

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

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

OMB No, 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 colo

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.

Open to Public Inspection

А	For the	and endergraphic and en	ding J	UN 30, 2021	
В	— Check if applicabl ⊟Addre	CATROLIC CHARITIES OF CENTRAL COLORADO		D Employer identifi	cation number
F	Addre chang Name			04 05064	
⊨	lchang lnltlal			84-05861	
	return Fknal return	228 NORTH CASCADE AVENUE	om/suite	E Telephone numbe 719-636-	2345
	termir ated	1 - 11, -1 101111, -1-10 -1 F1-11111-1,		G Gross receipts \$	8,695,193.
	Amen return	COLORADO SERINGS, CO 80303		H(a) Is this a group re	
	☐Applic			for subordinates	? Yes X No
	pendi	9 228 NORTH CASCADE AVENUE, COLORADO SPRIN	NGS,	H(b) Are all subordinates in	
		empt status: 🛣 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or [	527	If "No," attach a	list. See instructions
		e: > CCHARITIESCC.ORG		H(c) Group exemptio	n number 🕨
<u>K</u>	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: $1987$	State of legal domicile; CO
P		Summary	-		
•	1	Briefly describe the organization's mission or most significant activities: CATHOL	IC C	HARITIES PR	OVIDES HELP
Activities & Governance		AND CREATES HOPE FOR PEOPLE WHO ARE POOR A	MD A	ULNERABLE I	N CENTRAL
Ē	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			14
8	5	Total number of Individuals employed in calendar year 2020 (Part V, line 2a)		5	84
ž	6	Total number of volunteers (estimate if necessary)		6	1476
5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			L	Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	.,, [	7,261,239.	8,528,626.
Ę	9	Program service revenue (Part VIII, line 2g)	[	154,822.	107,236.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[	32,031.	29,242.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,848.	9,361.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,464,940.	8,674,465.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,335,551.	3,253,103.
38	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	Ь	Professional fundralsing fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  561,590	).		and the second starting of the
ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,668,905.	4,752,072.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,004,456.	8,005,175.
	19	Revenue less expenses. Subtract line 18 from line 12		460,484.	669,290.
es es				inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	🗀	11,994,056.	12,583,242.
靐	21	Total liabilities (Part X, line 26)	🗀	675,059.	673,470.
<u> 考</u> 违	22	Net assets or fund balances, Subtract line 21 from line 20		11,318,997.	11,909,772.
Pa	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
					1/2/
Sig	n	Signature of officer !!	7	Date	
Her	e	ANDREW M. BARTON PRES DEN / EO			
		Type or print name and title			
		Print/Type preparer's name	ĺο	ate Check	X_ PTIN
Paid		MITCHELL DOWNS, CPA		self-employ	
	arer	Firm's name OSBORNE, PARSONS & ROSACKER, LLP		Firm's EiN ▶	84-0636698
Use	Only	Firm's address 601 NORTH NEVADA AVENUE			
,		COLORADO SPRINGS, CO 80903-1005		Phone no. 71	9.636.2321
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

84-0586169 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  $\mathbf{X}$ Briefly describe the organization's mission: CATHOLIC CHARITIES PROVIDES HELP AND CREATES HOPE THROUGH A WIDE RANGE OF PROGRAMS AND SERVICES FOR PEOPLE WHO ARE POOR AND VULNERABLE IN CENTRAL COLORADO. Did the organization undertake any significant program services during the year which were not ilsted on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule Q. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,199,405. Including grants of \$ ) (Expenses \$ ) (Revenue \$ THE MARIAN HOUSE PROGRAMS INCLUDE THE MARIAN HOUSE KITCHEN, WHICH PROVIDES A DAILY HOT MEAL TO THOSE IN NEED; THE NEW MARKETPLACE PANTRY PROVIDING FRESH AND SHELF STABLE FOODS FOR CLIENTS TO PREPARE IN THEIR OWN HOMES; CLIENT SERVICES, WHICH PROVIDES EMERGENCY SERVICES AND CASE MANAGEMENT TO UNDERSERVED ADULTS AND FAMILIES WHO COME TO THE MARIAN HOUSE KITCHEN; COMMUNITY OUTREACH, WHICH DELIVERS EMERGENCY ASSISTANCE TO ADULTS AND FAMILIES WITH CHILDREN WHO ARE UNABLE TO ACCESS SERVICES PROVIDED BY OTHER AGENCIES; AND THE HANIFEN EMPLOYMENT CENTER, WHICH HELPS CLIENTS FIND EMPLOYMENT THROUGH TEACHING LIFE AND EMPLOYMENT DURING THE FISCAL YEAR VOLUNTEER HOURS WITH THE MARIAN HOUSE SKILLS. PROGRAMS TOTALED 39,831 WITH AN APPROXIMATE VALUE OF \$1,207,277.61. 1,599,711. Including grants of \$ ) (Expenses \$ DISASTER RELIEF - DISASTER RELIEF OCCURRED ACROSS ALL PROGRAMS THIS YEAR AS EACH AREA WORKED TO PROVIDE SUPPORT DURING THE COVID 19 PANDEMIC. SUPPORT PROVIDED WAS THROUGH EMERGENCY RENT ASSISTANCE DISTRIBUTED THROUGH THE CASTLE ROCK OFFICE, CLIENT SERVICES AT THE MARIAN HOUSE, AND FAMILY CONNECTIONS AT THE HELEN HUNT CAMPUS. IN ADDITION TO EMERGENCY RENT SUPPORT, FAMILIES WITH SMALL CHILDREN RECEIVED BABY NEEDS INCLUDING DIAPERS AND WIPES, FORMULA, AND BABY FOOD AT BOTH THE CASTLE ROCK OFFICE AND FAMILY CONNECTIONS AT HELEN HUNT. 905,836. including grants of \$ FAMILY CONNECTIONS SERVES A SPECTRUM OF FAMILY NEEDS FROM THOSE FACING HOMELESSNESS, TO THOSE NEEDING TO STRENGTHEN THEIR FAMILY'S RESILIENCE AND STABILITY, TO THOSE WHO WANT TO ENGAGE IN ENGLISH AS A SECOND LANGUAGE EDUCATION. IN ADDITION TO OFFERING SAFETY NET SERVICES TO ADDRESS IMMEDIATE NEEDS FOR FAMILIES IN CRISIS, FAMILY CONNECTIONS USES A HEALTHY ENGAGEMENT MODEL WHERE FAMILIES PARTICIPATE IN MULTIPLE PROGRAMS OVER A LONGER PERIOD OF TIME. FAMILY CONNECTIONS COMBINED THE LIFE SUPPORT CENTER, THE FAMILY DAY CENTER, FAMILY MENTOR ALLIANCE INTO ONE PROGRAM, OFFERING MANY SERVICES. DURING THE FISCAL YEAR VOLUNTEER HOURS WITH FAMILY CONNECTIONS TOTALED 1,651 WITH AN APPROXIMATE VALUE OF \$50,041.81. Other program services (Describe on Schedule O.) 1,223,670 • including grants of \$ 115,094. ) (Revenue \$ 6,928,622. Total program service expenses

