization adjustn Form 100W, Side 1,	nent. II line ∠1 IS g line 6. If line 21 is	less than line 20	enter the difference	ice riere and se here and	on Form 10	or or		
	Form 100W, Side 2,							22	

TAXABLE YEAR

## 2022 Corporation Depreciation and Amortization

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5XX7	

	ch to Form 100 or For	m 100W. FORM	1 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	rnia co	rporatio	on number
	OF FRE								055	304	7	
Par		cpense Certain Pro									1	*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 1110111 11110		ost (business i		(c) El					
	(4)	Documption of property		(3) 0	oot (buoinioo t	acc only)	(0) [.	ootou	0001	-		
										1		
										-		
7	Listed property (elec	cted 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						2425	:6			
	•			1			1	2430		>	I	(h)
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e) Depreciation	(f) Life o	ır	Depreci	g) ation	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate			year		year
					vable in er years							depreciation
PAI	LET TRUCK	7/09/2018	3,641.		2,912.	S/L		5		7	29.	
	RIGERATOR	10/05/2018	4,934.		1,849.	S/L		10			93.	
	ER HEATER	11/30/2018	1,575.		566.	S/L		10			58.	
	ICRETE	1/09/2019	13,775.		4,823.	S/L	-	10		1,3		
	BINETS	1/09/2019	9,945.		4,973.	S/L		7		1,4		
15	Add the amounts in \$2,000. See instruct							5				
Par	t III Summary	,										
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	pense, add the amo	unt on line 12 and	line 15,	column (g)) or 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 th	ne difference	e here and	on Form	100	or			
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation am	nounts a	re used to d	determine r	net incom	e be	fore			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary).						18	
Par		1		ı							1	
19	(a) Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) ization	(e) R&TC		(f) Period	lor		(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			for this year
					in earlie	er years	(see ins	tr)				
20	Total Add Haran	undo in columna ()		[_		20		
20	Total. Add the amou	(0)								20 21		
21	Total amortization of		•		•							_
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 2,									22		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

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2225	

	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE					Califor	nia corpo	oration	number
	OF FRE	SNO							055	3047		
Par			perty Under IRC S									
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
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) Cost	t (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 12	Business income lim					-				11		
13	IRC Section 179 exp Carryover of disallow					_				12		
Par			ional First Year Dep					n 2/13	56			
14	-						1	- 1		~\		(h)
14	(a) Description	(b) Date acquired	(c) Cost or	Depred	ciation	(e) Depreciation) (f	or	Depreci	g) ation fo	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rat			year		year
				allowa earlier								depreciation
TRO	ON FENCE	1/09/2019	4,515.	Carnor	791.	S/L		20		22	6.	
	OORING	1/09/2019	17,794.	-	$\frac{732.}{6,227.}$	S/L		10		1,77		
	RIFT STORE RE	1/09/2019	19,781.		6,923.	S/L		10		1,978		
_	RIFT STORE DO	7/09/2018	4,620.		1,848.	S/L		10		462		
	DD RAMP	4/19/2019	3,791.		1,200.	S/L		10		37		
							.' 	10		57.	٠.	
15	Add the amounts in \$2,000. See instruct							15				
Par			(,									
16	Total: If the corporat	ion is electing:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, c	olumn (g)	or		,		,		
	Additional first year Depreciation (if no e										6	
17	Total depreciation cl	-										
	Depreciation adjustments of the second secon	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forn	100	or			
	Form 100W, Side 2, state adjustments or	illie 12. (II Callion Form 100 or Form	na depreciation am n 100W no adjustn	nent is ne	e useu to t cessarv)	uetermine i	net inco	me be	eiore	1	8	
Par											_	
19	(a)	(b)	(c)		((d)	(е)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&1	C	Period		,	Amortization
	of property	(mm/dd/yyyy	other bas	sis	in earlie	allowable er vears	Sect (see ii		percent	age		for this year
					σα	, you.o	(000	.01.7				
							+					
							+					
							1					
							1					
20	Total. Add the amou	nts in column (a)		<u> </u>			1			20		
21	Total amortization cl									21		
		•	•		,					-1		
22	Amortization adjustn Form 100W, Side 1,	nent. If line ∠1 is g line 6. If line 21 is	less than line 20	, enter the enter the	difference	here and	a on Forn	าก 100	or or			
	Form 100W, Side 2,									22		

TAXABLE YEAR

2022 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 co	rporatio	on number
	OF FRE								055	304	7	
Par	t I Election To Ex	cpense 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 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		act line 4 from line							5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c)	Elected	d cost			
										_		
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim				•	,				11 12	-	
12	IRC Section 179 exp					_				12		
13 Par	,	nd Election of Addit						n 2/12)E6			
	· · · · · · · · · · · · · · · · · · ·	1					1			>		4->
14	(a) Description	(b) Date acquired	(c) Cost or		(d) reciation	(e) Depreciation	l (f) Life		Depreci	g) ation	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat			year		year
					vable in er years							depreciation
TAT 7\ E	REHOUSE	11/30/2019	143,699.		18,561.	S/L		20		7,1	Ω.5	
	LO NISSAN FOR		8,849.		2,434.	S/L		10		_	85.	
		4/30/2020	114,928.		35,572.			7	1		18.	
	L9 HINO 195H L9 HINO 268A	12/01/2019	•		•	S/L		7				
			60,571.		22 , 354.	S/L		7			53.	
	L9 HINO 268A	12/01/2019	60,571.	•	22,354.	S/L				8,6	55.	
15	Add the amounts in \$2,000. See instruct							15				
Par	t III Summary											
16	Total: If the corpora											
	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)) or ts on line 1	I5 colur	nns ((a) and (h) or		
	Depreciation (if no e										16	
	Total depreciation of										17	
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	l on For	m 100	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	niess than line 16, nia depreciation am	enter the nounts a	e ainterence re used to a	e nere and d determine r	on Form net inco	n 100 me b	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)		(0	d)	(e))	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or	zation allowable	R&T Secti		Period percent			Amortization
	or property	(11111111111111111111111111111111111111	ourior bas	515	in earlie		(see ir		porcorre	ago		for this year
								İ				
20	Total. Add the amou	ints in column (a)								20		
21	Total amortization c	107								21		
			•								1	
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form	100	or			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

2022 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	nia corpo	ration r	number
	OF FRE	SNO							055	3047		
Par			perty Under IRC S									
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 t		act line 4 from line							5		
6	(a)	Description of property		(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 disallov									10		
11	Business income lim									11 12		
12	IRC Section 179 exp			-		_				12		
13 Part	Carryover of disallov		ional First Year Dep					n 2/12	56			
	· · · · · · · · · · · · · · · · · · ·	1					1	- 1				(6)
14	(a) Description	(b) Date acquired	(c) Cost or	Depre	(d) eciation	(e) Depreciation	n (f	or	Deprecia	3) ation fo	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ved or	method	rat			year		year
					able in r years							depreciation
WAF	REHOUSE HEATE	1/22/2020	2,920.	Carrie	706.	S/L		10		292	,	
	RKLIFT - 9N14		8,871.		1,552.	S/L		10		88.		
	.3 INT. 4300	12/09/2020	23,954.		5,418.	S/L		7		3,422		
	LER REPLACEM	2/17/2022	23,834.		530.	S/L		15		1,589		
	ERSFIELD LAN	6/13/2023	250,707.		330.	5/1		0	•	1,00.		
					(1.)			-				
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	idiiii (ii)									
16	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										e	
17	Total depreciation cl	•										
										· · · —		
	Depreciation adjustn 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, state adjustments or	ilne 12. (If Califord	iia depreciation am n 100W no adjustn	nounts are	e usea to (ecessary)	determine i	net inco	me be	etore	18	R	
Par		11 01111 100 01 1 011	1 10011, 110 dajasti	HOTIC IS TIC								
19	(a)	(b)	(c)		((d)	(e))	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T	C	Period		Α	mortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie	allowable	Secti		percent	age	fo	or this year
					iii caille	or yours	(300 11	1311)				
							1	+				
							1	+				
							+	+				
20	Total. Add the amou	unto in column (~)					1	1		20		
20										21		
21	Total amortization cl	'	•		•					41		_
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	e aitterence difference	ce nere and here and	on For	m 100 า 100	or or			
	Form 100W, Side 2,									22		

TAXABLE YEAR

2022 Corporation Depreciation and Amortization

2006	
3003	

	ch to Form 100 or For	m 100W. FOR	4 199							
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Californ	nia corporati	on number
	OF FRE	SNO						0553	3047	
Par			perty Under IRC S							
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Sec		•					ŀ	2	****
3								3 4	\$200,000	
4 5	Dollar limitation for t								5	
6		Description of property	act line 4 from line		ost (business i		(c) Electe		<u> </u>	
	(a)	Description of property		(0) 0	ost (nasiliess i	use only)	(C) LIECTO	u 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		,						10	
11	Business income lim				•				11	
12	IRC Section 179 exp					_			12	
13 Par	Carryover of disallow		ional First Year Dep					256		
14	•			Tecialioi				1	٠,	(b)
14	(a) Description	(b) Date acquired	(c) Cost or	Depr	(d) reciation	(e) Depreciation	(f) Life or	Deprecia	ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this y		year
					wable in er years					depreciation
RAV	AS WALK ELEC	9/26/2022	9,910.			S/L	10		743.	
	SE SECURITY -	5/11/2023	27,144.			S/L	5		905.	
SOI	AR	3/31/2023	88,600.			S/L	5	4	1,430.	
MEF	RCED REMODEL	2/13/2023	534,033.			S/L	20	11	L,126.	
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of colur	mn (h) may	not exceed	d 15			
Par	t III Summary	10113 101 11116 14, 00	iuiiiii (ii)							
	Total: If the corporat	ion is electing:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	column (g)	or	15	(a) a a d (b)		
	Additional first year Depreciation (if no e									
17	Total depreciation cl	•			•	,				
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,									
	state adjustments or								18	
Par	t IV Amortization						1	1		
19	(a) Description	(b) Date acquire	d (c)	r		d) ization	(e) R&TC	(f) Period	or	(g)
	of property	(mm/dd/yyyy				allowable	Section	percenta		Amortization for this year
					in earlie	er years	(see instr)			
20	Total Add the access	nto in column (a)					1	<u> </u>	20	_
20 21	Total. Add the amou Total amortization cl	(0)							21	
21			•		,			•	41	
22	Amortization adjustn Form 100W, Side 1,	nent. If line ∠1 is g line 6. If line 21 is	less than line 20,	, enter t enter th	ne anterence e difference	here and	on Form 100	or or		
	Form 100W, Side 2,								22	

7	n	•	•
		_	_
_	u	_	_

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CALIFORNIA STATEMENTS

PAGE 1

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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

 INCOME FROM SPECIAL EVENTS
 \$ 1,238,222.

