** PUBLIC DISCLOSURE COPY **

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

Open to Public

Yes X No

1054

Current Year

Prior Year

OMB No. 1545-0047

Department of the Treasury

Address change

Name

change Initial return

Final return/ termin-ated

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number

> Catholic Charities of Northern Nevada 88-0339754

Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite PO Box 5099 (775) 322-7073

City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 89513-5099 Reno, NV H(a) Is this a group return

Amended Applica-tion pending F Name and address of principal officer: Marie Baxter for subordinates?

same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.CCSnn.org

H(c) Group exemption number ▶ 0928 K Form of organization: X Corporation Other > L Year of formation: 1995 M State of legal domicile: NV Trust Association

Part I Summary

Activities & Governance

29

Briefly describe the organization's mission or most significant activities: To carry on charitable work in the field of religion, education, and social welfare within N NV.

if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b)

Total number of individuals employed in calendar year 2021 (Part V, line 2a)

Total number of volunteers (estimate if necessary) 6

7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7h

b Net unrelated business taxable income from Form 990-T, Part I, line 11

11,868,191. 11,812,696. Contributions and grants (Part VIII, line 1h) 593,362. 596,279. Program service revenue (Part VIII, line 2q) Investment income (Part VIII, column (A), lines 4, and 11,020. 4,951. 10 1,233,574. 1,918,021. Other revenue (Part VIII, colum A), lin 5, d, 8c, 9 10c, and 11e) 11

14,331,947. Total revenue - add lines 8 through 11 (Lust quar Part VIII, column (A), line 12) 13,706,147. 12 ts paid , column (A), lines 1-3) 6,034,683. 5,755,292. Grants and similar a

Renefits p 0. me bers (Part IX, column (A), line 4) 14 3,757,127.

3,936,413. ppensation, employee benefits (Part IX, column (A), lines 5-10) 15 iess and andraising fees (Part IX, column (A), line 11e)

rendraising expenses (Part IX, column (D), line 25) 1,355,114. 1,424,508. other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

11,116,213. 11,146,924. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

2,559,223. 3,215,734. **19** Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year End of Year 19,032,152. $21,501,\overline{110}$

20 Total assets (Part X, line 16) 3,534,396. 3,584,648. 21 Total liabilities (Part X, line 26) 15,447,504. 17,966,714.

22 Net assets or fund balances. Subtract line 21 from line 20 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.

Signature of officer Date Sign

Marie Baxter M. ED. CFRE, CEO

Here Type or print name and title

Date PTIN Check Print/Type preparer's name Preparer's signature Deb Nelson, CPA 04/07/23 self-employed P01264758 Deb Nelson, CPA Paid Firm's name ▶ Eide Bailly LLP Firm's EIN \blacktriangleright 45-0250958 Preparer Firm's address 800 Nicollet Mall, Ste. 1300 Use Only

Phone no. 612-253-6500 Minneapolis, MN 55402-7033 X Yes May the IRS discuss this return with the preparer shown above? See instructions

No

Did the organization undortake any significant program services during the year which were not isted on the prior form 950 or 950-627 If "Yes," describe these new services on Schodule O. Did the organization undortake any significant program services during the year which were not isted on the prior form 950 or 950-627 If "Yes," describe these new services on Schodule O. Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(6)8 and 5016(6)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(6)8 and 5016(6)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(6)8 and 5016(6)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service program services, as measured by expenses. Section 5016(6)8 and 5016(6)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service grants and services of program services and service grants. Catholic Charities believes that bringing hope to people builds spirit and self-reliance within them and within our community. SNAP are provided holiday and packaged food products to individuals and family in need, at no cost to them. We also assist with SNAP are oll were provided holiday meals, and serve more than 40 popung in the provide and provide holiday meals, and serve more than 40 popung in the provide holiday meals, and serve more than 40 popung in the provide and provide services of the program services opera	Pai	Statement of Program Service Accomplishments
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	4e	Total program service expenses ▶ 9,337,929.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Ι.
	If "Yes," complete Schedule D, Part IV	9		Ÿ.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	0		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX r X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes Con Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, 2, to t is 60 more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Trt VI	11b		X
С	Did the organization report an amount for investments - program released. Part, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par VIII	11c		X
d	Did the organization report an amount for other ass us in Park X, I at 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete thedul Q, art IX	11d	X	
е	Did the organization report an amount for open in pilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's poiling for procertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the prize on the tax year? If "Yes," complete			
	Specific District XI and XII	12a	X	
	We the beganization included in consolidated, independent audited financial statements for the tax year?			
	Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· •	23	х	
240	Schedule J	23	25	
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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	6	1	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to 15% contributors	hd		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete the Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the school bule to tive			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator four former officer, director, trustee, key employee, creator four former officer, director, trustee, key employee, creator former officer, director former officer, director, trustee, key employee, creator former officer, director for			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If es," collaboration of any individual described in line 28a?	28b		Х
	A 35% controlled entity of one or more individuals of or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part	28c		Х
29	Did the organization receive more than \$25,000 mon-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization recommendation art, historical treasures, or other similar assets, or qualified conservation			
	contributions'. (") ; " symp te Schedule M	30		X
31	Did pulsare, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Scardu N., Part II	32		X
33	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	I		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	····· "		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	L27	103	1,40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(aambling) winnings to prize winners?	10	x	