Form 990 (2020) INC.
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		<b>.</b>	
	If *Yes,* complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	_^_	<del></del>
3	Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbyling activities, or have a section 501(h) election in effect	3		-21
_	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		946.2	
	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	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			₹₽
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 1e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
	Schedule D, Parts XI and XII	12a	x	
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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.		v
<b>^</b>	complete Schedule G, Part III	19		$\frac{\mathbf{x}}{\mathbf{x}}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	_	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Company Service of the first designation of the company of the com	£ I		

	n 990 (2020) INC. 84-058	6169	) F	age 4			
Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-	1	$\vdash$			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì					
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c		<u> </u>			
	! Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>			
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	<u> </u>	X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230	<del>                                     </del>	<del></del>			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ł			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		<u> </u>				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):			200			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			-			
	*Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1				
	contributions? If "Yes," complete Schedule M	30	_	X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	├	X			
33				x			
34	sections 301.7701-2 and 301.7701-3? If *Yes,* complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	<del> </del>				
3-4	- · · · · · · · · · · · · · · · · · · ·	34	x				
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del></del>	X			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004	<del>                                     </del>	<del></del>			
_	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?	1					
	If "Yes," complete Schedule R, Part V, line 2	36		х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	x			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O	38	X				
Pa	Note: All Form 990 filers are required to complete Schedule O						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> 니</u>			
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_					
	Enter the Manual of Fernie M. Enter S. M. Met applicable	힉					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<sub>עך</sub> .				
	(gambling) winnings to prize winners?	l lc	X	i			

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				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3							
	filed for the calendar year ending with or within the year covered by this return	2a 84	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)	7	45.7						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X					
b	If "Yes," enter the name of the foreign country		1 1 1 1		, e					
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		X					
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  of If "Yes" to line 5a or 5b, did the organization file Form 8886.T2									
C	c If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?									
<b>6</b> a										
	any contributions that were not tax deductible as charitable contributions?	***************************************	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	lons or gifts								
	were not tax deductible?	***************************************	6b							
7	Organizations that may receive deductible contributions under section 170(c).		40							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		_					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	114 145 34 Lines	1 1						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		z sa din.						
	sponsoring organization have excess business holdings at any time during the year?	**************************	8							
9	Sponsoring organizations maintaining donor advised funds.			1 se						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	L						
10	Section 501(c)(7) organizations. Enter:	•								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
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:			- A.						
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	]	7. Th						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041?	12a							
		12b		A						
	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.				-					
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1								
	organization is licensed to issue qualified health plans	13b	4							
	Enter the amount of reserves on hand	13c	ļ							
			14a		_ <u>x</u> _					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	***************************************	14b							
	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	1							
	excess parachute payment(s) during the year?		15		<u> </u>					
	If "Yes," see Instructions and flie Form 4720, Schedule N.									
	is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		_ <u>x</u> _					
	If "Yes," complete Form 4720, Schedule O.			:						

Form 990 (2020) INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	222		
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		34	
	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.	1 - NA		2.5
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		7.5	
	officer director trustee or key employee?	2	antakiri	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		<del>                                     </del>	
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6	<del>                                     </del>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>├</b> ॅ	$\vdash$	
-	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a		
_	- and - all and - all -	7.		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		22
а			X	1
_		8a	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b_		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	_		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	<u> </u>	Λ
	tion b. I offices (This decitor is requests information about policies not required by the internal nevertide code.)			h.
40-	Did the arganization have local shorters bronches as affiliated		Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	_
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates,	۱		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	├^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لنتيب
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		<sub>1,7</sub>	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		.	
	taxable entity during the year?	16a		<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. :		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 719-636-2345		_	
	228 N. CASCADE AVENUE COLORADO SPRINGS CO. 80903		_	

Form 990 (		<u>84-05</u> 86169 <sub>F</sub>	age 7
Part VII	Compensation of Officers, Direct	ors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Cor	ntractors	
	Check if Schedule O contains a response or	note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	aniza	ation	CO	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ntion	) than	one	Reportable	Reportable	Estlmated
	hours per	box	, unle	ss pe	rson	ls bot or/trus	h an	compensation	compensation	amount of
	week	<b>—</b>	T	I	T	, T	T	from	from related	other
	(list any	trustee or director						the	organizations	compensation
•	hours for related	50	舞			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	naste	institutional trustae		8	ng di		(11-2) 1033-141100)		and related
	below	뺼	rtiona	<u>ا</u> ا	Кву втріоуве	st co	<b>=</b>			organizations
	line)	Individual	ig i	Officer	Keye	Highest compensated employee	Former			
(1) ANDY BARTON	40.00						-			
PRESIDENT/CEO				X				140,852.	0.	10,529.
(2) LORI KAPU	40.00	ļ							.,=	
CHIEF FINANCIAL OFFICER		1		X		1		91,351.	0.	5,760.
(3) JORGE A. BUXO	1.00									
DIRECTOR		X						0.	0.	0.
(4) SHELLEY B. MCBRIDE	1.00									
DIRECTOR		X						0.	0.	0.
(5) VICKI DIMOND	1.00									
DIRECTOR		X						0.	0.	0.
(6) MATTHEW GENDRON	1.00									
TREASURER		X		X		Ì		0.	0.	0.
(7) SR. JEANNETTE KNEIFEL, OSF	1.00									
DIRECTOR		X						0.	0.	0.
(8) RICHARD KOPROWSKI	1.00									<u> </u>
DIRECTOR		X						0.	0.	0.
(9) LEE MADDEN	1.00									
DIRECTOR		X						0.	0.	0.
(10) TRACI MARQUES	1.00									·
SECRETARY		X		Х			•	0.	0.	0.
(11) JOHN L. SAMUELSON, CPA	1.00			,						·
DIRECTOR		Х						0.	0.	0.
(12) RICHARD WILHELM	1.00									
CHAIR		X		X			l .	0.	0.	0.
(13) DANIEL J. KORLESKI	1.00									
VICE CHAIR		X		X				0.	0.	0.
(14) BISHOP JAMES GOLKA	1.00								-	
DIRECTOR		X						0.	0.	0.
(15) DEACON ANDRE MASON	1.00									
DIRECTOR		X	ot					0.	0.	0.
(16) DOUGLAS FLINN, ESQ.	1.00							,		
DIRECTOR		X						0.	0.	0.

CATHOLIC CHARITIES OF CENTRAL COLORADO INC. 84-0586169 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position (do not check more than one box, unless person is both an officer and a director/trustee) Name and title Average Reportable Reportable Estimated hours per compensation compensation amount of week from from related other (list any the organizations ndividual trustee or directo compensation hours for organization (W-2/1099-MISC) from the related Institutional trustee (W-2/1099-MISC) organization organizations and related .below organizations line) 232,203. 0. 16,289. O. 0. c Total from continuation sheets to Part VII, Section A 232,203. 16.289d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual \_\_\_\_\_\_ X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 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 NONE Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020) INC.
Part VIII Statement of Revenue