 MISCELLANEOUS REVENUES
 1,228.

 PROGRAM SERVICE REVENUE
 150,624.

 TOTAL
 \$ 1,390,074.

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

DONEE'S NAME - IND SAN JOAOUIN MEMORIAL HIGH SCH

\$ 4,000.

4,000.

DONEE'S NAME - IND CASH AND NONCASH AMOUNT:

CASH AND NONCASH AMOUNT:

GARCES MEMORIAL HIGH SCHOOL

TOTAL \$ 8,000.

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	TOTAL COMPEN- SATION	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.

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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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	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVEN SPENCER 149 N FULTON STREET FRESNO, CA 93701			\$ 0.5	
KELLY GOODPASTER 149 N FULTON STREET FRESNO, CA 93701	FINANCE DIRECT 40.00	83,596.	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.
DOUG SAMPSON 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	SECRETARY 2.00	0.	0.	0.
REV. ROBERT BORGES 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
MICHAEL SERRANO 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
J. TYLER DAVIES 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 0	0.	0.	0.
JEFF NEGRETE 149 N FULTON STREET FRESNO, CA 93701	EXECUTIVE DIR. 40.00	150,000.	0.	0.
ASHLEE WOLF 149 N FULTON STREET FRESNO, CA 93701	DEVELOPMENT DIR 40.00	89,975.	0.	0.
	TOTAL	\$ 323,571.	\$ 0.	0.

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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94-1678938

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5/14/24		12:50PM
STATEMENT 4 FORM 199, PART II, LI OTHER EXPENSES	INE 17	
FOOD AND OTHER AS INSURANCE & REP. MAINTENANCE & REP. MATERIALS AND SUP MEALS	SISTANCE AIRS PLIES NEFIT ING ICATIONS ENSES	\$ 20,029. 5,754,663. 31,671. 55,761. 334,564. 10,388. 514,049. 99,452. 93,064. 11,132. 47,023. 163,489. 200,832. 272,537. 109,305. \$ 7,717,959.
DEPOSITS	EL, LINE 12 AND DEFERRED CHARGES	423,429. 3,250. 6,988. 433,667.
STATEMENT 6 FORM 199, SCHEDUL OTHER LIABILITIES	E L, LINE 18	
	LE TOTAL <u>\$</u>	122,311. 423,429. 545,740.
STATEMENT 7 FORM 199, SCHEDUL EXPENSES RECORDE	E M-1, LINE 5 ED ON BOOKS NOT DEDUCTED ON RETURN	
INVESTMENT EXPENS	ES	25,379. 25,379.

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

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

UNREALIZED GAINS \$ 159,644.

TOTAL \$ 159,644.

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

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

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

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.

CATHOLIC CHARITIES OF THOSE FRESNO	HE DIO	CESE	Check if:						
Name of Organization			Change of address						
List all DBAs and names the organization uses or	hac usad		Amended i	report					
149 N FULTON STREET	nas useu		State Charity	Registration Number 0553047					
Address (Number and Street)									
FRESNO, CA 93701 City or Town, State, and ZIP Code			Corporation of	r Organization No. 0553047					
559-237-0851									
Telephone Number	E-mail Ad			oyer ID No. <u>94-1678938</u>					
ANNUAL REGIS	TRATION I	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Departi							
Total Revenue	Fee	Total Revenue	<u>Fee</u>	Total Revenue	<u>F</u> (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 mi	ion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	ion \$1	300 1,000 1,200			
PART A – ACTIVITIES									
For your most recent full accou	nting peri	iod (beginning 7/01/22	ending	6/30/23) list:					
Total Revenue \$ (including noncash contributions) 11.	691 76	Noncash Contributions \$	A 312	512. Total Assets \$ 9,41	Q 5.0	7			
					5,50) / <u>.</u>			
Program Expense	es \$	10,240,577.	Total Expenses	s \$ <u>11,214,846.</u>					
PART B – STATEMENTS REG	ARDIN	G ORGANIZATION DURING	THE PERI	OD OF THIS REPORT					
Note: All questions must be answere	ed. If you	answer "yes" to any of the questi	ons below, yo		Yes	No			
1 During this reporting period, were t officer, director or trustee thereof, either	here any directly o	contracts, loans, leases or other financial or with an entity in which any such	transactions betwo	veen the organization and any or trustee had any financial interest?		X			
2 During this reporting period, was th	ere any tl	heft, embezzlement, diversion or	misuse of the	organization's charitable property or funds?		X			
3 During this reporting period, were a	any organi	ization funds used to pay any per	alty, fine or ju	dgment?		X			
4 During this reporting period, were t coventurer used?	he service	es of a commercial fundraiser, fundrais	sing counsel fo	r charitable purposes, or commercial		X			
5 During this reporting period, did the	e organiza	ation receive any governmental fu	nding?	SEE STATEMENT 1	Χ				
6 During this reporting period, did the	e organiza	ation hold a raffle for charitable pu	irposes?			Χ			
7 Does the organization conduct a ve	hicle don	ation program?				X			
8 Did the organization conduct an inc generally accepted accounting prin			ial statements	in accordance with	X				
9 At the end of this reporting period,	did the or	rganization hold restricted net assets,	while reporting	g negative unrestricted net assets?		X			
I declare under penalty of perjury that and belief, the content is true, correc				documents, and to the best of my kno	wled	ge			
	JEF:	FREY NEGRETE	EXECUTIVE	DIRECTOR					
Signature of Authorized Agent		d Name	Title	Date					

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CALIFORNIA STATEMENTS

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

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

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE: AMERICORPS SENIOR COMPANION PROGRAM
11150 W. OLYMPIC BLVD, SUITE 670
LOS ANGELES, CA 90064
PAUL GROSSMAN
202-430-7320
PGROSSMAN@AMERICORPS.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

KERN COUNTY:
ERIC ARIAS, VP, DEI & PROGRAM DEVELOPMENT
1707 EYE STREET
BAKERSFIELD, CA 93301
661-834-1820
LISA.K@UWKERN.ORG

DEPARTMENT OF AGRICULTURE: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CALFRESH OUTREACH
CATHOLIC CHARITIES OF CALIFORNIA
1107 9TH STREET, SUITE 707
SACRAMENTO, CA 95814
CATHY O'CONNOR
916-603-3325
CATHY@CATHOLICCHARITIES.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

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

12:50PM

STATEMENT 1 (CONTINUED)
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

ROSEMARY@UNITEDWAYTC.ORG

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For t	he 2022 calen	dar year, or tax year beginning $7/01$, 2022, and ending $6/3$	30	, 20 2023
В	Check	if applicable:	C	D Employer iden	
	$\overline{}$	ddress change	CATHOLIC CHARITIES OF THE DIOCESE	94-1678	3938
	_	ame change	OF FRESNO	E Telephone nun	
	_	-	149 N FULTON STREET	·	
	_	nitial return	FRESNO, CA 93701	559-237	7-0651
	-	nal return/terminated		•	¢ 11 005 500
	_	mended return		G Gross receipts	1 1 1991
	Α	pplication pending	JEFFREI NEGREIE	a group return for su	H
			SAME AS C ABOVE	subordinates includ attach a list. See ir	ed? Yes No
ı	Tax	-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J	We	bsite: WW	17	exemption number	
K		n of organization:	X Corporation Trust Association Other L Year of formation: 1968	M State of	legal domicile: CA
Pa	art I	Summar			
	1	Briefly descri	be the organization's mission or most significant activities: IN CARRYING OUT	THE SOCIA	AL MISSION OF
a			N CATHOLIC CHURCH IN THE DIOCESE OF FRESNO THE ORGAN		
JIC JIC			G, SHELTER, ASSISTANCE AND COMFORT TO THE POOR IN THE	CENTRAL	SAN JOAQUIN
Ë		VALLEY.			
ĕ	2	Check this bo			ssets.
Ğ	3		oting members of the governing body (Part VI, line 1a)		12
တ္သ	4		dependent voting members of the governing body (Part VI, line 1b)		11
ië	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		81
Activities & Governance	6		r of volunteers (estimate if necessary)		640
ď			ed business revenue from Part VIII, column (C), line 12		0.
	D	net unrelated	d business taxable income from Form 990-T, Part I, line 11	rior Year	0.
		Contributions			Current Year
e	8		vice revenue (Part VIII, line 2g)	,002,441.	10,254,203.
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	205,194.	150,624. 44,909.
ş	11			5,899.	
_	12			,127,275.	1,235,031.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	,340,809.	11,684,767.
	14		I to or for members (Part IX, column (A), line 4)	8,000.	8,000.
				401 010	2 (51 000
S	15			,481,210.	3,651,889.
ı,	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 219, 421.		
Ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)5	,469,808.	7,354,125.
	18	Total expense		,959,018.	11,014,014.
	19		s expenses. Subtract line 18 from line 12	381,791.	670,753.
P 0			·	g of Current Year	End of Year
ets	20	Total assets		,647,819.	9,418,507.
Ass	21	Total liabilitie	es (Part X, line 26)	881,058.	846,728.
Net Assets or Fund Balances	22	Net assets or	r fund balances. Subtract line 21 from line 20	,766,761.	8,571,779.
	art II	Signatur		, 100, 101.	0,311,113.
				v knowlodgo and ha	dief it is true correct and
com	plete. D	eclaration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the best of my arer (other than officer) is based on all information of which preparer has any knowledge.	y knowledge and be	ilei, it is true, correct, and
Sid	nr	Signature of	officer Date		
Sig He	re	TEFERE	EY NEGRETE EXECUTI	VE DIRECT	OR
	. •		t name and title	VL DIRECT	OR
		Print/Type p	preparer's name Preparer's signature Date	Check if	PTIN
D٠	: പ	FAIICTO		self-employed	D00196912
Pa				3011-employeu	P00196912
Tr(epar e Or	sls.		Firm's EIN ==	2067076
US	C UI	Firm's addre	570 N PRONOLIN NVI DIE 100		-3267876
N. C	41	IDC -II:- ''	020.127 011 30021		9) 299-9540
ıvla:	y the	IKS discuss th	nis return with the preparer shown above? See instructions		X Yes No

