ObjectId: 202303189349313825 - Submission: 2023-11-14

TIN: 39-1231223

Form **990** 

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

A Fo	r the	e 2022 c	alendar year, or tax year beginning 01-01-2022 , and ending 1	2-31-202	2			
		pplicable:	C Name of organization CATHOLIC CHARITIES FOUNDATION INC			D Employe	er identifi	cation number
_		change	G.1116 E16 G.1711 E17 E16 T. G.116 7 11 16 17 E16			39-1231	.223	
O Na		-	Doing business as					
O Init		turn n/terminated	Boiling Busiliess us					
_		n/terminated 1 return	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite		E Telephone	e number	
		on pending	3501 SOUTH LAKE DRIVE	illy suite		(414) 76	59-3516	
			City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53207			<b>G</b> Gross red	ceipts \$ 1.	192.674
			F Name and address of principal officer:	H/a	) To this			152,071
			RICARDO CISNEROS	п(а		a group ret	urn for	□Yes ✓No
			3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	H/h	suboro Are al	dinates? I subordinate	es	∪ Yes ► No
T Tay	-ovon	npt status:			includ			☐ Yes ☐No
1 102	-exem	ipt status.	✓ 501(c)(3)			," attach a li		
J W	ebsit	:e:▶ N/A		П(С	Group	exemption	number	•
K Forn	of or	rganization:	Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year	of forma	tion: 1996	M State	of legal domicile: WI
	1 01 01	gariizatiori.	Corporation C Hust C Association C other					
Pa	rt I		mary					
			scribe the organization's mission or most significant activities: SUPPORT TO THE CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIL	WAUKEE.	INC.			
e Se	-			,				
<u>a</u>	-							
e e	-							
Activities & Governance			is box ► U of voting members of the governing body (Part VI, line 1a)				3	6
×8								6
SS			of independent voting members of the governing body (Part VI, line 1b)			•	4	6
Ě			nber of individuals employed in calendar year 2021 (Part V, line 2a) .			•	5	0
€	6	Total num	nber of volunteers (estimate if necessary)			•	6	6
ĕ	7a	Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11				7b	0
					Pric	or Year		Current Year
Ø)	8	Contribut	ions and grants (Part VIII, line 1h)			3,012,8	373	69,113
Revenue	9	Program	service revenue (Part VIII, line 2g)				0	(
ð.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )			325,0	61	-701,858
œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			30,2	01	6,901
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	, <b>-</b>		3,368,1		-625,844
			nd similar amounts paid (Part IX, column (A), lines 1–3 )	,		<u> </u>	0	212,000
				_			0	212,000
			paid to or for members (Part IX, column (A), line 4)	۵)			_	
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5–1	<sup>()</sup>			0	
8			nal fundraising fees (Part IX, column (A), line 11e)				0	(
×			aising expenses (Part IX, column (D), line 25) 0					
ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			96,8	34	73,937
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			96,8	34	285,937
	19	Revenue	less expenses. Subtract line 18 from line 12			3,271,3	01	-911,781
26 S				Ве	ginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances								
Ba			ets (Part X, line 16)			6,531,7		5,589,728
nd of	21	Total liab	ilities (Part X, line 26)			333,5	68	303,345
Zī	22	Net asset	s or fund balances. Subtract line 21 from line 20			6,198,1	.64	5,286,383

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	<b></b>				2023-11-12	
Sign	Sig	nature of officer			Date	
Here	RIC	CARDO CISNEROS CHIEF OPERATING C	DEFICER			
		e or print name and title				
		Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid				2023-11-12	self-employed	P00187863
-	arer	Firm's name BAKER TILLY US L	LP		Firm's EIN	39-0859910
Use	Only	Firm's address ► 790 N WATER ST S	SUITE 2000		Phone no. (41	4) 777-5500
		MILWAUKEE, WI	53202			
		•			1	<b>7</b> O
		uss this return with the preparer s	,			. Yes No
For Pa	aperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2021)
			Page 2			
Form (	100 (2021)					
	990 (2021)					Page 2
Part		atement of Program Servic	-			
		eck if Schedule O contains a respo	onse or note to any line in this Pa	rt III	<u> </u>	U
-	,	cribe the organization's mission:				
PROVI	DE SUPPO	RT TO THE CATHOLIC CHARITIES	OF THE ARCHDIOCESE OF MILWA	AUKEE, INC.		
2	Did the org	ganization undertake any significa	int program services during the y	ear which were not li	sted on	_
	the prior F	orm 990 or 990-EZ?				. 🗆 Yes 🛂 No
	If "Yes," de	escribe these new services on Sch	nedule O.			
3	Did the org	ganization cease conducting, or m	nake significant changes in how it	conducts, any progra	am	
	services?					. 🗆 Yes 🗹 No
	If "Yes," de	escribe these changes on Schedul	e O.			
4	Describe th	ne organization's program service	accomplishments for each of its	three largest progran	n services, as	measured by expenses.
	Section 50	1(c)(3) and $501(c)(4)$ organization	ons are required to report the am			
	and revenu	ue, if any, for each program servio	ce reported.			
4a	(Code:	) (Expenses \$	212,000 including grants of	: d 212.000	0 ) (Revenue \$	6,901 )
44	•	) (Expenses \$  IPPORT TO THE CATHOLIC CHARITIES (			U) (Revenue \$	0,901 )
	- ROVIDE 30	FFORT TO THE CATHOLIC CHARTIES	OF THE ARCHDIOCESE OF FILEWAUKEE	, INC.		
4b	(Code:	) (Expenses \$	including grants of	: ¢	) (Revenue \$	)
40	(Code:	) (Expenses \$	including grants of	<b>&gt;</b>	) (Revenue \$	)
						_
						_
4c	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)
4d	Other proc	gram services (Describe in Schedu	ıle O.)			
	(Expenses	•	uding grants of \$	) (Revenue	\$	)
4e	` '	gram service expenses	212,000	, (	1	,
TC	TOTAL DIO	grain SCI VICE EXPENSES F	Z1Z,UUU			