7740.
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		Check if Schedule O contains a	a response	or note to any II	ne in this Part VIII	*************************		
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated Ibusiness revenue	Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512 - 514
ts ts	1	a Federated campaigns	1a		National States	A Argonista e neg	No agraph (Magazin	1 m/240000 mm01 1101
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	<del>                                    </del>	<del></del> -				
		c Fundralsing events	<del>                                     </del>	304,874.	<b> </b> ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^			
			1	285,080.				
	i	•		345,066.				
Sin		e Government grants (contributions)	<del></del>	343,000.				
Lţi.		f All other contributions, gifts, grants, and		E02 606				
eg.		similar amounts not included above	1f 5,	<u>593,606.</u>				
E B		g Noncash contributions included in lines 1a-1f		470,316.				
<u>S</u>		h Total. Add lines 1a-1f			8,528,626.			
				Business Code	400 000	400.00		
9	2	a PROGRAM FEES	<del></del>	900099	107,236.	107,236.		
Program Service Revenue		b						
S L		c						
lev		d						
9		e						
<u>~</u>		f All other program service revenue						
		g Total. Add lines 2a-2f			107,236.		Brown Street	Traffic and Traff
	3	Investment income (including divide				•		<u> </u>
		other similar amounts)			29,242.			29,242.
	4	Income from investment of tax-exer						
	5	Royalties			1,503.			1,503.
			(i) Real	(ii) Personal			是在海绵、心境、	trible try, with the te
	6	a Gross rents 6a						
		b Less; rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)				-		
İ		· · · · · · · · · · · · · · · · · · ·	Securities	(ii) Other	Family House	384 - KIN 1844	NAC SEVERAGE	\$9/27 X 39
		assets other than inventory 7a						
	ı	b Less; cost or other basis						
활		and sales expenses 7b						
Ē		c Gain or (loss) 7c		.,.				
Other Revenue		d Net gain or (loss)		<u> </u>				
<u>a</u>		a Gross income from fundraising events (				and depending seeper		Garage and and
5		including \$ 304,874.						
·		contributions reported on line 1c). S	_					
		Part IV, line 18		20,728.				
		b Less: direct expenses		20,728.				
		c Net income or (loss) from fundraisin		<u> </u>	0.			
		a Gross income from gaming activitie				4,4 (14)		
	•	Part IV, line 19	1 1					
		b Less: direct expenses	9b	<u>-</u>	ye find the second			
Ì		c Net income or (loss) from gaming a						
		a Gross sales of inventory, less return						
		and allowances						4.
	1	b Less: cost of goods sold						
ł		c Net income or (loss) from sales of in						
				Business Code				
ايق	11 :	a MISCELLANEOUS	ļ	900099	7,858.	7,858.	-	
<u>a</u>		b				<u> </u>		
₩ ₩ ₩		c	—					
Miscellaneous Revenue	Ì	d All other revenue						
<					7,858.	4.	<u> </u>	
	12	Total revenue. See instructions			8,674,465.	115,094.	0.	30,745.

Form 990 (2020) INC. 84

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).

84-0586169 Page 10

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 respor									
	not include amounts reported on lines 6b, 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									
2	Grants and other assistance to domestic									
	indlviduals. See Part IV, line 22				The second of th					
3	Grants and other assistance to foreign			and the second s	Service Control of the Control of th					
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16			The or was the state of the						
4	Benefits paid to or for members			galance and find have pure discussions as supported by the first like corre	- Les Cartes Continues y action and an extension of the Continue of the Contin					
5	Compensation of current officers, directors,		444							
	trustees, and key employees	239,547.	169,755.	36,496.	33,296.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and		14							
	persons described in section 4958(c)(3)(B)	0 000 446		200 000						
7	Other salaries and wages	2,398,416.	1,686,764.	378,087.	333,565					
8	Pension plan accruals and contributions (include	<b> </b>								
	section 401(k) and 403(b) employer contributions)	410 200	224 004	06 800						
9	Other employee benefits	418,326.	334,004.	26,733.	57,589. 26,435.					
10	Payroli taxes	196,814.	135,687.	34,692.	26,435					
11	Fees for services (nonemployees):									
	Management	35.		35.						
	Legal				<u> </u>					
	Accounting	13,636.		13,636.	<u> </u>					
d	Lobbying			1. 1.A. W. 1.						
e	Professional fundraising services. See Part IV, line 17		<u> 18 kilongan di Kabupatèn Bel</u>	Rich Chengalit	_ <del>.</del>					
T	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	5,645.	1,645.	4,000.						
40	· •	3,043.	1,040.	4,000.	·					
12	Advertising and promotion	246,140.	98,912.	77,587.	69,641.					
13	Office expenses	240,140.	50,512.	17,307.	05,041.					
14 15	Information technology									
16	Royalties	136,081.	134,265.		1,816.					
17	Occupancy	14,082.	13,555.	246.	281.					
18	Payments of travel or entertainment expenses	11,0021	13,333.	240.						
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	9,293.	616.	2,372.	6,305.					
20	f	25,884.	25,884.	2,0,21	0,000					
21	Payments to affiliates				·					
22	Depreciation, depletion, and amortization	257,113.	248,203.	7,377.	1,533.					
23	Insurance	84,766.	64,199.	10,320.	10,247.					
24	Other expenses, Itemize expenses not covered		,							
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			3-44						
а	EMERGENCY AND COMMUNITY	1,881,473.	1,874,923.	6,107.	443.					
b	FOOD, SUPPLIES, MEDICAL	1,621,781.	1,516,781.	534.	104,466.					
c	CONTRACTED SERVICES	125,085.	55,096.	22,317.	47,672.					
ď	PUBLIC RELATIONS	75,547.	6,260.		69,287.					
_	All other expenses	255,511.	562,073.	-105,576.	-200,986.					
25	Total functional expenses. Add lines 1 through 24e	8,005,175.	6,928,622.	514,963.	561,590.					
26	Joint costs. Complete this line only if the organization	-		_ <del></del>						
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here If following SOP 98-2 (ASC 958-720)									
					E 000 (2222)					

Form 990 (2020)
Part X Balance Sheet

INC.

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	art X	217481271844211841414141121811312181131		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,026,105.		2,842,478.
	2	Savings and temporary cash Investments	********	1,142,305.	2	1,059,738.
	3	Pledges and grants receivable, net	572,104.	3	470,720.	
	4	Accounts receivable, net	, , , , , ,	4		
	5	Loans and other receivables from any current or former officer, director	or,		14,4	
		trustee, key employee, creator or founder, substantial contributor, or	35%	The second section of the section of the second section of the section of t		
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as define	ed		incommission	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)		6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
<	9	Prepaid expenses and deferred charges			9	211,740.
	10a	Land, buildings, and equipment: cost or other			437	A Sept of Figure 1995 of 1995
		basis. Complete Part VI of Schedule D 10a 9,003	3,492.			
	ь		1,975.	6,055,338.	10c	5,878,517.
	11	Investments - publicly traded securities	.,,,		11	
	12	Investments - other securities, See Part IV, line 11	71,565.	12	90,695.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,126,639.	15	2,029,354.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,994,056.	_	12,583,242.	
	17	Accounts payable and accrued expenses		228,804.	17	375,376.
	18	Grants payable		18		
	19	Deferred revenue	22,225.	19	298,094.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
9	22	Loans and other payables to any current or former officer, director,		236.5		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3				
je.		controlled entity or family member of any of these persons		22		
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		. <u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third				,
		parties, and other liabilities not included on lines 17-24). Complete Par	t X	404 000		
		of Schedule D		424,030.		0.
	26	Total liabilities. Add lines 17 through 25		675,059.	26	673,470.
20		Organizations that follow FASB ASC 958, check here			1.7	
ĕ		and complete lines 27, 28, 32, and 33.		6 406 201		C CE1 12F
<u>e</u>	27	Net assets without donor restrictions		6,426,321. 4,892,676.	27	6,651,175.
Ð	28	Net assets with donor restrictions	·····	4,092,0/0.	28	5,258,597.
Ë		Organizations that do not follow FASB ASC 958, check here				
5		and complete lines 29 through 33.				
ste	29	Capital stock or trust principal, or current funds			29	
<b>(88</b> )	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		11,318,997.	31	11 000 770
ž	32	Total net assets or fund balances		11 004 056	32	11,909,772.
	33	Total liabilities and net assets/fund balances		11,994,056.	33	12,583,242.

Form **990** (2020)

84-0586169 Page 12 INC. Form 990 (2020) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 8,674,465. 8,005,175. Total expenses (must equal Part IX, column (A), Ilne 25) 2 669,290. Revenue less expenses. Subtract line 2 from line 1 3 3 11,318,997. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 19,130. Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses \_\_\_\_\_ Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) -97,645. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))\_\_\_\_\_ 11,909,772. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a 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: Both consolidated and separate basis Consolidated basis Separate basis b Were the organization's financial statements audited by an independent accountant? X **2**b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За 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 X

Form 990 (2020)

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

CATHOLIC CHARITIES OF CENTRAL COLORADO

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 84-0586169 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a Light Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by glying the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (lv) is the organization listed (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 INC.