Form 990 (2021) Catholic Charities of Northern Nevada

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7~		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	b		Z
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bell fit to ntrate the contract of the contract	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be effit anti-et?	7f		X
g	If the organization received a contribution of qualified intellectual poperty the contribution of qualified intellectual poperty the contribution of qualified intellectual poperty.	7g		
h	If the organization received a contribution of cars, boats, airplanes, other velocities at the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised fur s. Did a long avised fund maintained by the			
_	sponsoring organization have excess business hold gos at a little during the year?	8		
9	Sponsoring organizations maintaining of the dispersion of dispersion and a section 40000	0-		
a	Did the sponsoring organization make any total addistributions under section 4966? Did the sponsoring organization make any total addistributions under section 4966?	9a 9b		
b 10	Section 501(a, 7) and setting of the sponsoring	90		
а	Initia by a late talk contributions included on Part VIII, line 12			
h	Coss seceips, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Se tiol per(c)(12) organizations. Enter:			
	oss income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ.
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,		17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	.,		

Form 990 (2021) Catholic Charities of Northern Nevada 88-0339754 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	a	Z	
h	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the opten (The service).		ı	
	(This dection B requests information about policies not required by the view and state)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the actives of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization exempt purposes?	10b		
11a	Has the organization provided a complete copy of its Form 30 trail members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process of any use by me ganization to review this Form 990.			
	Did the organization have a written inflict point set policy? If "No," go to line 13	12a	х	
	Were officers, directors, or assess, and know oyees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organication regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·		12c	х	
13.		13	X	
14	Dil the spanization have a written whistleblower policy? Dil the spanization have a written document retention and destruction policy?	14	X	
15	the process for determining compensation of the following persons include a review and approval by independent	14	25	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
			21	Х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		25
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16-		Х
	taxable entity during the year?	16a		
D	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	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17		1		1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Michele Sullivan - 775-322-7073			
	PO Box 5099, Reno, NV 59513-5099			

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

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

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nno	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from
	related organizations	ustee	trust		ee	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC	and ela
	below	lual tr	tional		nploy	st con	_	1099-NEC)		and ela
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			izatio
(1) Marie Baxter, M. ED. CFRE	40.00		_		_	1 0		. •		
CEO				Х				158 1 5.	0.	11,755.
(2) Lee Hernandez	40.00									
CFO (Thru Nov 21)							1	1.7,982.	0.	11,424.
(3) John Fisher	40.00									
Director of Thrift Shops					/_			104,386.	0.	8,149.
(4) Fred Weber	40 00		U	`					_	
Interim CFO (Start Dec 21)				Х				5,192.	0.	156.
(5) Michele Sullivan	4.00	1								_
CFO (Start Mar 21)				X				0.	0.	0.
(6) The Most Rer. and 1 Myeggenbor	0.50	ļ								
Chair		Х		X				0.	0.	0.
(7) es Per in	0.70	ļ								
Pr sid t		Х		X				0.	0.	0.
(8) Pecy Bergin	0.70	ļ								
Vice President		Х		X				0.	0.	0.
(9) Nick Klaich, DVM (Retired)	0.70								_	•
Treasurer	0.50	Х		Х				0.	0.	0.
(10) Matt Milone	0.50	3,7		7,7					0	0
Secretary	0.30	Х		Х				0.	0.	0.
(11) Jim Cavilia Trustee	0.30	Х						0.	0.	0.
(12) Max Coppes, MD, PHD, MBA	0.30	Δ						0.	0.	<u> </u>
Trustee	0.30	Х						0.	0.	0.
(13) Maureen Klippenstein	0.30							•	•	
Trustee	3,30	х						0.	0.	0.
(14) Karen McClenahan	0.30									
Trustee		Х						0.	0.	0.
(15) Rev Charles Durante	0.30								<u> </u>	
Trustee		Х						0.	0.	0.
(16) Nick Rossi	0.30								-	
Trustee		Х						0.	0.	0.
(17) Sy Johnson	0.30									
Trustee		Х						0.	0.	0.
										Form 990 (2021)