Form **990** (2021)

Part IV	Checklist of	of Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	<b>n</b> (2021)

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Pai	THIV Checklist of Required Schedules (continued)							
Γdl	Circuist 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		No				
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		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No				
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	, , , , , , , , , , , , , , , , , , , ,							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$	35b						
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
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		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a	No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	3 · · · · · · · · · · · · · · · · · · ·	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
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		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 6			
	rage 0			
Form	990 (2021)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			<b>~</b>
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 6	.		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4 5		No
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		No No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			INO
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	•	NI.
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		INO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	44-	V	
<b>b</b>	form?	11a	Yes	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			

<b>18</b> Section 6104 requires an organization to										
501(c)(3)s only) available for public inspe		•						• •	у.	
Own website Another's website  19 Describe in Schedule O whether (and if so		-			-				of interest	
policy, and financial statements available	to the public du	ring the	tax	year.			-	•		
State the name, address, and telephone in RICARDO CISNEROS 3501 SOUTH LAK									d records:	
										Form <b>990</b> (2021)
			D	_						
			Page	2 /						
Form 990 (2021)										Page <b>7</b>
Part VII Compensation of Officers, and Independent Contracted	·-	stees,	Key	y Er	npl	oyee	s, H	lighest Comper	nsated Employe	ees,
Check if Schedule O contains a res		o any lir	ne in	this	Parl	VII .				$\square$
Section A. Officers, Directors, Trust										
<b>1a</b> Complete this table for all persons required year.	to be listed. Rep	ort com	pens	atior	n for	the c	alen	dar year ending wi	th or within the org	ganization's tax
<ul> <li>List all of the organization's current office</li> </ul>							or o	rganizations), rega	rdless of amount	
of compensation. Enter -0- in columns (D), (E),  List all of the organization's <b>current</b> key er	` ,						efinit	ion of "kev employ	ee."	
<ul> <li>List the organization's five current highest</li> </ul>	compensated er	nployee	s (ot	her t	than	an of	ficer	, director, trustee o	r key employee)	0006
who received reportable compensation (box 5 o organization and any related organizations.	r Form W-2, Fori	m 1099	-M150	C, ar	na/o	r box	1 01	Form 1099-NEC) 0	if more than \$100,	000 from the
• List all of the organization's <b>former</b> officers of reportable compensation from the organization						sated	emp	loyees who receive	ed more than \$100	,000
• List all of the organization's <b>former direct</b>	•	_				capac	city a	as a former directo	r or trustee of the	
organization, more than \$10,000 of reportable of	•		orgar	nizat	ion (	and ar	ny re	lated organizations	5.	
See the instructions for the order in which to lis  Check this box if neither the organization n	•		tion c	omr	enc	ated a	ınv c	urrent officer direc	ctor or trustee	
(A)	(B)	i gariiza		(C		ateu u	iiiy C	(D)	(E)	(F)
Name and title	Average hours per	Position than o		o no	t ch	eck m		Reportable compensation	Reportable compensation	Estimated amount of other
	week (list	is b	oth a	n of	ficer	and a		from the	from related	compensation
	any hours for related		direc				70	organization (W-2/1099-	organizations (W-2/1099-	from the organization and
	organizations below dotted	ndivi	Officer Institutional Individual to			mg ighe	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
	line)	ecto dual	utio	*	mpl	st o	er.			
		Individual trustee or director	nal i		Key employee	Highest compensate employee				
		etee	Trustee		Ψ	ens				
			9			ated				
(1) DIANE KNIGHT	1.00									
PRESIDENT		Х		х				0	0	0
(2) JACKIE REKOWSKI	4.00									
EX-OFFICIO DIRECTOR		Х						0	0	0
-	36.00 1.00									
(3) JOHN MAREK		Х						0	0	0
TRUSTEE	1.00									
(4) MICHAEL BLOEDORN		Х						0	0	0
TRUSTEE	1.00									
(5) SALLY GRAMLING		х						0	0	0
TRUSTEE	1.00									
(6) SHARON DEGUZMAN		Х						0	0	0
TRUSTEE	4.00									
(7) RICARDO CISNEROS	4.00			х				11,681	105,133	26,592
CHIEF ODED ATTNC OFFICED		I								
CHIEF OPERATING OFFICER	36.00	<b>-</b>								
CHIEF OPERATING OFFICER	36.00									
CHIEF OPERATING OFFICER	36.00									
CHIEF OPERATING OFFICER	36.00									
CHIEF OPERATING OFFICER	36.00									