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

84-0586169 Page 2

_	(Complete only if you checke falls to qualify under the test				on failed to qualify	under Part III. If the	organization
Se	ction A. Public Support	<del>-</del>					-
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						· · · · · · · · · · · · · · · · · · ·
	membership fees received. (Do not						
	include any "unusual grants.")		<u> </u>				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			Ì		i	
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			All Commences			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				feelfeel versetzeel		
_	Public support, Subtract line 5 from line 4.	and the real substitution	Same Strong St	t distant treature in	College State States	of the second	
	ction B. Total Support	( ) 0040	410047		1.0010		
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4					<del>-</del> +	
8	Gross Income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and Income from similar sources  Net Income from unrelated business						<del></del>
J	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain					<del></del>	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	i,					
11		and the property of the	eleja elektria	Company of the party		20 4 20 10 44 4	<del></del>
	Gross receipts from related activities		ons)		<u> </u>	12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop		,,,		,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			:	<u> </u>
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	
15	Public support percentage from 2019	9 Schedule A, Part	II, line 14	**********************	*****	15	%
	33 1/3% support test - 2020. If the	organization did no	t check the box o	n line 13, and line i	14 is 33 1/3% or n		
	stop here. The organization qualifies	as a publicly supp	orted organization	**************************	************************	**********************	▶□
b	33 1/3% support test - 2019. If the	organization did no	it check a box on l	ine 13 or 16a, and	line 15 ls 33 1/3%	or more, check this	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation	***************************************	*************************	,, <b>&gt;</b>
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact	is-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiza	tion
	meets the facts-and-circumstances to					- ************************************	<b>&gt;</b>
b	10% -facts-and-circumstances tes				13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	<b>op here.</b> Explain is	Part VI how the	
	organization meets the facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization						<b>N</b>

# Schedule A (Form 990 or 990-EZ) 2020 INC. [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.)

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Glfts, grants, contributions, and	<del>-</del>					
	membership fees received. (Do not						
	include any "unusual grants,")						
2	Gross receipts from admissions,	-					
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						<del></del>
•	are not an unrelated trade or bus-						
	30.000 (No. 40.00 Ed.)						
4	Tax revenues levied for the organ-		<del> </del>			-	
7	ization's benefit and either paid to						
	or expended on its behalf						
-	······				-	<del>                                     </del>	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			· <del></del> -			
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b			"			
	Public support. (Subtract line 7c from line 6.)				Assert Section		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		•				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net Income from unrelated business					-	
	activities not included in line 10b,				i	-	
	whether or not the business is regularly carried on	ļ					
12	Other income. Do not include gain				<del></del> -	<del>                                     </del>	
	or loss from the sale of capital				•	· .	
40	assets (Explain in Part VI.)						<del></del>
	Total support. (Add lines 9, 10c, 11, and 12.)			£		<u> </u>	
14	First 5 years. If the Form 990 is for the	_		•	•		· —
Sac	check this box and stop heretion C. Computation of Public	Support Pe	rcentage				<u></u>
				a a) comm (4)		lael -	
	Public support percentage for 2020 (lin					15	
	Public support percentage from 2019 5					16	%
	tion D. Computation of Invest			40b (n)			
	Investment income percentage for 202					17	%
	Investment income percentage from 20	,				18	%
19a	33 1/3% support tests - 2020. If the o						7 is not
_	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests - 2019. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u></u> ▶└─

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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3a		
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	Sec. 18.	
4a		1,7
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5a		min e
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5c		
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9b		
9c		
		:
10a	_	
10b	0-EZ)	

Part W   Supporting Organizations continuation from any of the following persons?   1		edule A (Form 990 or 990-EZ) 2020 INC • 84 - 0 5	<u> 8616</u>	9 P	age <b>5</b>
11 Has the organization accepted a gift or contribution from any of the following personn?  A parson with directly or inforcity contrible, either action or together with persons described in line 11 b and 11 to below, the governing body of a supported organization?  A family member of a person described in line 11 a or 11 b above?!! "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, mambers of the governing body, differer acting in their afficial capacity, or membership of error or more supported organizations have the power to regularly appoint or elect at least an analyminy of the organizations of efforts or more supported organizations and must be provided to explain the provided organization and more than the supported organizations directors, or trustees at all times during the tax year? If 'No' describe in Part VI flow the supported organizations directors, or crustees were allocated among the supported organizations and accordance or restrictions, if any applied to such provided in him or the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and accordance or restrictions, if any applied to such provided under than the supported organization (short than the supported organization of the supported organization of the supported organization of the fact that the supported organization is supported organization of the supported organization organization organization organization organization organizat	Pa	rt IV   Supporting Organizations (continued)			
a A person who directly or indirectly controls, either abone or together with persona described in line 11 and 11 to below, the governing body of a supported organization?  b A family member of a person described in line 11 a above?  c A 35% controlled entity of a person described in line 11 a above?  c A 35% controlled entity of a person described in line 11 a bove?  1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberative of controlled the organizations are more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the organization and what conditions or restrictions, if end, applied to such powers during the fax year.  1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberative of organizations have the power to regularly applied to elect at least a majority of the organization of the powers to regularly applied to elect at least a majority of the organizations of the powers of the powers of the powers of the organization and the controlled of enganization sent them, described the supported organizations and what conditions or restrictions, if enzy, applied to such powers during the fax year.  2 Did the organization operated, supervised, or controlled the supported organization off the supported organizations (s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  Section D. All Type III Supporting Organizations  1 Did the organization of supports of organizations of the supported organization of organizations or trustees of each of the organization was varied in the same persons that controlled or managed the supported organizations or trustees of each of the organization was varied organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization than the organization was responsible or elected by				Yes	No
11 belew, the governing body of a supported organization?  b A family member of a person described in line 11 a or 11b above?!! "Yes" to line 11a, 11b, or 11c, provide located in Pert.  c A 35% controlled entity of a person described in line 11 a or 11b above?!! "Yes" to line 11a, 11b, or 11c, provide located in Pert.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a materity of the organizations officers, directors, or trustees the control of the provided organization and provided organizations and provided organizations and provided organizations and accordance or certainces. If the organizations and accordance organization developed organizations and accordance organizations. If the organization should not provided organizations and accordance organizations and accordance organizations. If the organization should control organizations and accordance organizations and accordance organizations. If the supported organizations are accordance organizations and accordance or certainces of the supported organization(s) that operated, supporting organizations are provided organization(s) that operated, supporting organizations are provided organization(s) that operated, supporting organizations are supported organization(s) that purposes of the supported organization(s) that operated, supporting organizations are supported organization(s) that organization are supported organization(s) the supported organization organization are supported organization(s) that organization are supported organization(s) the supported organization are supported organization and accordance organization are supported organization and the supported organization are supported organizations.  1 Did the organization provide to each of its supported organization are accordance organization and accordance organization are accordance organizat		- · · · · · · · · · · · · · · · · · · ·		25	1.1
b A family member of a person described in line 11 a above?  A 35% controlled entity of a person described in line 11 a above?  A 35% controlled entity of a person described in line 11 a above?  The variety of the controlled of the person described in line 11 a above?  The variety of the controlled of the person described in line 11 a above?  The variety of the controlled of the person described in line 11 a above?  The variety of the controlled of the person described in line 11 a above?  The variety of the controlled of the person described in line 11 a above?  The variety of the controlled of the organization of the person described in line 11 a above?  The variety of person described in line 11 a above?  The variety of the controlled of the organization and what conditions or restrictions, if any, applied to subic powers during the tax year.  Did the organization operated by the benefit of any supported organization? If "Yes," asplain in Part I have providing such benefit carried out the purposes of the supported organization? If "Yes," asplain in Part I have providing such benefit carried out the purposes of the supported organization? If "Yes," asplain in Part I have providing such benefit carried out the purposes of the supported organization? If "Yes," asplain in Part I have providing such benefit carried out the purposes of the supported organization? If "Yes," asplain in Part I have providing such benefit carried out the purposes of the supported organization? If "Yes," asplain in Part I have occurred of the supporting Organization was vested in the same persons that controlled or managed the supported organization was vested organization; If "Yes," describe in Part II have control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization of the provided to the supported organization was vested in the supported organization is a very think organiz	а	·	1.5		Pilva
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, different acting in their official capacity, or membership of one or more supported organization have the power to regulately deposition existed. It east a majority of the organization's different effectively operated, supervised, or controlled the organization central cases and in the controlled organization or the supported organization, describe how the powers to appoint and/or remove officers, directors, or fusitess were allocated among the supported organization or permitted or the powers of appoint and/or remove officers, directors, or fusitess were allocated among the supported organization or permitted by the complete organization or the tax year.  2 Did the organization operate for the benefit of any supported organization of the tax year.  2 Did the organization supervised organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No", describe in Part VI how control or management of the supported organization's supported organization(s)? If "No", describe in Part VI how control or management of the supported organization's supported organization's provided organization and the organization and the supported organization and the supported organization and the supported organization and the supported organization and the organization and support provided during the pror tax year, (i) a organization is a proposition described in line 2, above, did the organization and the organization's and organization's governing documents in effect on the date of nelfication, and (ii) copies of the organization's power organization's power organization's power organization's supported organization's and the organization's and organization's supported organization's and the organization's and o			11a		ļ
Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at heart a majority of the organization officers, effectively operated, supervised, or controlled the organization's activities. If the organization have then one supported organization, describe how the power to regularly appoint or elect at heart a majority of the organization officers, effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, If any, applied to such powers during the tax year.  2 Did the organization operated, supervised, or controlled the supporting organization of the thrust he supported organization(s) that operated, supervised, or controlled the supporting organization.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees or trustees of each of the organization's directors or trustees and the supported organization's or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees or trustees of each of the organization's directors or trustees or trustees of each of the organization's directors or trustees of each of the organization's tax year, (i) a ovoil of the organization's tax year, (i) a ovoil of the organization's directors or trustees or trustees organization's tax year, (i) a ovoy of the Form 900 that was more treating the soft date of notification, and (ii) copies of the organization and organization and the organization and orga	þ	A family member of a person described in line 11a above?	11b		
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, effectively operated, supervised, or controlled the organizations deviced by appoint or elect at least a majority of the organizations officers, effectively operated, supervised, or controlled the organizations devictives than one supported organization, describe how the powers to appoint and/or remove officers, directors, or fusitess were allocated among the supported organization or permit for the benefit of any supported organization or the tax year and the powers of the provised that controlled the supported organization of the tax year.  2 Did the organization operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organizations of the organization (s) If No. 4 describe in Part I) how control or management of the supporting organizations in the same persons that controlled or management of the supported organizations of the controlled organizations of the organizations of the organizations of the controlled organizations of the organizations of the organizations of the controlled organizations of the organization of the organizations of the organization of th	C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	Author.		Ŋ
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84-0586169 Page 6 Schedule A (Form 990 or 990-EZ) 2020 INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net Income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). LI Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

