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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
249 W THORNHILL DR

City or town, state or country, and ZIP + 4
FORT WORTH, TX 76115

D Employer identification number
75-0808769

E Telephone number
(817) 534-0814

G Gross receipts $ 19,859,869

F Name and address of principal officer
HEATHER REYNOLDS
249 W THORNHILL DR
FORT WORTH, TX 76115

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CATHOLICHARITIESFORTWORTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1971 | **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE SERVICES TO THOSE IN NEED, TO ADVOCATE COMPASSION AND JUSTICE IN THE STRUCTURES OF SOCIETY, AND TO CALL ALL PEOPLE OF GOOD WILL TO DO THE SAME

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	398
6	Total number of volunteers (estimate if necessary)	**6**	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	17,012,417	18,380,061
9	Program service revenue (Part VIII, line 2g)	1,068,070	1,252,042
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-52,594	-207
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,207	82,396
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,040,100	19,714,292
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,902,928	4,026,559
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,287,687	10,339,721
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶659,437		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,330,319	4,597,089
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,520,934	18,963,369
19	Revenue less expenses Subtract line 18 from line 12	519,166	750,923

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	21,501,791	20,015,404
21	Total liabilities (Part X, line 26)	5,623,924	3,386,617
22	Net assets or fund balances Subtract line 21 from line 20	15,877,867	16,628,787

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.

Sign Here

****** | 2012-08-28
Signature of officer | Date

HEATHER REYNOLDS CEO/PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DANIEL M STEWART	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00415184
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WEAVER AND TIDWELL LLP, 2821 W 7TH STREET SUITE 700, FORT WORTH, TX 76107			EIN ▶ 75-0786316 Phone no ▶ (817) 332-7905

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE SERVICES TO THOSE IN NEED, TO ADVOCATE COMPASSION AND JUSTICE IN THE STRUCTURES OF SOCIETY, TO CALL ALL PEOPLE OF GOOD WILL TO DO THE SAME

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,084,847 including grants of $ 1,168,847) (Revenue $)

REFUGEE SOCIAL SERVICES PROVIDES SERVICES TO WELCOME REFUGEES IN THEIR NEW LIVES INCLUDING CASE MANAGEMENT, ENGLISH AS A SECOND LANGUAGE, EMPLOYMENT TRAINING, AND SUCCESSFUL INTERGRATION INTO THE PUBLIC SCHOOL SYSTEM AND PROVIDES LEGAL ASSISTANCE FOR THOSE WITH IMMIGRATION NEEDS DURING 2011 THIS PROGRAM SERVED MORE THAN 1,814 INDIVIDUALS THROUGH OUR REFUGEE SOCIAL SERVICES PROGRAM

4b (Code) (Expenses $ 1,138,231 including grants of $ 686,128) (Revenue $)

HOMELESS PREVENTION/RAPID RE-HOUSING - PROVIDES HOMELESS PREVENTION TO PERSONS FACING HOMELESSNESS AND RAPID RE-HOUSING SERVICES TO HOMELESS PERSONS LIVING IN PLACES NOT MEANT FOR HUMAN HABITATION IN THE FORM OF RENTAL ASSISTANCE, UTILITY ASSISTANCE, AND CASE MANAGEMENT

4c (Code) (Expenses $ 1,592,466 including grants of $ 51,247) (Revenue $)

UNACCOMPANIED REFUGEE MINORS - PROVIDES SAFE, IN-HOME FOSTER CARE FOR REFUGEE CHILDREN WHILE PROVIDING INTENSIVE CASE MANAGEMENT FOR CHILDREN, SUCH AS PREPARATIONS FOR ADULT LIVING, ACCULTURATION, AND CITIZENSHIP SERVICES

(Code) (Expenses $ 11,713,103 including grants of $ 2,120,337) (Revenue $ 1,252,042)