	Chariti	.es	0	f :	No	rt	he	ern Nevada	88-03	39'	754	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average hours per		not c	heck r	nore	than o		Reportable	Reportable			imated	
	week					s both or/trust		compensation from	compensation from related			ount o other	1
	(list any	tor						the	organizations			ensati	ion
	hours for	r director				ted		organization	(W-2/1099-MIS	C/	fro	m the	
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)		_	ınizatio	
	organizations below	ıal tru	onal t		ployee	com		1099-NEC)				relate	
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	ns
(18) Monique Jacobs	0.30	드	드	Ó	3	工売	<u> </u>						
Trustee (End Date May 22)		Х						0.		٥.			0.
(19) Greg Botto	0.30												
Trustee		Х						0.		0.			0.
(20) Tom Dolan	0.30												
Trustee	0 20	Х		\vdash				0.		0.			0.
(21) David Miller, CFA, CFP Trustee	0.30	Х						0.		٥.			0.
Itustee			\vdash	\vdash				0.		٠.			0.
		-											
										4			
				Н									
		-					$\langle \langle$	SU'					
1b Subtotal				T	Ī			384,725.		0.	31	.,48	4.
c Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d Total (add lines 1b and 1c)		4	U		<u></u>]	<u> </u>	384,725.		0.	31	.,48	4.
2 Total number of individuals (included but)	t lil tea to th	se	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization											,	Yes	<u>3</u> No
3 Did the organistic list by filmer officer,	director truct	00 k	·0\/ 0	mnl	0.404	0 0r	hia	shoet componented omn	lovoo on	١		103	140
	,	,	,	•	,	,	·	, , ,	,		3		Х
line of a less, son lete ochedule J for son line 1a, is the su								ner compensation from t					
an release organizations greater than \$150											4	х	
5 any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ıch p	ers	on .					5		Х
Section B. Independent Contractors	-												
1 Complete this table for your five highest co	•	•							•	ensat	tion from	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng wi	ith c	or wit	hin:		ear.		(0)		
(A) Name and business	address	NC	ONE	7.				(B) Description of s	services	С	(C) ompen		
											•		
							_						
							\dashv						
							Ī						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	hos	se list	ted	above) who received me	ore than				
\$100,000 of compensation from the organization	•				C			•				200	

		Check if Schedule O contains a response of	r noto to any lin	o in this Dart VIII			
		Check if Schedule O contains a response of	r riote to arry line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns b Membership dues c Fundraising events d Related organizations 1a 1b 1c 1c					
ibutions, G Other Simila	f	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f	3,363,113. 8,449,583.				
Sont and ((H	g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f	4,489,263.	11,812,696.			
0 0			Business Code				
ġ.	2 8	a Rental Income	531110	536,143.	536,143.		
rvic	k	b Programs	900099	56,488.	56,488.		
Se	(c					
ram }eve	(d					
Program Service Revenue	•	e		2.542	2.512		
<u>а</u>	-	f All other program service revenue	900099	3,648. 596,279.	3,648.		
	3	Total. Add lines 2a-2f		330,273.		· ·	
	3	other similar amounts)		3,251.			3,251.
	4	Income from investment of tax-exempt bond pro		,			,
	5	Royalties	T T				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	Otner				
	/ 6	a Gross amount from sales of assets other than inventory	1,700.				
	k	b Less: cost of other land					
ne		and sales xpe es 7b	0.				
Revenue		7c	1,700.				
ge.		d et ga o oss)		1,700.			1,700.
Oth	8	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a 8b					
		b Less: direct expenses					
		a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	b Less: direct expenses 9b					
	(c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
			5,362,072.				
		•	3,444,051.	1 010 021	1 010 021		
		c Net income or (loss) from sales of inventory	Business Code	1,918,021.	1,918,021.		
sno	11 a	<u> </u>	_ =====================================				
Miscellaneous Revenue	c	b					
ella		c					
Aisc R	(d All other revenue					
_	•	e Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions	.	14,331,947.	2,514,300.	0.	4,951.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 258,374. 258,374. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,496,918. 5,496,918. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 319,173. 319,173. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,914,262. 2,033,391. 880,871. 7 Pension plan accruals and contributions (include 89,412. 53,220. 36,192 section 401(k) and 403(b) employer contributions) 230,206. 112,09342,305. Other employee benefits 9 271,261. 180,284. 90,97 10 Payroll taxes 11 Fees for services (nonemployees): Management 628 3,446. 218 Legal 47,226. 47,226 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 84,103. 50,731. column (A), amount, list line 11g expels on S 33,372. 5,986. 2,462. 3,524. Advertising and promotion 12 57,417. 23,968. 33,449. Office expenses 13 89,523. 24,002. 65,521. 14 Information te Roya 15 230,820. 216,320. 14,500. (Culmoy) 16 8,722. 1,811. 6,911. 17 ments of travel or entertainment expenses 18 for any federal, state, or local public officials 17,910. 43,646. 25,736. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 <u>30,520.</u> 312,046. 281,526. Depreciation, depletion, and amortization 22 37,197. 33,694. 3,503. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 158,367. 154,914. 3,453. Program Supplies Repairs and Maintenance 134,014. 127,353. 6,661. 103,658. 98,935. 4,723. Vehicle Expenses 21,069. 15,243. d Licenses and Permits 5,826. 87,268. 32,787. 16,693. 37,788. e All other expenses 11,116,213. 9,337,929. 1,740,496. 37,788. Total functional expenses. Add lines 1 through 24e 25 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)