CATHOLIC CHARITIES OF CENTRAL COLORADO Schedule A (Form 990 or 990-EZ) 2020 INC. 84-0586169 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 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 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See Instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. R Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See Instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 INC.	84-0586169 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	7a or 17b: Part III, line 12 <sup>1</sup>
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Employer identification number

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

	EATHOLIC CHARITIES OF CENTRAL COLORADO	84-0586169
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, -	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin by one contributor. Complete Parts I and II. See instructions for determining a contributor	• • •
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	cientific,
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled not here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 1990-EZ  or 199	· · · · · · · · · · · · · · · · · · ·

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

CATHOLIC CHARITIES OF CENTRAL COLORADO

INC.

84-0586169

Employer identification number

Part I	Contributors (see Instructions), Use duplicate copies of Part I if	additional space is needed.	<del>,</del>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		sssss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		<u>30,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		<u>\$</u> 20,000.	Person X Payroll

Name of organization CATHOLIC CHARITIES OF CENTRAL COLORADO

Employer identification number

INC.

84-0586169

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itlonal space Is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person  Payroll  Noncash  (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10			Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll

larne of organization								
CATHOLIC	CHARITIES	OF	CENTRAL	COLORADO				
INC.								

Employer identification number

INC.		84	<u>l-0586169</u>
Part I	Contributors (see Instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$, 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 228,199.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		s	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number
84-0586169

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tlonal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$6,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$10,602.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$8,896.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

84-0586169

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 811,383.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

INC. 84-0586169 Part I Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed, (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 Person Payroll 1 7,385. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 32 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 Person Payroll 219,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 34 Person **Payroll** 46,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 35 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 36 Person Payroll 13,805. Noncash (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF CENTRAL COLORADO Employer identification number

INC. 84-0586169 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 Person Payrol! 36,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 38 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 39 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 40 Person Payroll 98,571. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 Person Payroll 23,930. Noncash (Complete Part II for

noncash contributions.)

Name of organization							
CATHOLIC	CHARITIES	OF	CENTRAL	COLORADO			
TNC							

84-0586169

Employer identification number

			0300103
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		* 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		s6,500.	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

84-0586169

Part I	Contributors (see Instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$81,510.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$363,653.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$1,759.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$40,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

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CATHOLIC CHARITIES OF CENTRAL COLORADO

Employer identification number

INC. 84-0586169 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 55 X Person Payroll 1,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 56 Person Pavroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (b) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 57 Person Payroli 8,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 58 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 60 Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.)

Employer identification number

Name of organization

CATHOLIC CHARITIES OF CENTRAL COLORADO INC.

84-0586169

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ 7,600.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

CATHOLIC CHARITIES OF CENTRAL COLORADO INC.

84-0586169

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$10,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$	Person X Payroll

CATHOLIC CHARITIES OF CENTRAL COLORADO

Employer identification number

INC. 84-0586169 Part I Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 Person Payroll Noncash 10,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 74 X Person Payroll 5,240. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 Person Payroll 5,000. Noncash (Complete Part I) for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76  $\mathbf{X}$ Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 78 Person Payroli 7,500. Noncash (Complete Part II for

noncash contributions.)

CATHOLIC CHARITIES OF CENTRAL COLORADO

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**Employer identification number** 

84-0586169 INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 79 Person Payroll 12,350. Noncash (Complete Part II for noncash contributions.) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 80 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 81 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 82 Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (c) (ď) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 83 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution 84 Person Payroll 14,663. Noncash (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
TNC.

Employer identification number

INC. 84-0586169 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 85 Person Payroll 1,638. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 86 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 87  $\mathbf{X}$ Person Payroli 7,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 88 Person Payroll 68,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution 89 X Person Payroll 5,444. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 90 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part I Co	ntributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	····	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	·	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CATHOLIC CHARTTIES OF CENTRAL COLORADO

Employer identification number

CHILLOTIC	CIMMITTERS	O.T.	CHILITICAL	COHOIGHDO	
INC.					
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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$12,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$ <u>15,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	·	\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Name of organization

CATHOLIC CHARITIES OF CENTRAL COLORADO

INC.