Par	t III	Statement of Program Service Accomplishments	л
		Check if Schedule O contains a response or note to any line in this Part III	Ĺ
		y describe the organization's mission:	
	<u>SEE</u> _	SCHEDULE O	_
			_
		e 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.	
		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
	If "Yes	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 re	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.	
	aria i	evenue, il uny, for each program service reported.	
10	(Code	e:) (Expenses \$ 8,782,237. including grants of \$) (Revenue \$ 150,624.)	_
4a	•		J
		IAL SERVICES - THE SOCIAL SERVICE PROGRAMS AT CATHOLIC CHARITIES ARE AVAILABLE TO	_
		ILIES OR INDIVIDUALS WHO HAVE EITHER HAD AN UNEXPECTED CRISIS OCCUR (I.E. COVID-19	_
		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 DETERMINE	_
		BEST COURSE OF ACTION TO ASSIST THE ENTIRE FAMILY UNIT. THESE SERVICE AREAS	
		ALLY FALL UNDER THE FOLLOWING SERVICE RELATED CATEGORIES: FOOD, CLOTHING, RENT,	
	SHE	LTER, UTILITY ASSISTANCE, AS WELL AS ACCESS TO STATE AND FEDERAL PROGRAMS	
	INC	LUDING: CAL FRESH (FOOD STAMP) ENROLLMENT AND RENEWAL ASSISTANCE, REDUCED-FEE DMV	
	ID	VOUCHERS AND ENROLLMENT IN THE PG&E CARE PROGRAM.	
4b	(Code	e:) (Expenses \$ 777,598. including grants of \$) (Revenue \$))
		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	-
		DOOD IN MUD COMMON CAN TONOUTH WALLEY	-
	11117		-
			_
			_
			_
			_
			_
			_
			_
			_
			_
4c	(Code	e:) (Expenses \$ 526,443. including grants of \$) (Revenue \$)	į
	SEN	IOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS	
		LUNTEER 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	=
		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	_
	<u>тт</u> Ұ	BILITY COVERAGE WHILE THEY ARE SERVING.	_
			_
			_
			_
		program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Ехре		
4e	Total	program service expenses 10,240,577.	

2 Is 3 Di fo	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ichedule A	1 2 3	Х	Х
3 Di fo	tid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates or public office? If "Yes," complete Schedule C, Part I			Х
fo	or public office? If "Yes," complete Schedule C, Part I	3		
4 S e in				X
	the constitution and the FO1(a)(A) FO1(a)(F) on FO1(a)(G) constitution that continue making the	4		Х
5 Is	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
to	oid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7 Di	id the organization receive or hold a conservation easement, including easements to preserve open space, the nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III.	8		Х
fo	or amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ervices? If "Yes," complete Schedule D, Part IV.	9		Х
10 Di	old the organization, directly or through a related organization, hold assets in donor-restricted endowments r in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11 If or	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, r X, as applicable.			
a Di	id the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule</i> , Part VI	11a	Х	
b Di	id the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c Di	id the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d Di in	id the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e Di	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f Di th	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses ne organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a Di <i>S</i> i	id the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b W	las the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13 Is	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a Di	id the organization maintain an office, employees, or agents outside of the United States?	14a		Х
bι	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, usiness, investment, and program service activities outside the United States, or aggregate foreign investments valued t \$100,000 or more? If "Yes." complete Schedule F. Parts I and IV.	14b		Х
	t \$100,000 of More: If Fres, complete Schedule F, Farts Fand IV	15		X
16 Di	id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to r for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17 Di	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, olumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18 Di	id the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, nes 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	Λ
19 Di	ind the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," omplete Schedule G, Part III	19	Λ	Х
	id the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Di	oid the organization report more than \$5,000 of grants or other assistance to any domestic organization or omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
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		Χ
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. 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? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A A	(gambling) winnings to prize winners?	1c	X	20000

Form 990 (2022) CATHOLIC CHARITIES OF THE DIOCESE

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
С	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	100	_		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
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
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
ЗАА	TEEA0105L 09/01/22	Form	990	(2022)

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 1a 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 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a 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 7h 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?..... 8b 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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? 10b Χ 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O 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...... 15a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15b 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?..... 16a 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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

DON PARREIRA

SECRETARY

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated ormer (list any employee hours for organizations related organiza tions l trustee helow dotted (1) JEFF NEGRETE 40 EXECUTIVE DIR. 0 Χ 0 0. 150,000 (2) ASHLEE WOLF 40 0 DEVELOPMENT DIR Χ 89,975 0 0. (3) KELLY GOODPASTER 40 FINANCE DIRECT 0 Χ 83,596 0 0. (4) MOST REV. JOSEPH BRENNAN, 2 PRESIDENT 0 Χ Χ 0 0 0. (5) BRUCE BATTI 2 DIRECTOR 0 Χ 0 0 0. 2 (6) BREE COMSTOCK CHAIRMAN 0 Χ 0. Χ 0 0 2 VERY REV. SALVADOR GONZALEZ EPISCOPAL DELEG 0 Χ 0. 0. 0. 2 (8) PATRICK COLLINS 0 DIRECTOR Χ 0 0 0. 2 (9) STEVEN SPENCER VICE CHAIR 0 Χ Χ 0 0 0. 2 (10) KENNETH BALDWIN 0 DIRECTOR Χ 0 0. 0 (11) KEVIN CONWAY 2 DIRECTOR 0 Χ 0 0 0. (12) DOUG SAMPSON 2 **TREASURER** 0 Χ Χ 0 0. 0 2 (13) EMILY BALOIAN-MARTINEZ 0 DIRECTOR Χ 0 0 0.

0

0

0.

Χ

2

0

Part VII Section A. Officers, Directors, 110		ney		•	_	es,	alic	u nigilest coll	iperisaleu Emp	loyees	(continuea)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	check ess pe	sition more erson direct	than bot sor/true mployee	h 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)	compe the or and	(F) ated amount of other nsation from rganization of related anizations
(15) REV. ROBERT BORGES DIRECTOR	2	Х						0.	0.		0.
(16) MICHAEL SERRANO	22										
DIRECTOR (17) J. TYLER DAVIES DIRECTOR	0 0	X						0.	0.		0.
(18)											
(19)											
(20)		-									
(21)											
(22)											
(23)											
(24)		•									
(25)											
1b Subtotal	<u> </u>							323,571.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.		0.
d Total (add lines 1b and 1c).								323,571.	0.		0.
2 Total number of individuals (including but not limited from the organization 1										ensation	
											Yes No
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste	e, ke	ey er	mplo	oyee	e, or	high	hest compensated	l employee	3	X
For any individual listed on line 1a, is the sum of the organization and related organizations greated.										. 3	A
such individual										. 4	Х
for services rendered to the organization? If "Yes	s," compli	ete S	chec	dule	ally 2 <i>J f</i> (or su	ch p	person		. 5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	dent	t cor	ntra	ctors	tha	at received more t	han \$100,000 of		
compensation from the organization. Report compensation		the c	alend	dar <u>i</u>	year	endi	ng v	(B)		((C)
Name and business add COMMERCIAL CONSTRUCTION CO 1425 MOTEL DRIV		D. C	A 9.	534	1			Description of CONSTRUCTION	or services		ńsation 47,751.
- I I I I I I I I I I I I I I I I I I I		, ,									,
2 Total number of independent contractors (including t	out not lim	ited to	o tho	se I	listed	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization											

		Check if Schedule O contains a response or note to an	ny line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns				
Control and C	y h	lines 1a-1f				
	- 11	Business Code	10,254,203.			
Program Service Revenue	2a	PROG_FEES 812900	150,624.	150,624.		
æ	b		·			
vice	С					
Ser	d					
щ	e	All other program convice revenue				
<u>p</u>		All other program service revenue Total. Add lines 2a-2f	150 624			
α.	3	Investment income (including dividends, interest, and	150,624.			
	3	other similar amounts)	44,909.	44,909.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents 6a	1			
		Less: rental expenses 6b	-			
		Rental income or (loss) 6c	-			
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a	-			
	b	Less: cost or other basis	-			
	_	and sales expenses 7b Gain or (loss) 7c	-			
		Net gain or (loss)				
nue		Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c).				
F.	h	See Part IV, line 18 8a 1,238,222 Less: direct expenses 8b 200,832	-			
Ţ,		Less: direct expenses 8b 200,832. Net income or (loss) from fundraising events	1 027 200			
O			1,037,390.			
	Ja	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory	196,413.	196,413.		
N.		Business Code		=50,110.		
함하	11a	MISCELLANEOUS REVENUES	1,228.			1,228.
ם	b					
scellaneous Revenue	C	All other revenue				
Σ <u>-</u>	_	Total. Add lines 11a-11d	1,228.			
	12	Total revenue. See instructions.	11,684,767.	391,946.	0.	1,228.
			, , , , .		U •	