												Form <b>99</b>	<b>0</b> (2021)
					Page	e 8							
F	. 000 (2021)				5								_
	n 990 (2021) rt VII Section A. Officers, Direc	tors, Trustee	s, Key	/ Emp	loye	ees,	and	Hig	hes	t Compensate	d Employees (co	ntinued)	Page <b>8</b>
		<u> </u>	, , I					_	I		T -	1	
	<b>(A)</b> Name and title	( <b>B</b> ) Average		tion (d		t ch				( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F	ated
		hours per week (list		an one box, unless prices is both an officer ar director/trustee			and	nd a		compensation from the	compensation from related	amount o	sation
		any hours for related	0 -	direc	<u> </u>			-	1	rganization (W- 2/1099-	organizations (W- 2/1099-	from organizat	
		organizations below dotted	Individual trustee or director	Insti	Officer	Key employee	nighe mpl	Former	M	ISC/1099-NEC)	MISC/1099-NEC)	relat organiz	
		line)	ect	tutio	æ	amp	est c	Ð,					
			ž	na.		oye	dulo						
			eeds	Institutional Trustee		Ψ	Highest compensated employee						
				8			ated						
								+					
								+				1	
				+	┢			+	-			<del>                                     </del>	
				+	-								
				+	1			+					
				+	$\vdash$							<u> </u>	
1h (	Sub-Total						•			П	<u> </u>		
c ·	Total from continuation sheets to F	•		<i>.</i>	٠.		•						
	Total (add lines 1b and 1c)				<u>.</u>		<b>•</b>			11,681	105,133		26,592
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	e) who	o rec	eive	ed more than \$10	00,000		
												Yes	No
3	Did the organization list any <b>former</b>				ey e	mplo	yee,	or hi	ghe	st compensated	employee on		
_	line 1a? If "Yes," complete Schedule				•	•	• •		•			3	No
4	For any individual listed on line 1a, is organization and related organization individual											4	No
5	Did any person listed on line 1a rece	ive or accrue co	mpens	ation f	rom	any	unrel	ated	org	janization or indi		<del>-</del>	110
	services rendered to the organization		lete S	chedul	e J fo	or su	ich pe	erson	•			5	No
	ection B. Independent Contrac						-4-	All-			#100 000 -C		
1	Complete this table for your five high											ensation	

(A) (B) (C)

	Name and b	usiness address		Desci	ription of services	Compensation
Total number of inde	pendent contractors (in	cluding but not limit	ed to those listed abov	re) who received mo	ore than \$100,000	) of
compensation from th	he organization 🕨 0					
						Form <b>990</b> (20
			- Page 9			
n 990 (2021)						Pag
	ent of Revenue		and the state of t			
Cneck if S	Schedule O contains a re	esponse or note to a	(A)	(B)	(C)	(D)
			Total revenue	Related or	Unrelated	Revenue
				exempt function	business revenue	excluded from tax under section
	T -			revenue		512 - 514
derated campaigns	s <u>1a</u>					
mbership dues .	1 46					
mbership dues .  mdraising events .  lated organizations .  vernment grants (con	. 1b					
ndraising events	1c					
lated organizations	s <b>1d</b>					
5						
vernment grants (con	ntributions) <b>1e</b>					
lees .						
	_					
All other contributions, o	t included					
All other contributions, g and similar amounts not above 69,113	t included 1f					
All other contributions, g and similar amounts not above 69,113  Noncash contributions in	ncluded in					
All other contributions, g and similar amounts not above 69,113  Noncash contributions in	t included 1f					
All other contributions, of and similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$	ncluded in 1g					
All other contributions, g and similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$	ncluded in 1g	69,11	3			
All other contributions, gand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$	ncluded in 1g	69,11 Business Code				
All other contributions, gand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$	ncluded in 1g					
All other contributions, cand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, cand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, cand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, of and similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, of and similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, of and similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, of and similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g					
All other contributions, gand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g 1g 1f					
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1	ncluded in 1g  If					
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines	ncluded in 1g  If	Business Code				
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment income	ncluded in  1g  1f	Business Code				51,
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incomes similar amounts)	ncluded in 1g  If	Business Code				51,
All other contributions, gand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  7 Total. Add lines  3 Investment incoms similar amounts)  4 Income from investigations.	ncluded in  1g  1f	Business Code				51,
All other contributions, gand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incoms similar amounts)  4 Income from investigations.	ncluded in 1g  If	Business Code  interest, and other  ond proceeds				51,
All other contributions, gand similar amounts not above  69,113  Noncash contributions ir lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incoms similar amounts)  4 Income from inves  5 Royalties	ncluded in 1g  If	interest, and other ond proceeds  (ii) Personal				51,
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incomsimilar amounts)  4 Income from invests  5 Royalties	ncluded in 1g  If	interest, and other ond proceeds  (ii) Personal				51,
All other contributions, cand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incomsimilar amounts)  4 Income from invests  5 Royalties	ncluded in 1g  If	interest, and other ond proceeds  (ii) Personal				51,
All other contributions, gand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incomesimilar amounts)  4 Income from investory  5 Royalties  6a Gross rents  b Less: rental expenses  c Rental income	ncluded in  1g  1f	interest, and other ond proceeds  (ii) Personal				51,
All other contributions, gand similar amounts not above  69,113  Noncash contributions in lines 1a - 1f:\$  Total. Add lines 1a-1  2a  f All other program  9 Total. Add lines  3 Investment incomsimilar amounts)  4 Income from invests  5 Royalties  6a Gross rents  b Less: rental expenses	ncluded in  1g  1f	interest, and other ond proceeds (ii) Personal				51,