Employer identification number

84-0586169

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		s6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$, 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\$.	Person X Payroll

Name of organization

CATHOLIC CHARTTES OF CENT

Employer identification number

CATHOLIC CHARITIES OF CENTRAL COLORADO INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	· ·	\$6,599.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$32,693.	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$69,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ 12,755.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization						
CATHOLIC INC.	CHARITIES	OF	CENTRAL	COLORADO		

Employer identification number 84-0586169

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$5,102.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$5,127.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$ <u>16,750.</u>	Person X Payroll Concash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$ <u>11,000.</u>	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO

Employer identification number

TMC.			-0280103
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$6,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$6,000.	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
TNC

Employer identification number

INC. 84-0586169 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 133 XPerson **Payroll** 29,715. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 134 X Person Payroll 2,010. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 135 X Person **Payroll** 2,350. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 136 X Person **Payroll** 249,690. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 [X]Person Payroll 14,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 138 Person Payroll 5,000. Noncash (Complete Part II for

noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number CATHOLIC CHARITIES OF CENTRAL COLORADO INC. 84-0586169 Part I Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 139 Person Payroll 472,400. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 140 [X]Person Payroll Noncash 10,240. (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 141 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 142 Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 143 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 144 Person Payrol!

Noncash (Complete Part II for noncash contributions.)

4,550.

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part I	Contributors (see Instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$96,881.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$179,197.	Person X Payroll

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$ <b>14,000.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$11,327.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$5,100.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** CATHOLIC CHARITIES OF CENTRAL COLORADO INC. 84-0586169 Part I Contributors (see instructions), Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 157 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 158 X Person Payroll 5,400. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 159 Person Payroll 26,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 160 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 161 Person Payroll 8,947. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 162 Person Payroll

Noncash (Complete Part II for noncash contributions.)

10,000.

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		-   \$ <u>43,011.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>165</u>		- \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$ 11,657.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	·	\$\$17,864.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$ <u>22,024.</u>	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

THO			-0200T03
Part I	Contributors (see Instructions). Use duplicate copies of Part I if	additional space is needed.	·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$179,705.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$ 465,965.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
173		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO

Employer identification number

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
166			
		<sub>\$</sub> 11,657.	
(a)		(c)	_
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d)
Parti	Description of noncash property given	(See Instructions.)	Date received
	DONATED FOOD		
167			
		s 17,864.	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d)
Part I	Description of noncasti property given	(See Instructions.)	Date received
	DONATED FOOD		
168			
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d)
Parti	Description of noncash property given	(See instructions.)	Date received
	DONATED FOOD		····
<u> 169</u>			
		s 6,000.	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d)
Parti	Description of noncast property given	(See instructions.)	Date received
	DONATED FOOD		
<u> 170</u>			
		<sub>\$</sub> 179,705.	
		\$ 179,705.	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED FOOD		<del>-</del> -
<u> 171</u>			
		\$ 465,965.	

Name of organization
CATHOLIC CHARITIES OF CENTRAL COLORADO
INC.

Employer identification number

Part II	Noncash Property (see Instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
170	DONATED FOOD		
172		s98,083.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
173	DONATED FOOD		
		\$\\$\\$\\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 77 A	DONATED FOOD		
<u> 174</u>		<del></del>	
		\$6,149.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Name of organization

Employer identification number

CATHOLIC CHARITIES OF CENTRAL COLORADO

		84-0586169
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations
(b) Purpose of gift		(d) Description of how gift is held
	(e) Transfer of git	ft
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use dupilicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gi  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. CATHOLIC CHARITIES OF CENTRAL COLORADO

2020 Open to Public

OMB No. 1545-0047

Employer identification number

INC. 84-0586169 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II ... Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue Included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items; a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2020 INC.					8	<u> 34-05</u>	<u>86169</u>	Page 2
Pa	rt III   Organizations Maintaining (			<del></del>				<del>- '</del>	ued)
3	Using the organization's acquisition, access	lon, and other record	ls, check any of the	following that ma	ke slgr	nificant	use of its	ì	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization's	exemp	t purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sir	nilar as	sets			
	to be sold to raise funds rather than to be m						$\square$	Yes	☐ No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered *Yes	on Fo	ят 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	not inc	cluded			
	on Form 990, Part X?		***************************************				□	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
C	Beginning balance				,	1c		_	
d	Additions during the year					1d		_	
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					?		Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, I	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three ye	ears back		years back
1a	Beginning of year balance	974,970.	974,938.	974,93	8,	9	73,242.		981,413.
b	Contributions								
c	Net investment earnings, gains, and losses	25,910.	28,994.	28,96	2.		28,881.		8,651.
	Grants or scholarships				_				
e	Other expenditures for facilities								
	and programs	25,917.	28,962.	28,96	2.		27,185.		16,822.
	Administrative expenses								
g	End of year balance	974,963.	974,970.	·	8.	9'	7 <b>4</b> ,938.	L	973,242.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	i)) held as:					
	Board designated or quasi-endowment	89.0000	_%						
	Permanent endowment	%							
С	Term endowment ▶ 11.0000								
_	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered f	or the	organiz	ation	_	
	by:								es No
	(i) Unrelated organizations								<u> </u>
_	(ii) Related organizations		***************************************	,,	,				X
	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?		********				X
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Par			Deals the day	E 600 B	cv n.	. 40			
	Complete if the organization answere			,				/ n n .	
	Description of property	(a) Cost or of basis (investm			•	imulate clation	a	(d) Book	value
10	Land	<del></del> -	Dasis I	(OGIOI)	achie	SIGNOI1	<del>-  </del>		
	Land		8 22	3,007. 2	. 60	8,64	<del>   -</del>	5 614	,367.
	Buildings Leasehold improvements			6,176.		$\frac{6,03}{6,17}$			,006.
	Equipment			4,309.		$\frac{0,1}{0,16}$			,144.
	Other		<del>-   '2</del>	_,		-,-	-	_ 232	<u>, - = = +</u>
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)				5.878	,517.
		,	,	/		4		_ , _ , v	<u>, </u>

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" of a Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	<u>-</u>		
(3) Other		***	
(A)			<del></del>
(B)			<u> </u>
(C)			
(D)			
(E)	·		
(F)			
(G)	·		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		12 (S. 17 (S. 1987), 11 (1991), 12 (1991), 13	g Walt tales &
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990. Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del> </del>	Countries has an in Agriculture.	They are the second
Part IX Other Assets.		The state of the familiar and the state of the state of	
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part Y line 15	
	escription	Tru, coor officoo, rate A, fille 15.	(b) Book value
(1) RELATED PARTY RECEIVABLE			2,020,423.
(2) DEPOSITS			8,931.
(3)			0,551.
(4)			
		_	<u> </u>
(5) (6)			
<del>- • • • • • • • • • • • • • • • • • • •</del>			
(7)		-	<u> </u>
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 )		2,029,354.
Part X Other Liabilities.	10.)		2,023,334.
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11a or 11f Can Form 000 Bort V line 25	
1. (a) Description of liability	ITT OITH 990, Part IV, IIIIe	The of Th. See Form 990, Part X, line 25.	(b) Book value
			(b) DOOK VAILED
(2)			
(3)			<del></del>
(4)			<del></del>
(5)			
(6)			
(7)			<del></del>
(8)			<del></del>
(9)	05.)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>
Liability for uncertain tax positions. In Part XIII, provide t		-	
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere it the text of the footnote has been pro	vided in Part XIII X