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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0,000	3,333.		
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	323,571.	40,756.	154,416.	128,399.
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	2,560,591.	2,405,852.	154,739.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,300,331.	2,403,032.	134,733.	
9	Other employee benefits	514,049.	448,061.	40,517.	25,471.
10	Payroll taxes	253,678.	214,790.	24,095.	14,793.
11	Fees for services (nonemployees):				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	93,064.	33,005.	59,920.	139.
13	Office expenses				
14	Information technology				
15	Royalties.				
16	Occupancy	213,293.	210,530.	1,138.	1,625.
17	Travel.	109,305.	102,473.	612.	6,220.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	=55,555			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,754.	111,726.	26,028.	
23	Insurance	31,671.	28,213.	2,523.	935.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD AND OTHER ASSISTANCE	5,754,663.	5,754,648.		15.
b	MATERIALS AND SUPPLIES	334,564.	308,889.	22,644.	3,031.
С	STIPENDS	272,537.	272,537.		
d	SECURITY	163,489.	152,127.	8,286.	3,076.
e	All other expenses.	243,785.	148,970.	59,098.	35,717.
25	Total functional expenses. Add lines 1 through 24e	11,014,014.	10,240,577.	554,016.	219,421.
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	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			376,303.	1	475,555.
	2	Savings and temporary cash investments	3,277,254.	2	2,698,743.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			1,213,391.	4	1,727,202.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office I contribu	r, director, utor, or 35%		5	
				<u> </u>		э	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ţ	8	Inventories for sale or use			151,806.	8	200,582.
Assets	9	Prepaid expenses and deferred charges			10,618.	9	6,988.
ď	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,367,515.			
	b	Less: accumulated depreciation	10b	1,967,840.	1,826,060.	10c	2,399,675.
	11	Investments — publicly traded securities			1,355,257.	11	1,483,083.
	12	Investments – other securities. See Part IV, line 11.			, ,	12	, ,
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			437,130.	15	426,679.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		8,647,819.	16	9,418,507.
	17	Accounts payable and accrued expenses			412,744.	17	300,988.
	18	Grants payable			,	18	,
	19	Deferred revenue			31,184.	19	122,311.
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part	IV of Sch	nedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dire	ector, trustee, 35%		22	
\Box	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	25	' '					
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com Total liabilities. Add lines 17 through 25			437,130. 881,058.	25 26	423,429. 846,728.
Ø	20	Organizations that follow FASB ASC 958, check here		X	001,030.	20	040,720.
nces		and complete lines 27, 28, 32, and 33.					
ㅁ	27	Net assets without donor restrictions		⊢	7,392,949.	27	8,252,038.
8	28	Net assets with donor restrictions			373,812.	28	319,741.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here				
ō	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equipn				30	
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31	
1 te	32	Total net assets or fund balances		<u></u>	7,766,761.	32	8,571,779.
ž	33	Total liabilities and net assets/fund balances			8,647,819.	33	9,418,507.
BΑ	A		TEEA0111	L 09/01/22			Form 990 (2022)

Par	t 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	11,6	84,7	67.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,0	14,0	14.			
3	Revenue less expenses. Subtract line 2 from line 1	3	6	70,7	53.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,7	66,7	61.			
5	Net unrealized gains (losses) on investments.	5		59,6				
6	Donated services and use of facilities	6						
7	Investment expenses	7	_	25,3	79.			
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						
D	column (B))	10	8,5	71,7	79.			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: X Separate basis	ate						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х				
BAA	TEEA0112L 09/01/22		Form	990 ((2022)			

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

2022

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE Employer identification number									
		OF FRESNO					94-167893		
Par				organizations must			<u>'</u>	ctions.	
	ř.	•	· ·	For lines 1 through 12,		•	•		
1			*	hurches described in sec	,	b)(1)(A)(i).		
2	_			ach Schedule E (Form					
3	_	·		ization described in sec					
4		-	ition operated in conj	unction with a hospital	describe	d in sec	tion 1 <mark>70(b)(1)(A)(iii)</mark> . E	.nter the hospital's	
	name, city	, and state:							
5	An organiz	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X An organization	ation that normally i 170(b)(1)(A)(vi). (receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	blic described	
8	A commun	nity trust described	l in section 170(b)(1)(A)(vi). (Complete Part	l.)				
9	=			ction 170(b)(1)(A)(ix) oper		onjunctio	on with a land-grant colle	ege	
		y or a non-land-gra		e (see instructions). Enter					
10	investmen	t income and unre	ly receives (1) more the exempt functions, substant dusiness taxables (509(a)(2). (Complete)	han 33-1/3% of its supp pject to certain exceptio e income (less section Part III.)	oort from ns; and 511 tax)	contrib (2) no r from b	utions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after	
11	An organiz	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	or more pu	ublicly supported o	organizations describe	ely for the benefit of, to ed in section 509(a)(1)	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one (3). Check the box on	
а	Type I. A su	upporting organizati	on operated, supervise	upporting organization d, or controlled by its sup t a majority of the directo	ported o	Irganizat	ion(s), typically by givino	the supported	
	complete	Part IV, Sections A	A and B.						
b	manageme	supporting organize nt of the supporting plete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You	
С	Type III fun	ctionally integrated	. A supporting organiza	tion operated in connectio	n with, a	nd function	onally integrated with, its	supported	
d	Type III noi	n-functionally integ	rated. A supporting ord	plete Part IV, Sections planization operated in converse must satisfy a distribu	nnection	with its s	supported organization(s) that is not	
е	instruction	s). You must com	plete Part IV, Section	is A and D, and Part V. en determination from					
	integrated	, or Type III non-fเ	unctionally integrated	supporting organization	١.			-	
f			organizations	d organization(c)					
g		ed organization		(iii) Type of organization			(v) Amount of monetary	A.D. Assessment of others	
,	(i) Name of Supporte	eu organization	(ii) EIN	(described on lines 1-10 above (see instructions))	organizat in your g docur	s the tion listed overning ment?	support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(-,									
<u>(B)</u>									
(C)									
(D)									
(E)									
Total								1	

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								
Calendar year (or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.		
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.		
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.		
6	Public support. Subtract line 5 from line 4						41,123,618.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	7,212,288.	6,879,324.	7,368,423.	8,126,063.	11537520.	41,123,618.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,736.	45,814.	291,623.	5,899.	44,909.	434,981.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20,1001	20,020	202,020	3,000		0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	473,783.	428,632.	768,980.	392,201.	348,265.	2,411,861.		
	Total support. Add lines 7 through 10						43,970,460.		
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.		
13	First 5 years. 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						93.53%		
	Public support percentage from 2021 Schedule A, Part II, line 14								
	and stop here. The organization	qualifies as a pul	olicly supported o	rganization			X		
b	b 33-1/3% support test—2021. 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	7a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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								
	 b 10%-facts-and-circumstances test—2021. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 								

Schedule A (Form 990) 2022

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	- Sto Hotod Bolott,	picaso compieto i	are m.y				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(5) 2513	(0) 2020	(a) 2321	(0) 2022	(i) 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							
	Total. 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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) 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.)							
	Total support. (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					, ,		
	Public support percentage for 20		%					
	Public support percentage from 2021 Schedule A, Part III, line 15							
Sec	tion D. Computation of Inv							
17		•		-	***		%	
	Investment income percentage f						%	
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization of this box and sto	lid not check the t p here. The organ	oox on line 14, ar iization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	d line 17	
	 b 33-1/3% support tests—2021. 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 D 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	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 Part VI 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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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 Part VI 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If</i> "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))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	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 Part VI.	9с		
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 09/09/22 Schedule A (Form 990) 2022

Parl	: IV	Supporting Organizations (continued)			
11	Hac f	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		<u> </u>
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		L
Sect	ion	B. Type I Supporting Organizations		1	
1	Di4 +	the governing heady members of the governing heady officers acting in their official conscity or membership of one		Yes	No
	or monoring or monoring of the contract of the	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 errs, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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		
	durin	ng the tax year.	1		
	that of the state	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 Part VI how providing such stift carried out the purposes of the supported organization(s) that operated, supervised, or controlled the norting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supp	porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
	orgai	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			
	year, orgai	, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
	voice	eason 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 Part VI the role the organization's supported organizations played			
		is regard.	3		
sect	ion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	П	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	5).
2	Activ	rities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga	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 Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e 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			
	but for the organization's position that its supported organization(s) would have engaged in these activities				
		int of Supported Organizations. Answer lines 3a and 3b below.			
а	טול t each	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 Part VI.	3a		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2022 CATHOLIC CHARITIES OF THE DIOCE			78938	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus 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). Se 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization	

BAA Schedule A (Form 990) 2022

CATHOLIC	CHARITIES	OF	THE	DIOCESE	
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)	
Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

94-1678938

Page 8

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	 2022	_	2021	 2020	 2019	 2018
RENTAL INCOME THRIFT SHOP PROGRAM FEES MISCELLANEOUS	\$ 196,413. 150,624. 1,228. 348,265.	\$	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.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