· u	ILA	Balarioc officet							
		Check if Schedule O contains a response or note	e to any	y line in this Part X					<u></u>
					(A) Beginning of	vear		(B) End of yea	ar
	1	Cook non interest bearing			2,053,	-	1	4,134,	
	2				2,340,		2	3,973,	
		Savings and temporary cash investments				976.	3	316	,533.
	3	Pledges and grants receivable, net			720,	<i>510</i> •	4	510,	
	4	Accounts receivable, net					4		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst					-		
		controlled entity or family member of any of thes					5		
	6	Loans and other receivables from other disqualif							
	_	under section 4958(f)(1)), and persons described					6		
ets	7	Notes and loans receivable, net		Г	6.6	253.	7	22	616
Assets	8	Inventories for sale or use				696.	8	121	,646. ,811.
_	9				4/,	090.	9	141,	011.
	10a	Land, buildings, and equipment: cost or other		12 247 720					
		basis. Complete Part VI of Schedule D		13,247,728. 5,564,783.	7 642	620		7 600	045
		Less: accumulated depreciation			7,642,		10c	7,682,	
	11	Investments - publicly traded securities	/4,	000.	11	/4,	,000		
	12	Investments - other securities. See Part IV, line 1			12		+		
	13	Investments - program-related. See Part IV, line 1			17				
	14	Intangible assets	F 070	201	_1		000		
	15	Other assets. See Part IV, line 11			5,878,		15	,174,	
	16	Total assets. Add lines 1 through 15 (must equa			19,034,	P.	16	21,501,	
	17	Accounts payable and accrued expenses	_ [3 4,		17	452,	,181.	
	18	Grants payable	7 7 4	000	18	1 554	000		
	19	Deferred revenue		,574,	938.	19	1,574,	938.	
	20	Tax-exempt bond liabilities					20		
	21	Escrow or custodial account liability. Complete F					21		
es	22	Loans and other payables to any current or f	_ \						
Liabilities		trustee, key employee, creat or for the subst							
iab		controlled entity or family mediater of my de thes			1 (1)	000	22	1 505	
_	23	Secured mutgage and notes to unrela			1,613,	983.	23	1,505,	577.
	24	Unsecuted in the stand for his payable to unrelated		Г			24		
	25	iak ties incleang federal income tax, pag							
		artie an other liabilities not included on lines	17-24).	. Complete Part X	4	 00			500
\mathbf{A}		d periedule D				700.			700.
		Total liabilities. Add lines 17 through 25			3,584,	648.	26	3,534,	<u>, 396 -</u>
"		Organizations that follow FASB ASC 958, che	ck here	e ▶ <u>X</u>					
čě		and complete lines 27, 28, 32, and 33.			0 100	F.C.O.		11 000	000
<u>la</u>	27	Net assets without donor restrictions			9,180,		27	11,087,	022.
B	28				6,266,	942.	28	6,879,	,692.
S I		Organizations that do not follow FASB ASC 99	58, che	eck here					
Ē		and complete lines 29 through 33.							
ပ္	29	Capital stock or trust principal, or current funds					29		
se	30	Paid-in or capital surplus, or land, building, or eq		T T			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		Г	45	F.C. (31	4 7 7 7 7	
Š	32	Total net assets or fund balances			15,447,		32	17,966,	/14.
	33	Total liabilities and net assets/fund balances			19,032,	152.	33	21,501,	110.

Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part XI	T				
Total revenue (must equal Part VIII, column (A), line 12)		14	. 33	1.9	47.
· · · · · · · · · · · · · · · · · · ·					
	3				
· · · · · · · · · · · · · · · · · · ·	4				
	5		-69	6,5	24.
	6				
	7				
	8				
Other changes in net assets or fund balances (explain on Schedule O)	9				0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17	,96	6,7	14.
t XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
			_	Yes	No
Accounting method used to prepare the Form 990:					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C	Э.				
			2a		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a				
separate basis, consolidated basis, or both:					
<u> </u>					
Were the organization's financial statements audited by an independent accountant?				T	
			2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited	basis,		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited consolidated basis, or both:	basis,		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited course consolidated basis, or both: X Separate basis Consolidated basis Both consolidated casept at a sister.			2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited course consolidated basis, or both: X Separate basis Consolidated basis Both consolidated consequences at the sist of the accommittee that assume the sist of the accommittee that accommittee that accommittee that accommittee that accommittee the sist of the accommittee that accommittee the sist of the accommittee that accommittee that accommittee the sist of the accommittee that accommittee the accommittee t	audit,				
If "Yes," check a box below to indicate whether the financial statements for the year were audited course for consolidated basis, or both: X Separate basis Consolidated basis Both consolidated consequents is If "Yes" to line 2a or 2b, does the organization have a committee that assure respectively oversight of the areview, or compilation of its financial statements and selection of an order ender a contant?	audit,		2b 2c	x	
If "Yes," check a box below to indicate whether the financial statements for the year were audited and statement consolidated basis, or both: X Separate basis Consolidated basis Both consolidated acceptante usis If "Yes" to line 2a or 2b, does the organization have a committee that assume resumblify coversight of the a review, or compilation of its financial statements and selection of an independent acceptant? If the organization changed either its oversight process or selection process using the tax year, explain on Scheduler.	audit, dule C	 D.			
If "Yes," check a box below to indicate whether the financial statements for the year were audited as a second consolidated basis, or both: X Separate basis Consolidated basis Both consolidated acceptante lesis. If "Yes" to line 2a or 2b, does the organization have a committee that assume responsibility oversight of the areview, or compilation of its financial statements and selection of are identified accountant? If the organization changed either its oversight process or selection process awaing the tax year, explain on Scheol As a result of a federal award, was the organization equired our ergo an audit or audits as set forth in the Sing	audit, dule C	 D.	2c	x	
If "Yes," check a box below to indicate whether the financial statements for the year were audited course by the consolidated basis, or both: X Separate basis Consolidated basis Both consolidated coursept at a sist. If "Yes" to line 2a or 2b, does the organization have a committee that assure respectively, or compilation of its financial statements and selection of an order ender a countant? If the organization changed either its oversight process or spectron process carring the tax year, explain on Scheol As a result of a federal award, was the organization equired our ergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?	audit, dule C	 D. dit			
If "Yes," check a box below to indicate whether the financial statements for the year were audited as a second consolidated basis, or both: X Separate basis Consolidated basis Both consolidated acceptante lesis. If "Yes" to line 2a or 2b, does the organization have a committee that assume responsibility oversight of the areview, or compilation of its financial statements and selection of are identified accountant? If the organization changed either its oversight process or selection process awaing the tax year, explain on Scheol As a result of a federal award, was the organization equired our ergo an audit or audits as set forth in the Sing	audit, dule C	 D. dit	2c	x	
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) **T XIII** Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule of Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11 12 XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17 It XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3 3, 21 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5 -69 Donated services and use of facilities Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 96 17, 96 17, 96 18 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3 3, 215, 7 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15, 447, 5 Net unrealized gains (losses) on investments 5 -696, 5 Donated services and use of facilities Investment expenses Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) T XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Catholic Charities of Northern Nevada

88-0339754 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fee 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% anization after June 30, 1975. income and unrelated business taxable income (less section 511 tax) from businesses acquire See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. 11 12 An organization organized and operated exclusively for the be ons of, or to carry out the purposes of one or more publicly supported organizations described in section 5 (a)) or 09(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting orga and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated upervis or on folled by its supported organization(s), typically by giving the supported organization the p regular appoint or elect a majority of the directors or trustees of the supporting rer ete Pet IN Sections A and B. organization. You must con b pervised or controlled in connection with its supported organization(s), by having Type LA A pppq meritor the supporting organization vested in the same persons that control or manage the supported You must complete Part IV, Sections A and C. I feartionally integrated. A supporting organization operated in connection with, and functionally integrated with, pported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

- requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
- functionally integrated, or Type III non-functionally integrated supporting organization. **f** Enter the number of supported organizations

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

g Provide the following information	about the supporte	d organization(s).				•
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
Total						

(Form 990) 2021 Catholic Charities of Northern Nevada 88-0339 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support	, [-100	1 222 200	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8169484.	8912623.	9485375.	11868191.	11812696.	50248369.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8169484.	8912623.	9485375.	11868191.	11812696.	50248369.
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)						
	Public support. Subtract line 5 from line 4.						33.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 9485375	(d) 1 <u>2</u> 0	(e) 2021	(f) Total 50248369.
	Amounts from line 4	8169484.	8912623.	9465375	11 6 19.	1812090.	50246369.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	01 070	11	3,886.	F 720	2 251	226 041
_	and income from similar sources	91,078.	1. 4,10	3,000.	5,720.	3,251.	226,041.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do Let including ain						
	or loss from the tale of depital	166,807.	67,388.	27,189.			261,384.
44	asset (F.p. in it Pair (I.)	100,007.	07,300.	27,100.			50735794.
	To all support At lines 7 through 10 Grow receipts from related activities,	oto (ooo inetructio	no)			12 23	,871,968.
13				fourth or fifth tax			,011,500.
13	organization, check this box and stor						
Sec	etion C. Computation of Publi					• • • • • • • • • • • • • • • • • • • •	
	Public support percentage for 2021 (li			column (f))		14	99.04 %
	Public support percentage from 2020					15	98.64 %
	33 1/3% support test - 2021. If the o						-
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
_	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te				rassization		
b	10% -facts-and-circumstances test	-	· ·	*	-		
_	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu						>
18	Private foundation. If the organization				•		s b

88-0339754 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2018 (c) 2019 (d) 2020 (a) 2017 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a 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 Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2019 Calendar year (or fiscal year beginning in) (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payment s receiv rents, re securities loar alties, and income fro sii **b** Unrela inc nxa ta s) from businesses une 30, 1975 nnes 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **13 Total support.** (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % 15 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	42		
			7
4	4b		_
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	0-		
	9c		
	10a		
	10b		

Yes No

Part IV	Supporting	Organizations	(continued)
---------	------------	---------------	-------------

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

Section B. Type I Supporting Organizations

			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).