84-0586169 Page 4 Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 9,168,529. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 19,130. **b** Donated services and use of facilities 454,206. 2b c Recoveries of prior year grants 2c 20,728. d Other (Describe in Part XIII.) 2d 494,064. e Add lines 2a through 2d 2e 8,674,465. Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 40 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 8,674,465. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 8,577,754. Amounts included on line 1 but not on Form 990, Part IX, line 25: 551,851. a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2¢ 20.728 d Other (Describe in Part XIII.) <u>572,579.</u> e Add lines 2a through 2d 8,005,175. Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 8,005,175. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2: Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: INCOME FROM THE ENDOWMENT IS TO BE USED TO HELP FUND OPERATIONS AT MARIAN HOUSE KITCHEN PART X, LINE 2: THE ORGANIZATION IS CONSIDERED AN INTEGRATED AUXILIARY OF A CHURCH AND AS A RESULT DOES NOT FILE FEDERAL INFORMATION RETURNS (FORM 990-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2020 INC •	84-0586169 Page 5
Schedule D (Form 990) 2020 INC -   Part XIII   Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	
	· · · · · · · · · · · · · · · · · · ·
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## **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CATHOLI INC.	C CHARITIES OF CEN	ITRA	L C	OLORADO		Employer ide 84-0586	ntification number 169
Part I Fundraising Activities required to complete this par	- Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 1		
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b if "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the	sed funds through any of the following Solicitates f Solicitates g Special Special Sor oral agreement with any individual fact VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover Ising ding o ional f	overnment grants nment grants events fficers, directors, tru- rundraising services?	stees	Yes	
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(iii) fundr have c or con contrib	Did alser astody trol of ations?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u>-</u>	
							<u> </u>
				***			-
	,						
			-	<u> </u>			
「otal			<b>&gt;</b>				
List all states in which the organization or licensing.	n is registered or ilcensed to solicit o	contrib	utions	or has been notified	d it is	exempt from re	egistration
			-				
						-	
		<u>.                                    </u>					
				<del> </del>			

		lle G (Form 990 or 990-EZ) 2020 INC.			84-	-0586169 Page 2
Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Par	rt IV, line 18, or reported	more than \$15,000
	Ţ	or furnitialising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER		NONE	(add col. (a) through
			AUCTION (event type)	(event type)	(total number)	col. <b>(c)</b> )
LG6			(Grone type)	(every type)	(tota: namber)	<del> </del>
Revenue	1	Gross receipts	325,602.			325,602.
	2	Less: Contributions	304,874.			304,874.
	3	Gross income (line 1 minus line 2)	20,728.		_	20,728.
	4	Cash prizes				
ø	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	20,728.			20,728.
	10	Direct expense summary. Add lines 4 through				20,728.
Pa	<u>  11</u> 		ine 3, column (d) answered "Ves" on Form	990 Part IV line 10 or	reported more than	0.
		\$15,000 on Form 990-EZ, line 6a.	and trained in the office of t	1000,1 21114, 1110 10,01	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				<u>L</u>
Ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes% No ′	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						<u> </u>
	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_		<u> </u>			
		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax	year?	Yes No
					-	·

Sch	nedule G (Form 990 or 990-EZ) 2020 INC.	84-0	58616	9 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	i 🔲 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	b An outside facility		13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco		100	
	Name ►			
	Address >			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	ount		
	of gaming revenue retained by the third party > \$			
•	c if "Yes," enter name and address of the third party:			
	Name	<del></del> .		
	Address >			
16	Gaming manager information:			
	Name ►		·	
	Gaming manager compensation > \$			
	Description of services provided			
			<del></del>	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			N.
	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Iii) and (v	; and Par	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			_
				. <u> </u>
			_	
			-	_
				<u>-</u> .

## CATHOLIC CHARITIES OF CENTRAL COLORADO 84-0586169 Page 4 Schedule G (Form 990 or 990-EZ) INC. Part IV | Supplemental Information (continued)

## **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

CATHOLIC CHARITIES OF CENTRAL COLORADO

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-0586169

INC. Part I | Questions Regarding Compensation

			Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990,		
F	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1,176,43 (m. 4.5.)		100
F	First-class or charter travel Housing allowance or residence for person	V-0/201		
Ļ	Travel for companions Payments for business use of personal resi	dence	. 2	
Ļ	Tax indemnification and gross-up payments Health or social club dues or initiation fees	· compaga	and arrive	384275
L	☐ Discretionary spending account ☐ Personal services (such as mald, chauffeur	, chef)		
b li	any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		Santa a	2 
r	elmbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 C	old the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			. inner
tı	rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		1,3	1 30	
3  r	ndicate which, if any, of the following the organization used to establish the compensation of the organization's		13.5	7.50
C	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to		
	stablish compensation of the CEO/Executive Director, but explain in Part III.			
_	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
Ī	Form 990 of other organizations Approval by the board or compensation co	mmittee	4	
_				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Г	ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	rganization or a related organization:			
	leceive a severance payment or change-of-control payment?			X
6 P	rarticipate in or receive payment from a supplemental nonqualified retirement plan?	4a	-	X
			+	X
	articipate in or receive payment from an equity-based compensation arrangement?	4c	<del>                                     </del>	₽
11	"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	. if v		1.1
_	N. J. 12 F04/ VOL F04/ VAL 1504/ VOD			= Y
	only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	130		
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	l to the	1877 C	
	ontingent on the revenues of:	No. Academia		427
	he organization?			Х
	ny related organization?	<u>5</u> b		X
	"Yes" on line 5a or 5b, describe in Part III.		(65% s.)	
F	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	۱   ا		
	ontingent on the net earnings of:		-1	
аΤ	he organization?	6a		X
о А	ny related organization?	6b		X
lf	"Yes" on line 6a or 6b, describe in Part III.	. **		
F	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			1
n	ot described on lines 5 and 6? If "Yes," describe in Part III	7	'	X
	ere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	itial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
	"Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	egulations section 53,4958-6(c)?	9		Ι.
<u> </u>	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	<u> </u>	<del></del>

CATHOLIC CHAKLTIK

Schedule J (Form 990) 2020

84-0586169

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	Pie	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) ANDY BARTON	9	140,852.	0	0.	0	10,529.	151,381,	0
PRESIDENT/CEO	€	0	0	0.		0	0	0
	Ξ							
	€							
	(1)							
	▣							
	ω							
	(ii)							
	(3)							
	(III)							
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	⊞							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

84-0586169

Schedule J (Form 990) 2020 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. ULTIMATELY RECOMMENDS ANY ADJUSTMENTS TO BE APPROVED BY THE FULL BOARD OF THROUGH THE BOARD OF DIRECTORS, THERE IS A COMMITTEE WHICH EVALUATES AND Part III Supplemental Information LINE 3: DIRECTORS. PART I,

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

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

CATHOLIC CHARITIES OF CENTRAL COLORADO INC.

Employer identification number 84-0586169

Pa	rt Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini	s	
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional Interests					-		
4	Books and publications							
5	Clothing and household goods				_			
6	Cars and other vehicles				-			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		-					
13	Qualified conservation contribution -		-		-			
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				_			
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	579	1,470,316.	ESTIMATION/	AVE	RAG	E C
20	Drugs and medical supplies			-				
21	Taxidermy			-				
22	Historical artifacts							
23	Scientific specimens			***				
24	Archeological artifacts							
25	Other • ()				-			
26	Other ()							
27	Other ()							
28	Other (		-		-			
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
				<del></del>	<u> </u>		Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for	11.2		
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -		
31	Does the organization have a gift acceptance	policy that re	quires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does the organization hire or use third parties			-				
			="			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	y for which column (a) is che	cked,			:
	describe in Part II.	. , ,		, , , , , , , , , , , , , , , , , , , ,	"			
	describe in Part II.				<u> </u>			

SCITEGISIE IVI	(Form 990) 2020 INC.	84-0586169	Page 2
Part II	(Form 990) 2020 INC.  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization of both. Also cor	ation nplete
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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