INCLUDE ASSESSMENT CENTER-SERVES AS AN EMERGENCY SHELTER FOR CHILDREN AT RISK TEXAS FAMILIES, TOGETHER SAFE PROGRAM - SEEKS TO ACHIEVE FA MILY PRESERVATION BY PROVIDING INTERVENTION AND RESOURCE CONNECTION TO REFERRED FAMILIES CAMPUS OPERATIONS -PROVIDES COMMON SERVICES TO PROGRAMS AT THE MAIN CAMPUS FAMILY PACT - FOCUSES ON THE PREVENTION OF CHILD ABUSE THROUGH THERAPEUTIC INTERVENTION THE PROGRAM SERVES CHILDREN AND THEIR PARENTS/GUARDIANS WHO ARE REFERRED DUE TO PRIOR INCIDENTS OF CHILD ABUSE AND/OR NEGLECT COUNSELING -PROVIDES COUNSELING SERVICES TO FAMILIES AND INDIVIDUALS SOMEOFTHE PROBLEMS HANDLED BY THE COUNSELORS INCLUDE MARITAL DIFFICULTIES, PARENTING, AND PERSONAL ADJUSTMENTS SCHOOL BASED PROGRAMS- PROVIDES A STRUCTURED SCHOOL ENVIRONMENT FOR CHILDREN WITH DIFFICULTY PERFORMING IN TRADITIONAL CLASSROOM SETTINGS DISASTER RELIEF- PROVIDES CASE MANAGEMENT AND FINANCIAL ASSISTANCE SERVICES TO THOSE CLIENTS AFFECTED BY VARIOUS NATURAL DISASTERS DISPROPORTIONALITY - PROGRAM WORKS WITH AFRICAN AMERICAN PARENTS AND KINSHIP GUARDIANS THAT HAVE BEEN REFERRED BY CHILD PROTECTIVE SERVICES WITH THE PURPOSE OF MAINTAINING PERMANENT KINSHIP PLACEMENT CENTRAL INTAKE - PROVIDES THE FIRST POINT OF ENTRY FOR INDIVIDUALS AND FAMILIES IN NEED OF HELP CENTRAL INTAKE SPECIALISTS PROVIDE COMPASSIONATE SERVICES BY DOING THE INITIAL NEEDS ASSESSMENT OF A CLIENT AND LINKING THEM TO THE APPROPRIATE CATHOLIC CHARITIES PROGRAM OR OTHER COMMUNITY RESOURCES EFSNB PROGRAM - SPONSORED BY THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD (EFSNB) AND PROVIDES EMERGENCY ASSISTANCE, IN THE FORM OF FOOD AND SHELTER, TO INDIVIDUALS IN NEED FAMILY PRESERVATION - PROVIDES ASSISTANCE TO FAMILIES WHO HAVE BEEN IDENTIFIED AS ABUSIVE TO ENHANCE PARENTING SKILLS, PREVENT FURTHER ABUSE, AND PREVENT OUT-OF-HOME PLACEMENT FINANCIAL ASSISTANCE -PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO PERSONS THAT HAVE EXPERIENCED A CRISIS IN THE FORM OF RENTAL AND UTILITY ASSISTANCE HEALTHY START -PROGRAM SEEKS TO REDUCE INFANT MORTALITY, THE HIGH RISK OF DEATH THE FIRST YEAR OF A CHILD'S LIFE OUT REACH,SOCIAL WORK CASE MANAGEMENT, HEALTH EDUCATION, AND TRANSPORTATION ARE OFFERED TO PREGNANT WOMEN WHO ARE AT THE HIGHEST RISK FOR PREMATURE BIRTHS, BIRTH DEFECTS, OR DELIVERING LOW BIRTH-WEIGHT INFANTS IMMIGRATION PROGRAMS - PROVIDES IMMIGRATION COUNSELING SERVICES AND ADVOCACY SERVICES TO DOCUMENTED AND UNDOCUMENTED PERSONS INFANT MORTALITY -PROMOTES AWARENESS TO PREVENT INFANT MORTALITY BY FACILITATING A COMMUNITY CONSORTIUM AND AN ANNUAL AWARENESS ACTIVITY FAIR TRANSLATION AND INTERPRETER NETWORK - PROVIDES INTERPRETER SERVICES FOR REFUGEES, REFUGEE PROVIDERS, AND SOCIAL SERVICE AND HEALTHCARE FACILITIES IN ORDER TO INCREASE THE ACCESSIBILITY OF INTERPRETER RESOURCES FOR ELIGIBLE REFUGEES AND TO INCREASE THE QUALITY OF INTERPRETER-ASSISTED