OF	FRESNO			94-1678938
Pai			er Similar Funds or A	ccounts.
	Complete if the organization answered			
		(a) Donor advised fund	ds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d are the organization's property, subject to the	onor advisors in writing that the ass e organization's exclusive legal cor	sets held in donor advised trol?	funds Yes No
6	Did the organization inform all grantees, dor for charitable purposes and not for the bene impermissible private benefit?	fit of the donor or donor advisor, or	for any other purpose cor	nferring
Pai	Conservation Easements. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held		apply).	
	Preservation of land for public use (for exar	mple, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space		<u> </u>	
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribu		
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation eas			
	Number of conservation easements on a cer		``	
(Number of conservation easements included historic structure listed in the National Regis	ter	2d	
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or t	erminated by the organization	on during the
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy			
6	and enforcement of the conservation easem Staff and volunteer hours devoted to monitoring			
Ū		, moposting, namating of violations, and	a chiloronig consolitation oa	sometic daring the year
7	Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and en	forcing conservation easeme	ents during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requi	rements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	eports conservation easements in it e to the organization's financial stat	s revenue and expense st ements that describes the	atement and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Complete if the organization answered	ollections of Art, Historical 7 d "Yes" on Form 990, Part IV, line 8.	reasures, or Other S	Similar Assets.
1 a	If the organization elected, as permitted und historical treasures, or other similar assets hart XIII the text of the footnote to its finance.	neld for public exhibition, education,	or research in furtherance	I balance sheet works of art, e of public service, provide in
I	If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	ler FASB ASC 958, to report in its r for public exhibition, education, or res	evenue statement and bal search in furtherance of publ	ance sheet works of art, lic service, provide the
	(i) Revenue included on Form 990, Part VII			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, amounts required to be reported under FASE	, historical treasures, or other similar a B ASC 958 relating to these items:	assets for financial gain, pro	vide the following
	Revenue included on Form 990, Part VIII, lin			
I	Assets included in Form 990, Part X	<u>.</u>	<u></u>	\$

Part III	Organizations Main	taining Collect	ions of Art, His	storicai	reasures, o	r Other Similar A	ssets	(contii	пиеа)
3 Using items	the organization's acquisition (check all that apply):	, accession, and ot	her records, check a	any of the f	following that mak	ke significant use of its	collection	n	
a P	ublic exhibition		d Loan	or exchar	nge program				
	cholarly research		e Other						
· L	reservation for future gener								
4 Provid Part >	le a description of the organiz (III.	ation's collections a	and explain how the	y further th	ne organization's	exempt purpose in			
to be	g the year, did the organiza sold to raise funds rather th	nan to be maintair	ned as part of the o	organizatio	on's collection?.		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangeme orm 990, Part X, Iir	nts. Complete if the 21.	ne organiz	ation answered "	Yes" on Form 990, Pai	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian or	other intermediary	for contri	butions or other	assets not included		г	٦
	rm 990, Part X?						Yes	L	No
D II Yes	s," explain the arrangement in	i Part XIII and com	olete the following to	able:			Amoun	+	
c Regin	ning balance						Amoun		
_	ons during the year								
	outions during the year								
	g balance								
	e organization include an a						Yes		No
	s," explain the arrangemen							_	┤`
	-, - p							<u> </u>	
Part V	Endowment Funds.	Complete if the or	ganization answere	d "Yes" or	n Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior yea	ır (c) Two years back	(d) Three years back	(e)	Four year:	s back
1 a Begin	ning of year balance								
b Contri	ibutions								
	vestment earnings, gains,								
d Grant	s or scholarships								
e Other and p	expenditures for facilities rograms								
f Admir	nistrative expenses								
g End o	f year balance								
2 Provid	de the estimated percentage	e of the current ye	ar end balance (lir	ne 1g, col	umn (a)) held as	S:			<u> </u>
a Board	I designated or quasi-endov		<u> </u>						
b Perma	anent endowment	%							
c Term	endowment	 %							
The pe	ercentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a Are th	ere endowment funds not in t	the possession of th	e organization that	are held ar	nd administered f	or the	r		
organ	ization by:							Yes	No
	nrelated organizations						3a(i)		
` '	elated organizations						3a(ii)		-
	s" on line 3a(ii), are the rel	-					. 3b		
-	ibe in Part XIII the intended		nization's endowm	ent funds.	•				
Part VI	Land, Buildings, an								
	Complete if the organizati	on answered "Yes"	on Form 990, Part	IV, line 1	1a. See Form 990), Part X, line 10.			
	Description of property	(a) C	Cost or other basis (investment)	(b) Co basi	st or other is (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land.			. ,		781,444.			781	,444.
b Buildi	ngs			2.	911,592.	1,510,728.	1	,400	
	ehold improvements					_,,,		, -00	
	ment				674,479.	457,112.		217	,367.
e Other					,	,			
Total. Add I	lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X,	column (E	3), line 10c.)		2	399	675

BAA Schedule D (Form 990) 2022

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	ents — Otner Securities f the organization answered "\		N/A e 11b. See Form 990, Part X, line 12	
	or category (including name of secu		(c) Method of valuation: Cost or	
		I .		
(2) Closely held equity in	nterests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
<u>(F)</u>				
(G)				
(H)				
<u>(l)</u>				
	Form 990, Part X, column (B) line 12.			
Part VIII Investme	ents — Program Related	d. /aa" on Farm 000 Dort IV lin	N/A 0.110 Con Form 000 Port V Jing 12	
Complete II	i the organization answered in ion of investment	(b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or	end-of-vear market value
	ion or investment	(b) Book value	(c) Wethod of Valuation. Cost of	end-or-year market value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)			_	
(8)			_	
(9)				
(10)				
	Form 990, Part X, column (B) line 13	3.)		
Part IX Other As		N/	A	
Complete if	i the organization answered "\		e 11d. See Form 990, Part X, line 15	
/1)		(a) Description		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	t equal Form 990, Part X, col	lumn (B) line 15.)		
Part X Other Lia	abilities.	/00" on Form 000 Port IV lin	o 110 or 11f Coo Form 000 Port V	lino 2E
1.		Description of liability	e 11e or 11f. See Form 990, Part X,	(b) Book value
(1) Federal income tax		Description of hability		(b) Book value
(2) TRUST FUNDS				423,429.
(3)				120/1251
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	E 000 D 1 V 1 (D) " 0"	• •		400 400
			financial statements that reports the argeniza	423,429.
	isitions. In Part XIII, provide the text		financial statements that reports the organiza	tion's liability for uncertain SEE PART XTTT XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	1	11,864,127.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	'	11,004,127.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b 45,095.	-	
c Recoveries of prior year grants	-	
d Other (Describe in Part XIII.)	-	
,	2 e	204 720
e Add lines 2a through 2d	3	204,739.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	11,659,388.
· · · · · · · · · · · · · · · · · · ·	-	
b Other (Describe in Part XIII.) 4b	4.	25 270
c Add lines 4a and 4b	4 c	25,379.
		11,684,767.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	rii.
Total expenses and losses per audited financial statements	1	11,059,109.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	11,039,109.
a Donated services and use of facilities2a45,095.b Prior year adjustments2b	-	
c Other losses.	-	
d Other (Describe in Part XIII.) 2d	-	
e Add lines 2a through 2d.	2 e	45 005
3 Subtract line 2e from line 1.	3	45,095.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	11,014,014.
a Investment expenses not included on Form 990, Part VIII, line 7b		
n Lither (Liescrine in Part XIII.)		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b.	4 c	

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 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

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2022

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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.

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938 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 Yes X No **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.

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.

ne			(a) Event #1 HARVEST OF HOP (event type)	(b) Event #2 OTHER FUNDRAIS (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))	
Revenue	1	Gross receipts	917,118.	135,377.	185,727.	1,238,222.	
æ	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	917,118.	135,377.	185,727.	1,238,222.	
	4	Cash prizes					
	5	Noncash prizes					
nses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
irect	8	Entertainment					
D	9	Other direct expenses	132,847.	23,960.	44,025.	200,832.	
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	-			200,832. 1,037,390.	
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye e 6a.	s" on Form 990, Pa	rt IV, line 19, or re		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Ř	1	Gross revenue					
ses	2	Cash prizes					
=xper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	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)			
а	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?						

Schedule G (Form 990) 2022	CATHOLIC CHA	RITIES OF THE DIOCESE	94-167893	88 Page 3
11 Does the organization cond		nonmembers?		Yes No
		st, or a member of a partnership or other ent		Yes No
13 Indicate the percentage of ga			11	
-				%
		ne organization's gaming/special events book:		%
Name				
Address				
	of gaming revenue received d by the third party \$	ty from whom the organization receives gall by the organization \$	-	Yes No
Name				
Address				
16 Gaming manager information	ion:			
Name				
Gaming manager compens	sation \$			
Description of services pro	ovided			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions:				
		able distributions from the gaming proceeds t		Yes No
	tions required under state law t activities during the tax yea	to be distributed to other exempt organization ar \$	s or spent in the	—
	s 9, 9b, 10b, 15b, 15c,	e explanations required by Part I, I 16, and 17b, as applicable. Also p		

BAA TEEA3703L 0705/22 Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

Employer identification number

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938

Types of Property (a) (b) (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 - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 49,133. FMV 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 Historic structures Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate - Other..... 18 19 Food inventory..... 4,263,379. WHOLESALE VAL 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 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 3 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. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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 07/12/22 Schedule M (Form 990) 2022

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

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.

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.

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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

(b)

Primary activity

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.

Legal domicile (state

OMB No. 1545-0047

Open to Public Inspection

Direct controlling

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

(a) Name, address, and EIN (if applicable) of disregarded entity

Employer identification number

94-1678938

(e)

End-of-year assets

(d)

Total income

		or foreign	r courtily)				Critity	
(1)								
(2)								
40								
<u>(3)</u>								
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the t	e if the organization ax year.	answered "Ye	es" on Form 99	00, Part IV, line	e 34, beca	use it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status Direct (c)(3)) e	(f) controlling ntity	Sec 5120 controlled	(b)(13) d entity?
							Yes	No
(1) ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703	CHURCH	CA	501 (C) (3	7	1	N/A		X
(2)	CHOICH	CA	301 (C) (3	, , , , ,	-	N/A		Λ
(3)								
<u>(4)</u>								
		1	1					

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
ı artın	¹ 34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		nging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1000)	Yes	No	
<u>(1)</u>												
(2)												
<u> </u>												
(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.