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

CATHOLIC CHARITIES OF CENTRAL COLORADO

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 84-0586169

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLORADO THROUGH THE EFFORTS OF A WIDE RANGE OF PROGRAMS AND SERVICES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES INCLUDES LIFE CONNECTIONS, A LICENSED CHILD
PLACEMENT AGENCY; CASTLE ROCK SERVICES, WHICH OFFERS EMERGENCY
ASSISTANCE, COUNSELING, A FOOD PANTRY, AND MORE TO RESIDENTS OF
DOUGLAS, PARK AND ELBERT COUNTIES; AND FAMILY IMMIGRATION SERVICES,
WHICH PROVIDES AFFORDABLE IMMIGRATION LEGAL SERVICES TO LOW-INCOME
INDIVIDUALS AND FAMILIES WITHIN THE COLORADO SPRINGS, CASTLE ROCK AND
SURROUNDING REGIONS.
EXPENSES \$ 1,223,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 115,094.
FORM 990, PART VI, SECTION B, LINE 11B:
THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE AND
DEVELOPMENT COMMITTEE AND THE BOARD OF DIRECTORS. A COPY CAN ALSO BE FOUND
ON AN INTERNAL COMPUTER DRIVE AS WELL AS ON ORGANIZATION'S WEB SITE.
FORM 990, PART VI, SECTION B, LINE 12C:
STAFF AND BOARD MEMBERS MUST DISCLOSE SEPERATE BUSINESS DEALINGS THAT
INVOLVE CATHOLIC CHARITIES CONTRACTS OR AGREEMENTS. CATHOLIC CHARITIES
STAFF PERSON'S FAMILY MEMBERS MAY NOT SERVE ON THE BOARD OF DIRECTORS.
FAMILY MEMBERS MAY NOT SUPERVISE ONE ANOTHER.
FORM 990. PART VI. SECTION B. LINE 15:

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CATHOLIC CHARITIES OF CENTRAL COLORADO INC.	Employer identification number 84-0586169
THEY CONDUCT A SALARY SURVEY OF THE IMMEDIATE AREA, STATE	, AND NATION TO
ARRIVE AT A RECOMMENDED COMPENSATION AMOUNT. THE RECOMMEN	DATION IS MADE TO
THE BOARD AND THE FINAL COMPENSATION IS APPROVED BY THEM	AFTER
DELIBERATION. THIS PROCESS IS CONDUCTED AS A PART OF THE	ANNUAL BUDGET
PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES THEIR INFORMATION TO THE PUBLIC	IN THE FOLLOWING
FASHION:	
THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 1023	
FORM 990 - ORGANIZATION WEBSITE AND BY REQUEST	
GOVERNING DOCUMENTS - BY REQUEST	
CONFLICT OF INTEREST POLICY - BY REQUEST	
FINANCIAL STATEMENTS - ORGANIZATION WEBSITE AND BY REQUES	T
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CAPITALIZED IN-KIND DONATIONS	-97,645.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR	OVERSIGHT OF
THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	

Employer identification number 84-0586169OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Go to www.irs.gov/Form990 for instructions and the latest information.

CATHOLIC CHARITIES OF CENTRAL COLORADO ■ Attach to Form 990. INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Open to Public Inspection 2020

Direct controlling

£

entity

End-of-year assets **e** Total income Ŧ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) ž × × controlled entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. COLORADO SPRINGS CATHOLIC HOUSING COLORADO SPRINGS Direct controlling CORPORATION OF THE DIOCESE OF ε status (if section 170(B)(1)(A) Public charity 170(B)(1)(A) 501(c)(3)) Exempt Code 501(C)(3) 501(C)(3) € Legal domicile (state or foreign country) COLORADO COLORADO FURTHER THE MISSION OF THE CARRIES OUT THE DIOCESAN DIOCESE COLORADO SPRINGS CHURCH OF AMERICA THAT CATHOLIC CHURCH IN THE DIVISION OF CATHOLIC Primary activity 228 NORTH CASCADE AVENUE, COLORADO CATHOLIC HOUSING CORPORATION OF COLORADO Name, address, and EIN THE DIOCESE OF COLORADO SPRINGS of related organization COLORADO SPRINGS, CO 80903 228 NORTH CASCADE AVENUE CO 80903 SPRINGS SPRINGS,

Part

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

032161 10-28-20 LHA

Schedule R (Form 990) 2020

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

Page 2

Control   Cont	General or Percentage	managing ownership partner?								or more related		saction tage 512(b)(13) ship controlled					 _					_
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co	(i) (code V-UBI Gene	amount in box man 20 of Schedule perfect (Form 1065) Yes						•		because it had one		Share of Percentage Id-of-year ownership							_		_	
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co		No No								art IV, line 34,	_						_					
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co	(g) Share of	end-of-year assets					_	_		in Form 990, P.												
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co	· · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>				swered "Yes" o			or trust)							:		
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co									_	organization an	(p)	lirect controlling entity										
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co	Predominan	excluded from sections 51								omplete if the			country)					<u> </u>				
ted Organizations Taxable as a Correction of trust during the ta as a corporation or trust during the ta anization Primary activity   Country   Co	(d) Direct controlling									wation or Trust. C.	(£)						-					•
entification of Related Organizations Taxable ganizations treated as a corporation or trust dur  (a)  Name, address, and EIN of related organization	(c) Legal domicile	(state or foreign country)								as a Corpo ing the tax y		Prim	;									
entification of Related Organization ganizations treated as a corganization of related organization of related organization	(b) Primary activity									anizations Taxable poration or trust dur		<del></del>										
Name of report in the state of	(a) Vame, address, and EIN of related organization	or related organization									(a)	Name, address, and EIN of related organization										

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
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?	is with one or more r	elated organizations listed	I in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>A</b>			1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				q.	×
c Gift, grant, or capital contribution from related organization(s)	1			1c X	
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				-Je	×
	*************************************	1			
f Dividends from related organization(s)	1			#	×
g Sale of assets to related organization(s)					M
h Purchase of assets from related organization(s)					×
i Exchange of assets with related organization(s)		1			×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>					×
K Lease of facilities, equipment, or other assets from related organization(s)				4	
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	anization(s)			F	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses				4	×
q Reimbursement paid by related organization(s) for expenses					×
					4.5s
r Other transfer of cash or property to related organization(s)				 	M
s Other transfer of cash or property from related organization(s)				ls.	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determinione principles	volved	
	type (a-s)				
(1) THE CATHOLIC DIOCESE OF COLORADO SPRINGS	υ	285,080. FMV	FMV		
(2)					
(3)					
(4)					
(5)					
(9)					1
032163 10-28-20			Schedule	Schedule R (Form 990) 2020	020

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CATHOLIC CHARITIES OF CENTRAL COLORADO

INC. Schedule R (Form 990) 2020 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

on _ 1	1	ı	ı	ı	ı	ı	ı	l o
Code V-UBI General or Percentage amount in box 20 partner? ownership of Schedule K-1 Ferm 1065) Yes No			,					Schedule R (Form 990) 2020
General or F managing partner?					_			(Form
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amour of Scl		_						
(h) Disproportionate allocations?								
(g) Share of end-of-year assets							į	
S) enc								
<u></u>					·		:	
(f) Share of total income								
Are all partners sec. 507(c)(3) (er Yes No			•	<del></del>		-		
me pa 54, 54, 54, 54, 54, 54, 54, 54, 54, 54,								
(d) inant inco I, unrelate from tax u is 512-51								
(d) Predominant income pa (related, unrelated, excluded from tax under sections 5 12-514)								
Pre exclusion security	_						<u>.                                    </u>	
) omicile foreigr try)								
(c) Legal domicile (state or foreign country)								
ivity								
(b) Primary activity						,		
Prim						,		
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nd EIN								
(a) Name, address, and EIN of entity								
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Name								
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Part V	S	ıpplem	ental	Info	rma	tion																	
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