ENCOUNTERS IN SOCIAL SERVICE AND HEALTH CARE SETTINGS MEXICAN CONSULATE -A PARTNERSHIP PROJECT THAT SEEKS TO PROVIDE ASSISTANCE WITH PASSPORTS, CONSULARIDS (MATRICULAS CONSULARES), AND OTHER DOCUMENTATION TO THE MEXICAN POPULATION MIGRATION AND REFUGEE SERVICES -THE LOCAL PROGRAM OF THE UNITED STATES CATHOLIC CONFERENCE MIGRATION AND REFUGEE SERVICES THAT PROVIDES RESETTLEMENT SERVICES, ADVOCACY SERVICES, SOCIAL SERVICES,AND FINANCIAL ASSISTANCE TO REFUGEES PARISH RELATIONS - WORKS WITH DIOCESAN PARISHES ON THEIR DISASTER PLANNING AND PREPAREDNESS AND WORKS TO STRENGTHEN THE RELATIONSHIP BETWEEN CATHOLIC CHARITIES AND THE PARISHES THROUGHOUT THE DIOCESE LADY HO GAN PROJECT -PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES AND PEER SUPPORT GROUPS TO WOMAN AND YOUTH THAT A REINFECTED OR AFFECTED BY HIV REFUGEE MATCH GRANT -PROVIDES RESETTLEMENT SERVICES TO REFUGEES ST JOSEPH HEALTHCARE - COORDINATES PARISH BASED HEALTHCARE SERVICES ST THRESA'S THERAPEUTIC FOSTER CARE - PROVIDES THE PLACEMENT AND THERAPEUTIC TREATMENT OF EMOTIONALLY DISTURBED CHILDREN IN FOSTER HOMES SPECIAL SERVICES- COORDINATION OF SERVICES TO ELDERLY AND DISABLED CLIENTS ENROLLMENT SO LUTIO NS - PROVIDES OUTREACH AND APPLICATION ASSISTANCE FOR STATE BENEFITS INCLUDING CHIP, MEDICAID, AND SNAP VP PROGRAM-PROVIDES OVERSIGHT OF ALL PROGRAM SERVICES PROVIDED TO CLIENTS OF THE AGENCY THIS INCLUDES SUPERVISION OF DIRECT CARE STAFF, MONITORING ACHIEVEMENT OF PROGRAM GOALS AND OBJECTIVES, AND COMPLIANCE WITH PROGRAM AND PROJECT POLICIES AND PROCEDURES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS-PROVIDES HOMELESS PREVENTION ASSISTANCE IN THE FORM OF RENTAL ASSISTANCE, UTILITY ASSISTANCE, AND CASE MANAGEMENT TO PERSONS WITH HIV IN ORDER TO ASSIST THEM IN MAINTAINING STABLE HOUSING SAFE PASSAGES - PROVIDES SUITABILITY ASSESSMENTS FOR FAMILIES/SPONSORS TO ENSURE THAT REFUGEE CHILDREN ARE PLACED IN SAFE HOMES SUPPORTIVE HOUSING -PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO CHRONIC AND VULNERABLE HOMELESS PERSONS TO ASSIST THEM IN OBTAINING AND MAINTAINING STABLE HOUSING, AND ALSO PROVIDES SHELTER BASED MOTIVATIONAL COUNSELING SERVICES TO CHRONIC AND VULNERABLE HOMELESS INDIVIDUALS ASSET DEVELOPMENT - PROVIDES FINANCIAL EDUCATION, FINANCIAL COACHING, AND CREDIT COUNSELING TO LOW-INCOME FAMILIES STREET OUTREACH SERVICES -PROVIDES OUTREACH AND CASE MANAGEMENT TO UNSHELTERED HOMELESS IN FORT WORTH VOLUNTEER INCOME TAX ASSISTANCE -UTILIZES VOLUNTEERS FOR INCOME TAX PREPARATION AND FILING SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES EMPLOYMENT SERVICES - PROVIDES CAREER DEVELOPMENT SERVICES WORN -PROVIDES REFUGEE WOMEN LIVING IN TARRANT COUNTY A SUPPLEMENTAL SOURCE OF INCOME, EMPOWERING THEM TO RISE ABOVE POVERTY AND BECOME SELF-SUFFICIENT THE EXPENSES, GRANTS AND REVENUE OF THE ABOVE PROGRAMS ARE