			(i) Securi	ues	(II) Other				
	7a Gross amount from sales of assets other than inventory	7a	g	93,44	2				
	<b>b</b> Less: cost or other basis and sales expenses	7b	1,7	'46,769	9				
	c Gain or (loss)	7c	-7	53,32	7				
	<b>d</b> Net gain or (loss)	-			•	-753,3	27	P	-753,327
Devante		on I	of line 1c).	8a 8b					
ď	c Net income or (loss	s) fr	om fundraisir	ng eve	ents			li de la companya de	
Other	Gross income from g								
	·			9a		_			
	<b>b</b> Less: direct expens <b>c</b> Net income or (loss			9b					
	c Net income or (loss	s) IF	om gaming a	Ctiviti	es <u> </u>		<u> </u>		
	10aGross sales of inver returns and allowar			10a					
	<b>b</b> Less: cost of goods	sol	d	10b					
	c Net income or (loss	s) fr	om sales of i	nvent	ory 🕨	<del></del>			
	Miscellaneo	us F	Revenue		Business Code	!			
	11a								
	b								
	<b>d</b> All other revenue								
	e Total. Add lines 11	.a−1	11d		•				
	12 Total revenue. Se	e in	structions .			-625,8	44 6,90	1	701,858
						-023,0	0,50	1	Form <b>990</b> (2021)
									, ,
						— Page 10 ———			
orr	m 990 (2021)								D 10
	art IX Statement	of	Eunctional	Evn	onsos				Page <b>10</b>
	Section 501(c	:)(3)	and 501(c)(	4) org	ganizations must	complete all columns	. All other organization	ons must complete com	olumn (A).
	Check if Sche	dule	e O contains a	resp	onse or note to a	ny line in this Part IX			🗆
	not include amounts	rep	orted on lin			(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Pa	art \	/III.			Total expenses	expenses	general expenses	expenses
1	Grants and other assis domestic governments					212,000	212,000		
2	Grants and other assis Part IV, line 22								
3	Grants and other assis governments, and fore and 16.	eign	individuals.	See P	art IV, lines 15				
4	Benefits paid to or for								
	Compensation of curre key employees	ent o	officers, direc	tors,	trustees, and				
6	Compensation not incl defined under section section 4958(c)(3)(B)	495	8(f)(1)) and	perso	ns described in				
7	Other salaries and wag	ges							
8	Pension plan accruals 401(k) and 403(b) em								

9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal							
c	Accounting	10,672			10	0,672		
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
	Investment management fees	27,689			2	7,689		
	Other (If line 11g amount exceeds 10% of line 25, column	/				,		
9	(A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion							
13	Office expenses	16,853			16	6,853		
14	Information technology							
	Royalties							
	Occupancy							
	Travel							
	Payments of travel or entertainment expenses for any							
	federal, state, or local public officials .							
	Conferences, conventions, and meetings	10.05				2.051		
	Interest	12,851			12	2,851	<u> </u>	
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
	a OTHER	3,009				3,009		
		,				,		
	<b>b</b> BANK CHARGES	2,863			2	2,863		
	c							
	d d							
	e All other expenses							
	<del></del>	205.027	212.000		7.	2.027		0
	<b>Total functional expenses.</b> Add lines 1 through 24e	285,937	212,000		/:	3,937		0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.							
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).							
		- Page 11					Form <b>990</b> (	2021)
Forn	n 990 (2021)							~~ <b>4</b>
	<del></del>						Pag	ge <b>11</b>
P	art X Balance Sheet  Check if Schedule O contains a response or note to any	line in this Part IX .					(	
			(A) Beginning of ye	ar			<b>(B)</b> End of year	
	1 Cash-non-interest-bearing		4	139,115	1		12	3,634
	<b>2</b> Savings and temporary cash investments			9,007	2			5,769
	3 Pledges and grants receivable, net				3			
	4 Accounts receivable, net	•			4			
	5 Loans and other receivables from any current or former	officer director			-			
	trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso	ontributor, or 35%			5			
	<b>6</b> Loans and other receivables from other disqualified pers section 4958(f)(1)), and persons described in section 49				6			
10	7 Notes and loans receivable, net				7			
Assets	8 Inventories for sale or use				8			
SS	9 Prepaid expenses and deferred charges				9			
A	1				-			
	10a Land, buildings, and equipment: cost or other	1 628 61	14		l			

846,028 5.185.582	10c	200.256				
5 185 582	100	899,356				
3,103,302	11	4,508,969				
	12					
	13					
	14					
52,000	15	52,000				
6,531,732	16	5,589,728				
6	17	0				
	18					
	19					
	20					
Tax-exempt bond liabilities						
204 200		000.045				
301,832		262,315				
04.700		44.000				
31,730	25	41,030				
333,568	26	303,345				
015 542	27	2 007 744				
		3,007,711				
5,282,621	28	2,278,672				
	29					
Paid-in or capital surplus, or land, building or equipment fund						
	31					
6,198,164	32	5,286,383				
6,531,732	33	5,589,728				
		Page <b>12</b>				
		<u> U</u>				
	1.1	C2E 044				
		-625,844				
	1	205 027				
	2	285,937				
	3	-911,781				
	3 4					
	2 3 4 5	-911,781				
	2 3 4 5 6	-911,781				
	2 3 4 5 6 7	-911,781				
	2 3 4 5 6 7 8	-911,781 6,198,164				
   	2 3 4 5 6 7 8	-911,781 6,198,164				
	2 3 4 5 6 7 8	-911,781 6,198,164				
	2 3 4 5 6 7 8 9	-911,781 6,198,164 0 5,286,383				
   	2 3 4 5 6 7 8 9	-911,781 6,198,164 0 5,286,383				
	2 3 4 5 6 7 8 9	-911,781 6,198,164 0 5,286,383				
	2 3 4 5 6 7 8 9	-911,781 6,198,164 0 5,286,383 •••••••••••••••••••••••••••••••••••				
	2 3 4 5 6 7 8 9 10	-911,781 6,198,164 0 5,286,383				
	301,832 31,730 333,568 915,543 5,282,621 6,198,164 6,531,732	18 19 20 21 21 22 301,832 23 24 31,730 25 333,568 26 915,543 27 5,282,621 28 29 30 30 31 6,198,164 32				