3

Section D. All Type III Supporting Organizations

No Yes Did the organization provide to each of its supported organization by th organization's tax year, (i) a written notice describing the type and a of s ovided during the prior tax pu year, (ii) a copy of the Form 990 that was most recently filed as of the ate otification, and (iii) copies of the organization's governing documents in effect on the date of tification, to the extent not previously provided? 1 2 Were any of the organization's offices, div or trust is either (i) appointed or elected by the supported vernir book of a supported organization? If "No," explain in Part VI how organization(s) or (ii) serving on the a close al 2 the organization maintai nuous working relationship with the supported organization(s). By reason of t hip iscribed on line 2, above, did the organization's supported organizations have a organization's investment policies and in directing the use of the organization's t all times during the tax year? If "Yes," describe in Part VI the role the organization's

E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

		Yes	No
	2a		
	2b		
	3a		
	3b		
dule	A (Forn	n 990)	2021

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

instructions).

Recoveries of prior-year distribution

see instructions).

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greate

5 Net value of non-exempt-use assets (subtract line 4 from line

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets

8	Minimum Asset Amount (add line o line	8	
Sec	ction C - Distrib cable Arcount		Current Year
1	Adju me or poor year (from Section A, line 8, column A)	1	
2	Every 85 cyline	2	
	M. mu casset amount for prior year (from Section B, line 8, column A)	3	
4	ter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

7

Schedule A (Form 990) 2021

7

Schedule A (Form 990) 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Gross Fundraising and Miscellaneous Revenue
2017 Amount: \$ 166,807.
2018 Amount: \$ 67,388.
2019 Amount: \$ 27,189.
COY
- GUYE
<u> </u>

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Catholic Charities of Northern Nevada

88-0339754

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

 \overline{X} 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the General Rule and a continuous section 501(c) organization can check boxes for both the continuous section 501(c) organization can check boxes for both the continuous section 501(c) organization can check boxes for both the continuous can ch

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, tring less, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts Land C. See in true as for determining a contributor's total contributions.

Special Rules

For an organization class, set in \$01(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 5(a)(1) are 170(f)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one classes, the principle of the part, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; for 1990, EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Catholic Charities of Northern Nevada

88-0339754

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,360,950.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,254,839</u> .	Person X Payroll Noncash (Complete Part II for consuch of ntribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cord lb (ic.	(d) Type of contribution
		3,137,901.	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	Name, Nd ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 1,351,362.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Catholic Charities of Northern Nevada

88-0339754

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Food Commodities		
		\$3,137,901.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Food Commodities		
		\$1,351,362.	6.0012
(a) No. from Part I	(b) Description of noncash property given	FMY (d. estile (de) (Servins vectiones)	(d) Date received
	Siscio :	\$	
(a) No. from Part I	(3) rescription of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
U		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		ı · 	Sahadula B (Farma 000) (0004

Name of organization Employer identification number

rt III	ic Charities of Norther		section FO	01(c)(7), (8), or (10) that total more than \$1,000 for the y
1 (111	from any one contributor. Complete columns (a	a) through (e) and the following line e	ntrv. For o	organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 c	r less for t	he year. (Enter this info. once.)
No.	ose adplicate copies of Fait III il additional	Space is riceded.		
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
				
No.		1		
om irt l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		(e) Transfer of g	ift 📥	
			2	
	Transferee's name, address, a		ift	cononship of transferor to transferee
	Transferee's name, address, a		2	
	Transferee's name, address, a		2	sc. ronship of transferor to transferee
	Transferee's name, address, a		2	conship of transferor to transferee
No.		and ZIP + 4	2	
No.	Transferee's name, address, a		2	(d) Description of how gift is held
No.		and ZIP + 4	2	
No. om rt I		and ZIP + 4	2	
No. om rt I		and ZIP + 4	2	
No. om rt I		(c) Use of gift	R	
No. om rt l		and ZIP + 4	R	
No. om rt I	(h) Purpose of gift	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held
No. m rt I		(c) Use of gift (e) Transfer of g	FR.	
No. om rt I	(h) Purpose of gift	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held
No. om rt I	(h) Purpose of gift	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held
No. om rt I	(h) Purpose of gift	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held
	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held elationship of transferor to transferee
No. om rt I	(h) Purpose of gift	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held elationship of transferor to transferee
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held elationship of transferor to transferee
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held elationship of transferor to transferee
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	FR.	(d) Description of how gift is held elationship of transferor to transferee
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g	ift R	(d) Description of how gift is held elationship of transferor to transferee
No.	Transferee's name, address, and	(c) Use of gift (e) Transfer of g (c) Use of gift (e) Transfer of g	ift R	(d) Description of how gift is held elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