(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	(i) 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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		X
b Gift, grant, or capital contribution to related organization(s)			. 1b		X
c Gift, grant, or capital contribution from related organization(s)			. 1c		Χ
d Loans or loan guarantees to or for related organization(s)			. 1 d		Χ
e Loans or loan guarantees by related organization(s)			. 1e		Х
f Dividends from related organization(s).			. 1f		Х
g Sale of assets to related organization(s)			. 1g		X
h Purchase of assets from related organization(s)			. 1h		Χ
i Exchange of assets with related organization(s)			. 1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		X
k Lease of facilities, equipment, or other assets from related organization(s)			. 1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)					X
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
Sharing of paid employees with related organization(s)					X
G channy of paid omployood man foldiou organization(o)					Λ
p Reimbursement paid to related organization(s) for expenses			. 1p		Х
q Reimbursement paid by related organization(s) for expenses.				Х	Λ
The mountainement paid by related organization(3) for expenses				Λ	
r Other transfer of cash or property to related organization(s)			. 1r		Х
s Other transfer of cash or property from related organization(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 cove			. 13		Λ
	(b)		- (4)	
(a) Name of related organization	Transaction	(c) Amount involved M	(d ethod of d		
	type (a-s)		amount	involv	ed_
1) ROMAN CATHOLIC DIOCESE OF FRESNO	Q	687,321.A	CTUAL		
2)					
·					
3)					
-					
A)					
4)					
_					
5)					
6)					
TEE A5003L 07/21/22		Schedule	R (Form	n 9 <mark>90</mark>)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all	partners etion (c)(3) zations?	(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 partr	nal or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	(1 01111 1 0 0 0)	Yes	No	+
(1)													
	_												
	_												
(2)													
]												
	_												
(2)													
(3)	-												
	1												
<u>(4)</u>	-												
	+												
	-												
(5)													
	_												
	+												
(6)													
]												
	_												
(7)													
32	†												
]												
	-												
	-												

BAA TEEA5004L 07/21/22 Schedule **R** (Form 990) 2022

Schedule R (Form 990) 2022 CATHOLIC CHARITIES OF THE DIOCESE 94-167893

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

Date Accepted

TAXABLE Y	EAR Califor	nia e-file Ret	urn Autho	rizat	on for	4					FORM	_
2022	Exemp	ot Organizatio	ons							3	8453-EO)
Exempt Organiz	ation name								Identifyin	g number		_
	C CHARITIES OF								94-16	578938		
		nformation (whole do							1	11	005 500	_
-		99, line 4)									, 885, 599 , 885, 599	
-	·	ements (Form 199, line									,214,846	
Part II	Settle Your Accou	unt Electronically	for Taxable Ye	ar 2022)							
4 Ele	ectronic funds withdra	wal 4a Amount _		4	• Withdra	wal date	(mm/dc	l/yyy	/y) _			
Part III I	Banking Informat	ion (Have you verified	the exempt organ	nization's	banking ir	nformation	า?)					
5 Routin				- -		Па			П			
6 Accour				7 Type	of account:	:	ecking		Sa	avings		_
	Declaration of Off	on's account to be settl	ad as designated	in Part I	If I chock	Dart II h	0 / 1 I	auth	norizo a	n alactro	nic funds	_
	or the amount listed o		eu as uesignateu	III Fait I	. II I CIIECK	raitii, b	JOX 4, I	auti	101126 6	iii eiectio	illic lulius	
Under penalti	ies of perjury, I declare	that I am an officer of th	ne above exempt or	ganizatio	n and that th	ne informa	ition I pi	rovid	led to m	y electror	nic	
		er, or intermediate serv										
		t organization's 2022 C , and complete. If the exe										
Tax Board (I	FTB) does not receive	full and timely payme	nt of the exempt	organizat	ion's fee lia	ability, the	e exem _l	pt or	rganiza [.]	tion will r	emain liable	
		ble interest and penalt B by the ERO, transmitte										
		norize the FTB to discl										
			I									
Sign Here	Signature of officer		Dat		EXECU	TIVE D	IREC'	TOR	}			_
пеге	Signature of officer		Dat	е	Title							
Part V I	Declaration of Ele	ectronic Return Or	iginator (ERO)	and Pa	aid Prepa	arer. See	instru	ctior	ıs.			_
		above exempt organiz										
the best of r	my knowledge. (If I al 's return. I declare. h	m only an intermediate owever, that form FTB	e service provider, 8453-EO accurate	, I unders elv reflect	tand that I	am not re	esponsı turn.) I	ible hav	tor revi e obtaii	ewing the ned the a	e exempt organization	
officer's sign	nature on form FTB 84	453-EO before transmit	ting this return to	the FTB	I have pro	vided the	organi	izatio	on offic	er with a	copy of all	
		ile with the FTB, and I keep form FTB 8453-E										
		whichever is later, and I										
		are that I have examine										
	and to the best of my ave knowledge.	knowledge and belief,	they are true, co	rrect, and	i complete	. i make t	ilis ded	lara	lion ba	seu on ai	i iiiiomiation	
	5001			Date		Check if		heck i	if _	ERO's PTII	V	
ERO	ERO's FAUST	O HINOJOSA, CP	•			also paid preparer		elf- nploy	ed	P0019	6912	
Must	Firm's name (or yours	PRICE PAIGE &)				Firm's FE		6000	
Sign	if self-employed) and address	570 N MAGNOLIZ	A AVE STE 1	00				7	ZIP code	87-32 93611	67876	_
Under penalties	of periury. I declare that I h	CLOVIS ave examined the above organ	ization's return and ac	companying	schedules and	d statements	C , and to t	·A			and belief, they	-
		s declaration based on all info					, •	•	٠., ٠.	-5	,,	
	Paid				Date		Check if			Paid prepar	er's PTIN	
Paid	preparer's signature						self-emplo	oyed				
Preparer Must	Firm's name								Firm's FE	IN		
Sign	(or yours if self- employed) and								ZIP code			
	address											

FTB 8453-EO 2022

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2022 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	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 RATE	12:50I CURRENT DEPR.
ORM 199															
DEPT 10	- BLDG & IMPROV														
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	E & DATA DROP	1/17/07		4,657							4,657	4,010	S/L	3	
5 TREN	ID MICRO CABLE	1/31/07		565							565	486	S/L	3	
6 INSTA	ALL CABINETS	3/30/07		700							700	675	S/L	7	
7 1ST F	FLOOR PAINTING	3/09/07		10,000							10,000	9,667	S/L	10	
8 WIRIN	NG GANG PLATES	3/09/07		2,224							2,224	2,146	S/L	10	
9 ASHP	PALT	12/12/07		82,905							82,905	82,905	S/L	10	
10 CONC	CRETE	12/12/07		14,715							14,715	14,715	S/L	10	
11 SALES	S TAX	7/01/08		6,366							6,366	2,828	S/L	31.5	
12 BLINE	DS	7/27/09		1,030							1,030	1,030	S/L	5	
13 BLDG	IMPROVE FRS	5/22/10		56,457							56,457	34,111	S/L	20	2
14 BLDG	IMPROVE FRS	5/26/10		40,387							40,387	24,396	S/L	20	2
15 BLDG	IMPROVE FRS	6/30/10		61,924							61,924	37,152	S/L	20	3
16 STAIF	R RAILING IMPROVEMENT	6/10/13	_	2,181							2,181	990	S/L	20	
ТОТА	AL DEPT 10 - BLDG & IMPROV			338,361		0	0	(0 0	0	338,361	233,055			8
DEPT 10	- EQUIP														
17 MIP <i>A</i>	ACCOUNTING PRO	12/07/04		12,088							12,088	10,880	S/L	5	
18 REMO	ODEL A/C ELEC & LIGHTS	2/02/07		15,079							15,079	14,452	S/L	10	
19 GANG	FACEPLATE & ELEC	3/27/07		1,156							1,156	1,131	S/L	10	
20 FL00	ORING DOORS W/ CLOSETS	4/06/07		25,556							25,556	24,921	S/L	10	
21 ELEC	TRICAL WIRING	7/24/07		2,600							2,600	2,600	S/L	10	

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2022 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

/14/2	1														12:50PM
<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 _	CURRENT RATE DEPR.
22	WINDOWS, MS OFF LIN FEE	4/24/07		765	5						765	723	S/L	3	0
23	2 DR PANEL, STORAGE CAB	3/29/07		867	7						867	848	S/L	10	0
24	12 PORT PANEL 66 MOUNT	7/26/07		822	2						822	822	S/L	10	0
25	EQUIP	9/14/07		546	6						546	546	S/L	10	0
26	CAT JACKS & MODULAR	10/25/07		761	1						761	761	S/L	10	0
27	SPEAKER PHONE	10/31/07		800	0						800	800	S/L	10	0
28	UNDERGROUND CONDUIT	11/12/07		1,403	3						1,403	1,403	S/L	10	0
29	TESTING SOIL	11/13/07		1,045	5						1,045	1,045	S/L	10	0
30	LINE PORTS	12/31/09		1,048	8						1,048	1,048	S/L	5	0
32	ELEVATOR	5/23/12		407	7						407	407	S/L	10	0
98	PHONE SYSTEM FRESNO	8/01/15		19,863	3						19,863	13,737	S/L	10	1,986
111	LAPTOP/DOCKING - JACOBS	4/06/17		1,639	9						1,639	1,639	S/L	5	0
	TOTAL DEPT 10 - EQUIP			86,445	5	0	0	(0 0	0	86,445	77,763			1,986
DI	EPT 10 - FURN & FIXTURES														
33	CEILING FANS	11/15/99		1,500	0						1,500	1,367	S/L	7	0
34	AIR CONDITIONER	8/31/98		3,250	0						3,250	1,899	S/L	39	83
35	AIR CONDITIONER	9/08/98	_	4,100	0						4,100	2,382	S/L	39	105
	TOTAL DEPT 10 - FURN & FIXTUR			8,850	0	0	0	(0 0	0	8,850	5,648			188
DI	EPT 10 - LAND														
36	LAND-FRESNO	4/01/88		215,000	0						215,000				0
37	FULTON & NEVADA LOT	4/01/08	_	80,000	0						80,000				0
	TOTAL DEPT 10 - LAND			295,000	0	0	0	(0 0) 0	295,000	0			0