	Software ID:	Ketur	11 10 11	, 1111 
	ditional Data	Retur	11 00 10	1111
		<b>D</b>	n to Fo	rm
	990 (2021)			
		F	orm <b>99</b>	<b>0</b> (2021
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 in Schedule O and describe any steps taken to undergo such audits.	3b		
3а	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?	За		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	2c	Yes	
	☐ Separate basis ☐ Both consolidated and separate basis			
	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:			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	·		1	

# TIN: 39-1231223

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		ne organization					Employer identifica	tion number	
ATHUL	TC CH	ARITIES FOUNDATION INC					39-1231223		
Par		Reason for Public					ee instructions.		
ne or <b>1</b>	ganiz	ation is not a private fou A church, convention of		•	-		A)(i)		
2		,	,			( )( )(	A)(I).		
_		A school described in se			-		***		
3		A hospital or a cooperat	·	_			•		
4		A medical research organisme, city, and state:	anization operated	in conjunction with a	nospital describ	ed in <b>section 1</b>	/U(b)(1)(A)(III). En	ter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co		of a college or univers	ity owned or ope	erated by a gove	rnmental unit describ	ed in <b>section</b>	
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .							
7		An organization that no section 170(b)(1)(A)			support from a g	governmental ur	nit or from the general	public described in	
8		A community trust desc	cribed in <b>section</b> :	170(b)(1)(A)(vi). (C	Complete Part II.	)			
9		An agricultural research non-land grant college						ge or university or a	
10		An organization that no from activities related t investment income and 30, 1975. See <b>section</b>	rmally receives: ( o its exempt funct unrelated busines	1) more than 331/3% ( cions—subject to certa ss taxable income (les	of its support fro in exceptions, a	m contributions nd (2) no more	, membership fees, ar than 33 1/3% of its sup	port from gross	
11		An organization organiz	ed and operated of	exclusively to test for	public safety. Se	e section 509(	a)(4).		
12	<b>~</b>	An organization organiz more publicly supported on lines 12a through 12	d organizations de	scribed in section 50	9(a)(1) or sect	ion 509(a)(2)	. See section 509(a)		
а	<b>~</b>	Type I. A supporting or organization(s) the pow complete Part IV, See	rganization operat ver to regularly ap	ed, supervised, or cor	ntrolled by its su	pported organiza	ation(s), typically by g		
b		Type II. A supporting of management of the sup must complete Part I	porting organizat	ion vested in the same					
С		Type III functionally supported organization						ed with, its	
d		Type III non-function functionally integrated. instructions). You mus	The organization	generally must satisfy	a distribution re				
e		Check this box if the or	ganization receive	d a written determina	tion from the IR	S that it is a Typ	e I, Type II, Type III f	unctionally	
f	Enter	integrated, or Type III in the number of supporte	•	itegrated supporting o	-		1		
		de the following informat							
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
		C CHARITIES OF THE SE OF MILWAUKEE INC	390806321	7	Yes		212,000	0	
							242.600		
otal or Pa	nerv	vork Reduction Act No	tice, see the Inc	tructions for	Cat. No. 11285F	:	212,000 Schedule <i>A</i>	0 A (Form 990) 2022	
		or 990-EZ.		Page					