Catholic Charities of Northern Nevada

Employer identification number 88-0339754

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Da			
Pa	Complete in the orga		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	Preservation of land for public use (for example, recreating	·	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
a	Number of conservation easements included in (c) acquired at	ter 7 5/06 Told struct	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	ased, ening bed, or terminated by the	e organization during the tax
4	Number of states where property and the second states are	ment is located	
4 5	Number of states where property so yeet to concervation asset Does the organization have a written policy galling the period	' <u>'</u>	
3	violations, and entercement of the concentration easements it		
6	Staff and volumeer our devoted to monitoring, inspecting, h		
U	Starrand void see out deviced to morntoning, inspecting, in	landing of violations, and emorcing con	servation easements during the year
7.	A out of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation easements during the year
	The state of the s	ing of violations, and officioning contonve	ation bassinisms daring the year
8	es each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
_	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	g	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fe	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ...

Schedule D (Form 990) 2021

7,682,945.

	harities of No	rthern Nevada 88	-0339754 Page 3
Part VII Investments - Other Securities.	o" on Form 000 Dort IV line	11h Coo Form 000 Port V line 12	
Complete if the organization answered "Ye (a) Description of security or category (including name of security)		(c) Method of valuation: Cost or en	d of year market value
	•	(c) Wethod of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives		+	
(2) Closely held equity interests		+	
(3) Other		+	
(A) (B)		+	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Pa IV	1d. See Form 990, Part X, line 15.	
Outspicte if the organization answered Te	escrip on	10. 000 1 0111 330, 1 art X, iii 6 13.	(b) Book value
(1) Security Deposit	Description 1		4,946.
(2) Beneficial Interest i	ommunity Found	ation	5,169,880.
(3)	Pinindill Of 1 odild.		3/203/0001
(4)			
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	>	5,174,826.
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Security Deposits			1,700.
(3)			
(4)			
(5)			
(6)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Security Deposits	1,700.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	· (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,700.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form

Provide the descriptions required for Pair , lines 5 and 9; Pot III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; an

Part in :

The regulization transferred assets to the Paule A. Bosace Endowment Fund (Fund) controlled by The Catholic Community Foundation of The Diocese of Reno (CCF), the balance of which is shown on the statement of financial position as a Beneficial Interest in Assets Held by The Catholic Community Foundation of The Diocese of Reno. The Fund provides individuals and families in Washoe County, Nevada, with food. Under the terms of the agreement, distributions to the organization shall distribute four percent (4%) of the fair market value of the assets held by the Fund determined on the last business day of June of each calendar year. If for any reason, the Board of Trustees of Catholic Charities of Northern Nevada determines that an emergency situation exists, the Board of Directors of CCF may

37,788.

11,116,213.

4c

increase the annual distribution above the four percent (4%) disbursement level.

An additional endowment is held within the organization. The interest on this endowment is used to support CCNN programs that serve our clients.

Part X, Line 2:

Management believes that the entity has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future (ccrue interest and penalties related to unrecognized tax benefit and liabilities in income tax expense if such interest and penalties are incurred.

Part XI, Line 2d - Other dustments:

Fundraisin 1 rp nses Reported in Expenses for Tax Purposes -37,788.

Patri, Line 4b - Other Adjustments:

Cost of Goods Sold Reported in Revenues for Tax Purposes -3,414,573.

Part XII, Line 2d - Other Adjustments:

Cost of Goods Sold Reported in Revenues for Tax Purposes 3,414,573.

Part XII, Line 4b - Other Adjustments:

Fundraising Expenses Reported in Expenses for Tax Purposes 37,788.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Catholic Charities of Northern Nevada 88-0339754 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of ose of grant (g) Description of valuation (book, or government (if applicable) cash grant noncash sistance FMV, appraisal, assistance other) sure Food Bank of Northern Nevada 550 Italy Dr 94-2924979 501(c)3 137,356. Sparks, NV 89437 Food General Support Truckee Meadows Community College 7000 Dandini Blvd Rdmt 318 Reno, NV 89512 88-0185319 501(c)3 Immigration Case Work Imperium Property Management and Consulting LLC - 3983 S McCarran 701202 Blvd #437 - Reno, NV 89502 55,000 0 Eviction Prevention Healthy Communities Coalit PO Box 517 Davton NV 8 02-0610655 501(c)3 10 000 0. Health Worker Training North Valley community Foundation 1811 Concord Ave #220 68-0161455 501(c)3 Wildfire Relief Chico CA 95928 6 086 0. North Valley Catholic Social Service Inc - 2400 Washington Ave

32 226

0

Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

20-0984601 501(c)3

Wildfire Relief

- Redding, CA 96001

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Work Permit and Photo ID 635 13,830, 0.Cost

Emergency Aid Assist 7 BC's

8442

89,590.