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2022 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

								-							
4/24															12:50F
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	<u>LIFE</u> RATE	CURRENT DEPR.
DEPT 10 - LA	ND & IMPROV														
38 6' FENCE	& ROLLING GA	9/25/09		7,220							7,220	4,603	S/L	20	
39 6' WROUG	GHT IRON FENCE	10/27/09		17,443							17,443	11,045	S/L	20	
40 FENCE &	WAREHOUSE	9/01/09		1,294							1,294	834	S/L	20	
TOTAL DI	EPT 10 - LAND & IMPROV			25,957		0	0	C	0	0	25,957	16,482			1,:
DEPT 20															
156 FORKLIFT	T - 9N1462	10/02/20		8,871							8,871	1,552	S/L	10	
TOTAL DI	EPT 20			8,871	-	0	0	C	0) 0	8,871	1,552			
DEPT 20 - AU	JTO/TRANSPORTATION EQ	UIP													
152 2019 HING	O 195H TRUCK MERCED	4/30/20		114,928	<u> </u>						114,928	35,572	S/L	7	16
TOTAL DI	EPT 20 - AUTO/TRANSPO			114,928		0	0	C	0	0	114,928	35,572			16
DEPT 20 - BL	.DG & IMPROV														
41 REROOF N	MERCED BLDG	10/14/09		9,379							9,379	5,980	S/L	20	
42 SECURITY	Y ALARM MERCED	12/04/09		824							824	824	S/L	5	
43 LINE POR	rts	12/31/09		594							594	594	S/L	5	
44 LINE POR	TS	12/31/09		736							736	736	S/L	5	
45 4 EVAP C	OOLERS .	7/06/09		6,516							6,516	4,238	S/L	20	
46 BLDG IMF	PR MERCED PGE	12/22/10		827							827	472	S/L	20	
47 BLDG IMF	PR MERCED ELECTR	5/03/11		25,915							25,915	14,472	S/L	20	1,
40 81 80 1845	PR MERCED GEN CONS	5/03/11		26,298							26,298	14,684	S/L	20	1,
48 BLDG IMF											4,618	2,502	S/L	20	

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24								PRIOR							12:50
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.	<u>METHOD</u>	LIFE RAT	CURREN E DEPR.
50 BLDG I	IMPR MERCED	7/28/11		2,435							2,435	1,332	S/L	20	
51 HVAC I	MERCERD	3/06/13		10,972							10,972	10,239	S/L	10	
96 SYNTH	HETIC TURF FRESNO	1/21/15	-	15,723							15,723	2,989	S/L	39	
TOTAL	_ DEPT 20 - BLDG & IMPROV			104,837		0	0	() (0	104,837	59,062			
DEPT 20 -	EQUIP														
99 PHONE	E SYSTEM MERCED	8/01/15		4,044							4,044	2,795	S/L	10	
101 VIDEO	SCREENS MERCED	5/04/15	-	2,205							2,205	2,205	S/L	5	
TOTAL	_ DEPT 20 - EQUIP			6,249		0	0	() (0	6,249	5,000			
DEPT 20 -	LAND - MERCED														
52 LAND-3	336 W. MAIN #1MERCED	12/23/87		80,329							80,329				
TOTAL	_ DEPT 20 - LAND - MERCED			80,329		0	0	() (0	80,329	0			
DEPT 20 -	MERCED BLDG & IMPROV														
1 BUILDI	ING - FRESNO	4/01/98		636,239							636,239	636,239	S/L	31.5	
53 BUILDI	ING-MERCED	12/28/00		186,911							186,911	121,106	S/L	31.5	
162 SOLAR	?	3/31/23		88,600							88,600		S/L	5	
163 MERCE	ED REMODEL	2/13/23	-	534,033							534,033		S/L	20	1
TOTAL	_ DEPT 20 - MERCED BLDG			1,445,783		0	0	0) (0	1,445,783	757,345			2
DEPT 20 -	MERCED EQUIP														

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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 <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
54 EC	QUIPMT HVAC	5/03/11		26,688							26,688	26,688	S/L	10	
55 HV	VAC	7/28/11		3,642							3,642	3,642	S/L	10	
160 R <i>A</i>	AVAS WALK ELEC JACK S/N 2229	9/26/22		9,910							9,910		S/L	10	
161 WI	ISE SECURITY - CAMERA UPGRA	5/11/23	·=	27,144							27,144		S/L	5	
TO	OTAL DEPT 20 - MERCED EQUIP			67,384		0	0	0	0	0	67,384	30,330			1,
DEPT	35 - BLDG & IMPROV														
56 FE	ENCE POST	3/30/07	<u>-</u>	1,877							1,877	1,833	S/L	10	
TO	OTAL DEPT 35 - BLDG & IMPROV			1,877		0	0	0	0	0	1,877	1,833			
DEPT	40 - BLDG & IMPROV FRS														
57 BL	LDG IMPR FULTON RENOV	8/04/10		16,120							16,120	9,605	S/L	20	
58 PA	AINTING	6/07/13		2,950							2,950	2,680	S/L	10	
106 CL	LIENT INTAKE COUNTER CON	4/19/16	-	23,779							23,779	7,332	S/L	20	1
TO	OTAL DEPT 40 - BLDG & IMPROV			42,849		0	0	0	0	0	42,849	19,617			2
DEPT	40 - BLDG & IMPROV FRS														
112 DC	OUBLE DOORS TO WAREHOUSE	5/03/17		3,815							3,815	1,974	S/L	10	
158 BC	OILER REPLACEMENT	2/17/22	.	23,834							23,834	530	S/L	15	1,
TC	OTAL DEPT 40 - BLDG & IMPROV			27,649		0	0	0	0	0	27,649	2,504			1,
DEPT	40 - EQUIP														

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

													12:50PM
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.
3/04/11		1,170)						1,170	1,170	S/L	10	0
5/23/12		2,035	;						2,035	2,035	S/L	10	0
5/04/15		2,205	j						2,205	2,205	S/L	5	0
6/05/16	_	11,854	ļ -						11,854	11,854	S/L	5	0
		17,264	ļ	0	0	0	0	0	17,264	17,264			0
5/01/13	<u>-</u>	1,333	}						1,333	1,333	S/L	5	0
		1,333	}	0	0	0	0	0	1,333	1,333			0
7/11/16	_	3,360)						3,360	2,016	S/L	10	336
		3,360)	0	0	0	0	0	3,360	2,016			336
12/19/06	<u>-</u>	1,385	; -						1,385	1,205	S/L	10	0
		1,385	j	0	0	0	0	0	1,385	1,205			0
UIP													
12/01/19	_	60,571	_						60,571	22,354	S/L	7	8,653
		60,571		0	0	0	0	. 0	60 571	22 254			8,653
	3/04/11 5/23/12 5/04/15 6/05/16 5/01/13 7/11/16	ACQUIRED SOLD 3/04/11 5/23/12 5/04/15 6/05/16 5/01/13 7/11/16 12/19/06 UIP	ACQUIRED SOLD BASIS 3/04/11 1,170 5/23/12 2,035 5/04/15 2,205 6/05/16 11,854 17,264 5/01/13 1,333 7/11/16 3,360 3,360 12/19/06 1,385 UIP 12/01/19 60,571	ACQUIRED SOLD BASIS PCT. 3/04/11 1,170 5/23/12 2,035 5/04/15 2,205 6/05/16 11,854 17,264 5/01/13 1,333 1,333 7/11/16 3,360 3,360 12/19/06 1,385 UIP 12/01/19 60,571	DATE ACQUIRED SOLD BASIS PCT. BUS. 179 BONUS 3/04/11 1,170 5/23/12 2,035 5/04/15 2,205 6/05/16 11,854 17,264 0 5/01/13 1,333 1,333 0 7/11/16 3,360 7/11/16 3,360 12/19/06 1,385 1,385 0 UIP	DATE SOLD BASIS PCT BONUS ALLOW. 3/04/11 1,170 5/23/12 2,035 5/04/15 2,205 6/05/16 11,854 17,264 0 0 5/01/13 1,333 0 0 7/11/16 3,360 3,360 0 0 12/19/06 1,385 1,385 0 0 UIP 12/01/19 60,571	DATE DATE COST/ BUS. 179 DEPR. BONUS/ ACQUIRED SOLD BASIS PCT. 179 DEPR. BONUS/ 3/04/11 1,170 5/23/12 2,035 5/04/15 2,205 6/05/16 11,854 17,264 0 0 0 0 5/01/13 1,333 1,333 0 0 0 0 7/11/16 3,360 3,360 0 0 0 0 12/19/06 1,385 1,385 1,385 0 0 0 0 UIP	DATE DATE COST BUS. 179 DEPR BONUS DEC. BALLOW. SP. DEPR DE	DATE DATE COST / BUS. 179 DEPR. BONUS / DEC. BAL 78ASIS PCT. BONUS ALLOW. SP. DEPR. DEPR. BONUS DEC. BAL 78ASIS 78A	DATE DATE COST BUS. 179 SPECIAL 179 POTE BONUS DEC. BAL BASIS DEPR. BONUS DEC. BASIS DEPR. BONUS DEPR. BONUS DEC. BASIS DEPR. BASIS DEPR. BONUS DEC. BASIS DEPR. B	DATE DATE COST	DATE DATE COST BUS. 179 DEPR. BONUS DEPR. BO	DATE DATE SOLD BASIS PCT BONUS SPECIAL 1799 DEC BASIS DEC BASIS DEPR SOLD BASIS PCT BONUS DEC BASIS DEPR PRIOR P