Schedule A (Form 990) 2022

Page 2

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

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

	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	r fiscal year beginning in)	( )	(1)	( )	( )	(-, -	( )		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grant.")								
2	Tax revenues levied for the			+					
-	organization's benefit and either paid								
	to or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	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 on								
	line 1 that exceeds 2% of the amount								
_	shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4.								
_									
	Section B. Total Support	1	1						
	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
-	r fiscal year beginning in)		+	+	+	+			
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business								
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain or					1			
-0	loss from the sale of capital assets			1		1			
	(Explain in Part VI.).								
11	<b>Total support.</b> Add lines 7 through								
	10								
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	no organization's	first second thir	t fourth or fifth	tay year as a sec	tion 501(c)(3) ora	anization chock		
13	-	-			•		anization, thetk		
	this box and <b>stop here</b>	<del></del>				▶∪			
S	Section C. Computation of Public	Support Perc	entage						
	Public support percentage for 2022 (lir		_	column (f))		14			
						<b>—</b>			
	Public cupport percentage for 70.70 Sci								
15	Public support percentage for 2020 Schedule A, Part II, line 14								
15							s box		
15	33 1/3% support test—2022. If the	organization did n	ot check the box	on line 13, and l	ine 14 is 33 1/3%	or more, check th			
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	to or experiued on its bending	-	•						
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5			<u> </u>		1	-		
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support		ı	1					
Cale	ndar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(or 1	fiscal year beginning in) Amounts from line 6	(4) 2010	(3) 2013	(6) 2020	(4) 2021	(6) 2022	+(.,	Total	
10a	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,								
С	1975. Add lines 10a and 10b.						-		
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)						_		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	_							_
	this box and <b>stop here</b>								ightharpoons
	ection C. Computation of Public Public support percentage for 2022 (lir	Support Perce ne 8. column (f) o	<b>entage</b> divided by line 13	. column (f)) .		15			
16	Public support percentage from 2021 S					16			
Se	ection D. Computation of Invest	ment Income	Percentage						
<u>Se</u> 17	Investment income percentage for 20	<b>22</b> (line 10c, colu	ımn (f) divided by			17			_
17 18	Investment income percentage for <b>20</b> : Investment income percentage from <b>2</b>	<b>22</b> (line 10c, colu <b>021</b> Schedule A,	ımn (f) divided by Part III, line 17 .			18			
17 18	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the	<b>22</b> (line 10c, colu <b>021</b> Schedule A, organization did ı	mn (f) divided by Part III, line 17 . not check the box	on line 14, and	line 15 is more tha	<b>18</b> n 33 1/3%, and li			
17 18	Investment income percentage for <b>20</b> : Investment income percentage from <b>2</b> <b>33</b> 1/3% <b>support tests-2022.</b> If the more than 33 1/3%, check this box and	22 (line 10c, colu 1021 Schedule A, organization did I I stop here. The	mn (f) divided by Part III, line 17 . not check the box organization qua	on line 14, and lifies as a publicl	line 15 is more that y supported organi	18 n 33 1/3%, and lization		ightharpoons	18 is
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<b>4</b> a	was any supported organization not organized in the office States (noteign supported organization ): It restand if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			<u> </u>
		4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or		<u> </u>	ļ
	supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
-	organization's organizing document?	5b		
C	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	•		NO
,	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		No
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 <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
	organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
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.	10a		No
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).			
	Schedule A	10b (Form	990)	2022
		(	,	
	Page 5			
	dule A (Form 990) 2022		Г	Page <b>5</b>
Par	t IV Supporting Organizations (continued)		r	<u> </u>
	car capporting organizations (continued)			
11			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	Has the organization accepted a gift or contribution from any of the following persons?	11a		
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	11a 11b		No
а	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part			No No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b		No No No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b		No No No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b	Yes	No No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11b 11c	Yes	No No No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11b 11c	Yes	No No No
a b c See	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	11b 11c	Yes	No No No
a b c See	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11b 11c	Yes	No No No
a b c See	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11b 11c	Yes	No No No No

Se	ction D. All Type 111 Supporting Organizations				T	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	No," e	xplain in <b>Part VI</b> how the	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	tion's i	ncome or assets at all times	3		
- 50	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Toc	t during the year (see instruct	ione):		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ait ies	t during the year (see mistruct	ions).		
b	The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th substantially all of its activities.  Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes,"	Part Voses, I at thesanizati	I identify those supported now the organization was se activities constituted on's involvement, one or more in in <b>Part VI</b> the reasons for	2a		
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.	hese a	ctivities but for the	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>					
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, c	directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>	ams ar ation ir	nd activities of each of its nthis regard.	3b		
			Schedule A		1 990)	2022
				•	,	
	Dage 6					
	Page 6 ————					
	dule A (Form 990) 2022				F	Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				

3 Subtract line 2 from line 1d

-				ı		1
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035	·	6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)		ntegrat	ed Type III sup		organization (see
Pa	dule A (Form 990) 2022  rt V Type III Non-Functionally Integrated	Page 7  1 509(a)(3) Supporting C	Organi	zations (co	ntinued	•
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported of	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	rposes of supported organization	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )			5	
	Other distributions (describe in <b>Part VI</b> ). See instruction				6	
		1115			7	
8	<b>Fotal annual distributions.</b> Add lines 1 through 6.  Distributions to attentive supported organizations to whether the supported organizations are supported organizations.	nich the organization is responsi	ve (pro	vide	8	
	details in Part VI). See instructions				_	
9	Distributable amount for 2022 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) lerdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 [	Distributable amount for 2022 from Section C, line 6					
(	Underdistributions, if any, for years prior to 2022 reasonable cause required explain in <b>Part VI</b> ). See instructions.					
	excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2019					
	From 2020					
	From 2021		_			
	<b>Total</b> of lines 3a through e					
	Applied to underdistributions of prior years  Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see					
	instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. istributions for 2022 from Section D, line 7:					
	scribations for 2022 from Section D, line 7:					
	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	emaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2.					

If the amount is greater than zero, <i>explain in</i> See instructions.	Part VI.		
<b>6</b> Remaining underdistributions for 2022. Subtra lines 3h and 4b from line 1. If the amount is than zero, explain in <b>Part VI</b> . See instruction	greater		
<b>7 Excess distributions carryover to 2023.</b> Ac 3j and 4c.	dd lines		_
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			
Section A, lines 1, 2, 3b, 3c, 4b, 4c, Part IV, Section D, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 11a, 11b, an t IV, Section E, lines 1c, 2a, 2b	/ Part II, line 10; Part II, line 17a or 17b nd 11c; Part IV, Section B, lines 1 and 2; o, 3a and 3b; Part V, line 1; Part V, Sectio o. Also complete this part for any addition	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circumsta	ances Test	
Return Reference		Explanation	
Additional Data		Sci	hedule A (Form 990) 2022
Additional Data			Return to Form

Software ID: Software Version:

ObjectId: 202303189349313825 - Submission: 2023-11-14

TIN: 39-1231223

# **SCHEDULE D**

Department of the Treasury

(Form 990)