0. cost

Food Pantry Food Assist

735019

329,155.

4,489,263. Cost and FMV

Food Commodities

Shelter Assistance

538

482,958.

1,538

Transportation Assistance

167,606.

0. Cost

Part IV Supplemental Information. Provide the information quired Pt I, 2007, Part III, column (b); and any other additional information.

Part I, Line 2:

Catholic Charities of Nerthern Nevada (CCNN) conducts yearly monitorings at our part er locations. This includes making sure that all food is stored,

labeled, and rotated properly. That the intake process for potential

participants that are able to receive food/services through the H.I.S.

Grant are being followed, with all paperwork being stored appropriately.

CCNN follows a set delivery schedule for all partners and when the food is

delivered the driver checks in with the pantry to see if there are any

questions or challenges that they might be having, so that CCNN can follow

Schedule (Form 990) Cache Technique	0100 O1 III	01 0110111 110	· aaa		Tage
Part III Continuation of Grants and Other Assistance to Dome	estic Individuals	(Schedule I (Form 99	90), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Utility Assistance	216.	30,847.	0.	Cost	
Serial Inebriate Assistance	243.	2,267.	0.	Cost	Kon
Immigration Case Work	21.	545.	0.	Cost	UP '
Served Meals Dining Room	355,078.	5 857	5	Cost	
olic	Dis	50'			
public					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Catholic Charities of Northern Nevada

Employer identification number 88-0339754

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or student			
	Form 990 of other organizations X Approval by the board or manuscript multitee			
4	During the year, did any person listed on Form 990, Part VII, Section A, ling with the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment	4a		X
b	Participate in or receive payment from a supplement monque fier etirement plan?	4b		Х
С	Participate in or receive payment from an exhity aseo compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the pasons and paying the applicable amounts for each item in Part III.			
	Only section 5 (c, 1), 1(c)(1), and 501(c)(29) organizations must complete lines 5-9.			
5	For posterion princed, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	conting at or the evenues of:			
) {	The rg. radion?	5a		X
b	related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2021

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

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

88-0339754

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

	(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable				reported as deferred on prior Form 990	
(1) Marie Baxter, M. ED. CFRE	158,165	0.	0.	9,618.	2,137.	169,920.	0.	
CEO (i			0.	0.	0.	<u> </u>	0.	
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Catholic Charities of Northern Nevada Employer identification number 88-0339754

Pai	t I Types of Property				·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 19	(d) Method of de noncash contribu	termin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		8	4,489,263	FMV			
20	Drugs and medical supplies			, ,				
21	Taxidermy							
22	Historical artifacts							
23	Scientific speciment							
24	Arch of a fac							
25	ther (
26	Other (
27								
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncast	1			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Catholic Charities of Northern Nevada

Employer identification number 88-0339754

Form 990, Part III, Line 4a, Program Service Accomplishments:

day, 7 days a week to Reno's most severely undernourished individuals

and families. Lunch on the main campus is provided 11:30 AM to 1:00 PM

daily. Lunch and dinner are provided to the Nevada CARES campus daily.

Form 990, Part VI, Section A, line 1a:

The Executive Committee shall consist of three (3) and no more than five (5) members of the Board of Trustees, and shall include the President Executive Committee, to the extent permitted by law and provid resolution of the Board of Trustees, shall have and rcise all the powers and authority of the Board of Trustee nagement of the business and affairs of the Corporati in Interim period between n bt no such committee shall have the meetings of the Board of Trustees power or authority to ame d the Articles of Incorporation or these Bylaws. he Executive Committee shall be brought to Board of All action Trus the next meeting of the Board of Trustees for approval. The tive Committee shall also not have the power to sell, lease or exchange all or substantially all of the Corporation's property and assets or dissolve the Corporation. The Executive Director shall attend meetings of the Executive Committee as a non-voting member. The Chairman is entitled to notice of and to attend any meeting of the Executive Committee and provide input and guidance to the Executive Committee.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the Chief Finance Officer and then provided to the organization's governing body prior to filing with the IRS.

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

Name of the organization Catholic Charities of Northern Nevada	Employer identification number 88-0339754
Form 990, Part VI, Section B, Line 12c:	
The organization has a written conflict of interest policy	. Trustees and
Officers are required to sign an acknolwedgement that they	have read and
understand the policy. Trustees and Officers are responsib	ole for enforcing
its rules. Trustees and Officers are encouraged to discuss	openly any
potential conflicts of interest. Approving transactions in	volving conflicts
of interest must be made by the affirmative vote of a major	ority.
Form 990, Part VI, Section B, Line 15a:	600
The Board of Directors conducts an annual review of the	ief rce utive
Officer and has exclusive oversight of CEO compensation.	
Form 990, Part VI, Section C, Lin 19.	
The organization makes 1 stoverling documents and finance	al information
available upon request production charge may apply.	
U.P.	

132212 11-11-21 Schedule O (Form 990) 2021