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24															12:50P
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 -	BLDG & IMPROVEMENT														
65 ROOF	REPAIRS	8/17/11		800							800	433	S/L	20	4
66 DUCTI	NG	8/22/11		2,400							2,400	1,300	S/L	20	12
150 WAREH	HOUSE	11/30/19		143,699							143,699	18,561	S/L	20	7,18
155 WAREH	HOUSE HEATER	1/22/20		2,920					_,		2,920	706	S/L	10	292
TOTAL	DEPT 44 - BLDG & IMPROV			149,819		0	0		0 0	0	149,819	21,000			7,63
DEPT 44 -	EQUIPMENT														
67 BACKE	DRAFT DAMPERS	8/22/11		560							560	560	S/L	10	(
68 ELEVA	TOR	5/23/12		1,221							1,221	1,221	S/L	10	(
151 2010 N	IISSAN FORKLIFT 9N1803	9/30/19		8,849					_,		8,849	2,434	S/L	10	88
TOTAL	DEPT 44 -EQUIPMENT			10,630		0	0		0 0	0	10,630	4,215			88
DEPT 45 -	AUTO/TRANSPORTATION EQU	JIP													
154 2019 H	IINO 268A TRUCK FRESNO	12/01/19		60,571							60,571	22,354	S/L	7	8,653
TOTAL	DEPT 45 - AUTO/TRANSPO			60,571		0	0		0 0	0	60,571	22,354			8,65
DEPT 45 -	BLDG & IMPROVMT														
69 ROOF	REPAIRS	8/17/11		400							400	217	S/L	20	20
70 DUCTI	NG	8/22/11		1,200							1,200	650	S/L	20	6
TOTAL	DEPT 45 - BLDG & IMPROV			1,600		0	0		0 0	0	1,600	867			80

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

1/24												12:50P
NODESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD BASIS	CUR BUS. 179 PCT. BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD_	LIFE RAT	CURRENT E DEPR.
DEPT 45 - EQUIPMENT												
71 BACK DRAFT	8/22/11	280						280	280	S/L	. 10	
72 ELEVATOR	5/23/12	407						407	407	S/L	10	
TOTAL DEPT 45 - EQUIPMENT		687	0	0	0	0	0	687	687			
DEPT 49 - EQUIP												
118 TV MONITOR	7/31/16	2,096						2,096	2,096	S/L	. 5	
TOTAL DEPT 49 - EQUIP		2,096	0	0	0	0	0	2,096	2,096			
DEPT 80												
157 2013 INT. 4300 DH127632	12/09/20	23,954						23,954	5,418	S/L	. 7	3,4
TOTAL DEPT 80		23,954	0	0	0	0	0	23,954	5,418			3,4
DEPT 80 - AUTO/TRANSPORTATION	I EQUIP											
124 2013 INTL	12/31/17	55,671						55,671	50,103	S/L	. 5	5,5
TOTAL DEPT 80 - AUTO/TRANS	P0	55,671	0	0	0	0	0	55,671	50,103			5,5
DEPT 80 - BLDG & IMPROV												
114 BAKERSFIELD FLOORING	9/13/16	3,575						3,575	2,088	S/L	. 10	
TOTAL DEPT 80 - BLDG & IMPR	OV	3,575	0	0	0	0) 0	3,575	2,088			;

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

/24		DATE	DATE COST/	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR			12:50
IO DFPT 80 - F	DESCRIPTION BLDG & IMPROV-BAKERSFIEL	<u>ACQUIRED</u> D	SOLD BASIS	<u>PCT</u> .	BONUS	ALLOW	SP. DEPR.	DEPR	<u>REDUCT</u> _	BASIS	DEPR.	METHOD	LIFE RATE	DEPR.
73 825 BUI	LDING	6/26/09	186,	601						186,601	77,012	S/L	31.5	í
74 809 BUII	LDING	6/26/09	204,	937						204,937	84,578	S/L	31.5	(
75 825 CHE	STER TERMITE	7/07/09	76,	500						76,500	49,725	S/L	20	;
76 825 CHE	STER PERMITS	7/16/09	:	367						367	367	S/L	5	
77 809 CHE	STER HVAC	8/04/09	3,	295						3,295	2,131	S/L	20	
78 825 CHE	STER REMODEL	8/19/09	18,	155						18,155	11,652	S/L	20	
79 825 CHE	STER SECURITY SYS	8/07/09	1,	635						1,635	1,059	S/L	20	
80 825 CHE	STER REMODEL CHG	8/31/09	4,	630						4,630	2,977	S/L	20	
81 809 CHE	STER SECURITY	8/12/09		145						445	284	S/L	20	
82 825 CHE	STER BLINDS	9/04/09		668						668	668	S/L	5	
83 WIRING	BKSF	9/12/09	6,	204						6,204	3,979	S/L	20	
84 WIRING	BKSF	9/12/09	2,	557						2,557	1,643	S/L	20	
85 BLINDS	BKSF	9/21/09	1	668						668	668	S/L	5	
97 REROOF	ING BLDG BAKERSFIE	10/20/14	12,	245						12,245	2,407	S/L	39	
05 BAKERS	FIELD WAREHOUSE REM	10/01/15	178,	592						178,692	30,928	S/L	39	
09 AC UNIT		5/12/16	7,	686				_		7,686	6,771	S/L	7	
TOTAL I	DEPT 80 - BLDG & IMPROV		705,	285	0	0	(0 0	0	705,285	276,849			2
DEPT 80 - E	QUIP													
17 LAPTOP	/DOCKING - VORHEES	11/19/16	1,	393						1,393	1,393	S/L	5	
TOTAL I	DEPT 80 - EQUIP		1,	393	0	0	(0	0	1,393	1,393			
DEPT 80 - E	QUIP-BAKERSFIELD													

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

4/24														12:50
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 RATE	CURRENT DEPR.
100 PHONE SYSTEM BAKERSFIELD	8/01/15		8,013							8,013	5,541	S/L	10	
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-BAKERSF			11,887		0	0	C) (0 0	11,887	9,415			
DEPT 80 - FURN & FIX-BAKERSFIELD														
86 3 FILING CABINETS	7/02/97	<u>-</u>	579					_		579	579	S/L	7	
TOTAL DEPT 80 - FURN & FIX-BA			579		0	0	0) (0 0	579	579			
DEPT 80 - LAND-BAKERSFIELD														
87 825 CHESTER LAND	6/26/09		66,486							66,486				
88 809 CHESTER LAND	6/26/09		38,716							38,716				
159 BAKERSFIELD LAND - CHESTER A	6/13/23		250,707					· -		250,707		S/L		
TOTAL DEPT 80 - LAND-BAKERSFI			355,909		0	0	() (0 0	355,909	0			
DEPT 83 - BUILDING BKSF														
115 BAKERSFIELD PAYEE FLOOR	1/04/17		1,572							1,572	864	S/L	10	
116 BKSF PAYEE WALLS/DOORS	1/09/17		5,400							5,400	2,970	S/L	10	
119 HVAC UNIT	6/29/17	-	7,399					<u> </u>		7,399	3,700	S/L	10	
TOTAL DEPT 83 - BUILDING BKSF			14,371		0	0	C) (0 0	14,371	7,534			-
FURNITURE AND FIXTURES														

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CLIENT CATHCHAR

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

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.
120 RACK F	OR WAREHOUSE	12/31/17		4,043							4,043	3,640	S/L	5	4
121 OFFICE	CREDENZA	12/31/17	_	2,310							2,310	2,079	S/L	5	
TOTAL	FURNITURE AND FIXTURE			6,353		0	0		0 0	0	6,353	5,719			
IMPROVEMI	ENTS														
136 SIGN		9/17/18		9,909							9,909	2,478	S/L	15	
137 IRON FE	ENCE	10/03/18		2,900							2,900	544	S/L	20	
143 CONCRE	ETE	1/09/19		13,775							13,775	4,823	S/L	10	1,
144 CABINE	TS	1/09/19		9,945							9,945	4,973	S/L	7	1,
145 IRON FE	ENCE	1/09/19		4,515							4,515	791	S/L	20	
146 FLOORI	NG	1/09/19		17,794							17,794	6,227	S/L	10	1
147 THRIFT	STORE REMODEL	1/09/19		19,781							19,781	6,923	S/L	10	1
148 THRIFT	STORE DOORS	7/09/18		4,620							4,620	1,848	S/L	10	
149 WOOD F	RAMP	4/19/19	_	3,791							3,791	1,200	S/L	10	
TOTAL	IMPROVEMENTS			87,030		0	0		0 0	0	87,030	29,807			8,
MACHINER	Y & EQUIPMEN DEP 80														
122 COMPU	TERS	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			
MACHINER	/ & EQUIPMENT														
89 HVAC-P	AYEE 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			

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CATHOLIC CHARITIES OF THE DIOCESE CLIENT CATHCHAR OF FRESNO

1/24													12:50
NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD 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.
MACHINERY AND EQUIPMENT													
123 HVAC UNIT	12/31/17	7,771							7,771	3,497	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	3,143	S/L	10	
139 SWAMP COOLER	10/09/18	4,936							4,936	1,852	S/L	10	
140 PALLET TRUCK	7/09/18	3,641							3,641	2,912	S/L	5	
141 REFRIGERATOR	10/05/18	4,934							4,934	1,849	S/L	10	
142 WATER HEATER	11/30/18	1,575							1,575	566	S/L	10	
TOTAL MACHINERY AND EQUIP	ME	62,121		0	0	() 0	0	62,121	44,884			3,
MISCELLANEOUS													
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	25,420	S/L	20	1
92 FLOORING MERCED	12/29/05	3,825							3,825	3,059	S/L	20	
93 WALKIN FREEZER	8/01/05	2,600							2,600	2,412	S/L	7	

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CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

5/14/24															12:50PM
<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 _RA	CURRENT TEDEPR.
94 SOF	FTWARE 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
T01	TAL MISCELLANEOUS			61,718		0	0	() (0	61,718	52,617			1,737
Т01	TAL DEPRECIATION			4,363,122		0	0	() (0	4,363,122	1,836,151			137,754
GR <i>A</i>	AND TOTAL DEPRECIATION			4,363,122		0	0	() (00	4,363,122	1,836,151			137,754