**Supplemental Financial Statements** 

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

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

OMB No. 1545-0047

**Open to Public** 

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and	the latest infor	mation.	Ins	spection
	me of the organ				Employer iden	tification	number
CAI	THOLIC CHARITIES F	OUNDALION INC			39-1231223		
Pa	art I Organi	zations Maintaining Donor Advis	sed Funds or Other Sir	milar Funds o	r Accounts.		
	Comple	ete if the organization answered "Ye					
	Total contract		(a) Donor advised	funds	(b) Funds	and other	accounts
1		end of year					
2		of contributions to (during year)					
3 4		of grants from (during year)					
		at end of year		haldte daar ad			
5		ation inform all donors and donor adviso property, subject to the organization's ex					Yes 🗆 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for any	other purpose c	be used only for onferring imperm	issible	Yes 🗆 No
Pa		rvation Easements.					
_		ete if the organization answered "Ye					
1		onservation easements held by the organ		•	historia - U		
		on of land for public use (e.g., recreation	,		historically impor		ırea
	☐ Protection	of natural habitat	□ Pr	eservation of a c	ertified historic st	ructure	
	☐ Preservati	on of open space					
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation contr	ibution in the for			f the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
C	Number of cons	ervation easements on a certified historic	structure included in (a).		2c		
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not o	on a historic	2d		
3	Number of constax year ▶	servation easements modified, transferre	d, released, extinguished, o	r terminated by	the organization d	luring the	
4	Number of state	es where property subject to conservatio	n easement is located 🕨				
5		ization have a written policy regarding that of the conservation easements it holds				Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations,	and enforcing co			
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and e	enforcing conser	vation easements	during the	year
8	Does each cons	ervation easement reported on line 2(d)	above satisfy the requireme	ents of section 1	70(h)(4)(B)(i)		
		0(h)(4)(B)(ii)?			(	Yes	□ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization				
Pai	rt III Organi	izations Maintaining Collections ete if the organization answered "Yes	of Art, Historical Trea		er Similar Ass	ets.	
1a	If the organizat historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial stateme	C 958, not to report in its reic exhibition, education, or i	evenue statemen research in furth			
b	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:					
	-	ded on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
		I in Form 990, Part X					
2	If the organizat	in Form 990, Part X	cal treasures, or other simila	ar assets for fina		e the	
а		ed on Form 990, Part VIII, line 1	_				
b		in Form 990, Part X · · · · · · · ·					
U	Assets Iliciuded	1111 U1111 330, Pail A			· · · • • <u>- •                               </u>		

Schedule D (Form 990) 2021 Page **2** 

Par	rt III Organizations Maintaining Col	lections of Art, I	Historic	al Trea	sures, o	r Other	Similar As	sets (contii	nued)	
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records	, check a	ny of the	following t	hat are a	significant us	se of its colle	ection	
а	Public exhibition		d	☐ Lo	an or exch	ange prog	rams			
b	Scholarly research		е	Ot	her					
C	Preservation for future generations									
4	Provide a description of the organization's coll Part XIII.	lections and explain	how they	/ further	the organiz	ation's ex	empt purpos	e in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	□ <b>N</b>	0
Pa	Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990,	Part IV,	line 9, or	reporte	d an amoun	t on Form	990,	Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							Yes	□ <b>N</b>	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:	1		An	nount		_
c	• •	·	-			1c				<del>_</del>
d						1d				
e	radicione daring the year to to the total					1e				_
f	Distributions during the year 1 1 1 1 1 1 1					1f				_
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or	custodial a	ccount lia	bility?	☐ Yes	□ N	0
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has be	en provide	d in Part >	(III			
Pa	art V Endowment Funds. Complete if the organization answ									
		(a) Current year	<b>(b)</b> Pri	ior year	<b>(c)</b> Two y	ears back	(d) Three year	rs back (e) F	our yea	rs back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance	e (line 1g,	, column	(a)) held a	s:				
b	Permanent endowment									
С										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses organization by:	sion of the organiza	tion that	are held	and admin	istered fo	r the		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on 3a(ii), are the related organization	s listed as required	on Sched	lule R?				3b		_
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds.					l	
Pa	art VI Land, Buildings, and Equipmen	nt.								
	Complete if the organization answ	vered "Yes" on For						X, line 10		
_	Description of property (a) Cost or oth (investme		or other b	oasis (othe	er) (c) Acc	umulated d	epreciation	( <b>d)</b> Bo	ok valu	e
1a	Land			113,3	348					113,348
	Buildings			1,092,0	126		575,750			516,276
	Leasehold improvements			249,9			114,906			135,034
	Equipment			173,3			38,602			134,698
е	Other									
ota	tal. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), li	ne 10(c).)		<b>&gt;</b>			899,356

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Page **3** 

(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)		<b>•</b>	41,030
	bility for uncertain tax positions. In Part XIII, provide ization's liability for uncertain tax positions under FIN	_	xt of the footnote has beer	n provided in Part XIII 🗸
			Sci	nedule D (Form 990) 2021
		———— Page 4 ————		
C-l	hda D (Farma 2001) 2021			
	t XI Reconciliation of Revenue per Audi	tod Einancial Statements Wi	th Davanua nar Datu	Page <b>4</b>
Pai	Complete if the organization answered			· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited t	financial statements		L
2	Amounts included on line 1 but not on Form 990, Par	rt VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2	e
3	Subtract line <b>2e</b> from line <b>1</b>			3
4	Amounts included on Form 990, Part VIII, line 12, bu	ut not on line <b>1</b> :		
а	Investment expenses not included on Form 990, Part	t VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4	c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal	Form 990, Part I, line 12.)		5
Par	Reconciliation of Expenses per Aud Complete if the organization answered			urn.
1	Total expenses and losses per audited financial state			l
2	Amounts included on line 1 but not on Form 990, Par	rt IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2	e
3	Subtract line <b>2e</b> from line <b>1</b>		:	3
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:		
а	Investment expenses not included on Form 990, Part	t VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines <b>4a</b> and <b>4b</b>			c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equa	I Form 990, Part I, line 18.)	!	5
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and s 2d and 4b; and Part XII, lines 2d and 4b. Also comp			ne 4; Part X, line 2; Part XI,
	Return Reference		Explanation	
PART	E S A	CATHOLIC CHARITIES FOUNDATION EXEMPT ORGANIZATIONS UNDER SE SERVICE GROUP EXEMPTION LETTEF AND CORRESPONDING PROVISIONS FEDERAL OR STATE INCOME TAXES.	ECTION 501(C)(3) COVERE R OF THE UNITED STATES	D BY THE U.S. INTERNAL REVENUE CONFERENCE OF CATHOLIC BISHOPS
_			Sci	nedule D (Form 990) 2021

A .J .J!L! - .. - I PS - L -

Additional Data **Return to Form** 

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Schedule I

efile Public Visual Render

ObjectId: 202303189349313825 - Submission: 2023-11-14

TIN: 39-1231223 OMB No. 1545-0047

**Open to Public Inspection** 

**Employer identification number** 

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization CATHOLIC CHARITIES FOUNDATION INC

39-1231223

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEE EXECUTIVE COMMITTEE BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	AS A CONDITION OF EMPLOYMENT, STAFF ARE REQUIRED TO DISCLOSE OPPORTUNITIES THEY HAVE WITH OTHER ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC DURING THE TAX YEAR BY DIRECT REQUEST.
FORM 990, PART XII, LINE 2C:	NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

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

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

TIN: 39-1231223 OMB No. 1545-0047

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

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

2022 Open to Public Inspection

(f) Direct controlling entity

Part I

Department of the Treasury
Internal Revenue Service
Name of the organization
CATHOLIC CHARITIES FOUNDATION INC Employer identification number 39-1231223

(b) Primary activity

Part II Identification of Related Tax-Exe related tax-exempt organizations du						red "Yes		rm 990, Pa		4 because		one or m		
(a) Name, address, and EIN of related organization	elated organization		<b>(b)</b> Primary activity		(c) Legal domicile (sta or foreign country		(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))				Section 512(b) (13) controlled entity?	
(1)CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUF 3501 SOUTH LAKE DRIVE	OF THE ARCHDIOCESE OF MILWAUKEE INC		TO SERVE TH		WI	501(	C)(3)	LIN	₹ 7					No
MILWAUKEE, WI 53207 39-0806321			JUSTICE							N/A				
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Schedule R (Form 990) 2021	tructions to													e <b>2</b>
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art V Transactions With Related Orga	nizations Co	malata if t	ho organizatio	n answered "Ves	" on Form Of	O Dart IV I	ino 24 2Eh	or 26		Pa	age
Note. Complete line 1 if any entity is listed in				ii aliswereu Tes	011 1 01111 93	, , rait iv, i	ille 34, 330,	01 30.		Yes	N
During the tax year, did the orgranization engage	· ·	-			=	sted in Parts I	I-IV?				<u> </u>
<ul> <li>Receipt of (i) interest, (ii) annuities, (iii) roya</li> <li>Gift, grant, or capital contribution to related or</li> </ul>									1a 1b	Yes	N
Gift, grant, or capital contribution from related	, ,								1c		N
<ul> <li>Loans or loan guarantees to or for related organization</li> <li>Loans or loan guarantees by related organization</li> </ul>	. ,								1d 1e		N <sub>1</sub>
											T.,
Dividends from related organization(s)									1f 1g		N
Purchase of assets from related organization(s)									1h		N
Exchange of assets with related organization(s Lease of facilities, equipment, or other assets t								•	1i 1j	Yes	N
Lease of facilities, equipment, of other assets t	o related organiz	adon(s) .							-		<del>                                     </del>
k Lease of facilities, equipment, or other assets									1k		N
Performance of services or membership or fund Performance of services or membership or fund	=		-						. 11 1m	1	N
n Sharing of facilities, equipment, mailing lists, o			-						1n		N
<ul> <li>Sharing of paid employees with related organi</li> </ul>	zation(s)								10		N
<b>p</b> Reimbursement paid to related organization(s									1р		N
q Reimbursement paid by related organization(s	) for expenses .								1q		N
r Other transfer of cash or property to related or									1r		N
<ul><li>Other transfer of cash or property from related</li><li>If the answer to any of the above is "Yes," see</li></ul>						ered relation		eaction thresholds	1s		No
	(a) ted organization	or innormat	ion on who mas	e complete this line	(b) Transactio		(c)	Method of deter	(d)	involved	4
Name of rela	.cu organization				type (a-s)		ine involved	riction of deter	Tilling amount	IIIVOIVEO	
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, ,		ershin Co	omplete if the	organization ans	wered "Yes"	on Form 99	0, Part IV, lir	ne 37.			ge
				zation conducted n	nore than five	percent of its	activities (mea	asured by total asse	ets or gross re	venue)	) tha
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Part VII Supplemental Informatio Provide additional information for		ons on Sche	dule R. See in:	structions.							
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