4d Other program services (Describe in Schedule O)

(Expenses $ 11,713,103 including grants of $ 2,120,337) (Revenue $ 1,252,042)

4e Total program service expenses ▶ $ 17,528,647

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	334		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	398			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARY GOOSENS
249 W THORNHILL DR
FORT WORTH, TX 76115
(817) 413-3907

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM WILKES CHAIR	2 00	X		X				0	0	0
(2) CATHY HIRT PAST CHAIR	2 00	X		X				0	0	0
(3) BUTCH BERCHER VICE CHAIR, MISSION EFFECTIVENESS COMMITTEE	2 00	X		X				0	0	0
(4) JILL FISCHER SECRETARY	2 00	X		X				0	0	0
(5) MEL HENKES TREASURER/ CHAIR- FINANCE COMMITTEE	2 00	X		X				0	0	0
(6) DONNA SPRINGER CHAIR- DEVELOPMENT & PR COMMITTEE	2 00	X		X				0	0	0
(7) TREY WADE CHAIR - AUDIT COMMITTEE	2 00	X		X				0	0	0
(8) TOM HARRIS BOARD MEMBERS	2 00	X						0	0	0
(9) RICK KUBES BOARD MEMBERS	2 00	X						0	0	0
(10) JAVIER LUCIO BOARD MEMBERS	2 00	X						0	0	0
(11) TONY MILBURN BOARD MEMBERS	2 00	X						0	0	0
(12) LYDIA MOORE BOARD MEMBERS	2 00	X						0	0	0
(13) DR HUY NGUYEN BOARD MEMBERS	2 00	X						0	0	0
(14) MICHAEL PARKS BOARD MEMBERS	2 00	X						0	0	0
(15) DR JOHN RICHARDSON BOARD MEMBERS	2 00	X						0	0	0
(16) KAREN ROACH BOARD MEMBERS	2 00	X						0	0	0
(17) KELLI ROD BOARD MEMBERS	2 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARLON DE LA TORRE BOARD MEMBERS	2 00	X						0	0	0
(19) BERT C WILLIAMS BOARD MEMBERS	2 00	X						0	0	0
(20) MICHAEL WIERICK BOARD MEMBERS	2 00	X						0	0	0
(21) HEATHER REYNOLDS PRESIDENT/CEO	40 00			X				156,291	0	11,150
(22) MARY GOOSENS VICE PRESIDENT OF ADMINISTRATION/CFO	40 00			X				91,762	0	8,789
(23) JARI MEMA VICE PRESIDENT OF PROGRAMS/COO	40 00			X				97,220	0	9,870
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								345,273	0	29,809

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WORLD RELIEF NATIONAL ASSOCIATION OF EVA 4059 BRYAN AVENUE FORT WORTH, TX 76110	SUB-CONTRACTOR OF CLIENT SERVICES	301,408
TNPIPOST LADERA PALMS MASTER LESSEE LLC 4500 CAMPUS DRIVE FORT WORTH, TX 76119	RENTS FOR CLIENTS	157,037
TOTAL BUILDING MAINTENANCE INC 1204 METROCREST DRIVE CARROLLTON, TX 75006	JANITORIAL SERVICES	113,086
RYLANDER CLAY & OPITZ LLP 3200 RIVERFRONT DRIVE SUITE 200 FORT WORTH, TX 76107	ACCOUNTING SERVICES	106,172
RICOH AMERICAS CORPORATION PO BOX 4245 CAROL STREAM, IL 60197	COPIER LEASES	105,246

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,491,442				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,028,545				
	d	Related organizations	1d 1,430,151				
	e	Government grants (contributions)	1e 9,934,848				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,495,075				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		18,380,061			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENU	900099	1,091,322	1,091,322		
	b	MANAGEMENT FEE	531310	160,720	160,720		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,252,042			
	3	Investment income (including dividends, interest and other similar amounts)		968			968
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,203				
	b	Less cost or other basis and sales expenses	2,378				
	c	Gain or (loss)	-1,175				
	d	Net gain or (loss)		-1,175			-1,175
Other Revenue	8a	Gross income from fundraising events (not including $ 1,028,545 of contributions reported on line 1c) See Part IV, line 18	a 143,058				
	b	Less direct expenses	b 143,199				
	c	Net income or (loss) from fundraising events		-141			-141
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 79,425				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		79,425	79,425		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	3,112			3,112
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,112			
	12	**Total revenue.** See Instructions		19,714,292	1,331,467	0	2,764

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,026,559	4,026,559		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	375,082	107,090	267,992	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,055,767	6,873,178	822,233	360,356
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	161,827	141,130	10,873	9,824
9	Other employee benefits	961,512	883,596	32,817	45,099
10	Payroll taxes	785,533	534,940	223,303	27,290
11	Fees for services (non-employees)				
a	Management				
b	Legal	31,901	11,314	20,587	
c	Accounting	106,172		106,172	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,937,519	1,833,599	63,130	40,790
12	Advertising and promotion				
13	Office expenses	373,059	268,798	53,964	50,297
14	Information technology	154,829	137,582	12,602	4,645
15	Royalties . .				
16	Occupancy	422,461	331,494	46,222	44,745
17	Travel	345,838	318,307	9,460	18,071
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,857	47,856	5,517	1,484
20	Interest	58,280	37	57,998	245
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	666,254	521,699	84,981	59,574
23	Insurance	49,781	47,730	362	1,689
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIR AND MAINTENANCE	190,874	141,686	35,018	14,170
b	BAD DEBT EXPENSE	139,965	180,347	-58,082	17,700
c	OUTSIDE PRINTING	125,788	50,877	24,343	50,568
d	MEMBERSHIP DUES	51,203	11,060	39,891	252
e					
f	All other expenses	-111,692	1,059,768	-1,084,098	-87,362
25	**Total functional expenses.** Add lines 1 through 24f	18,963,369	17,528,647	775,285	659,437
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		305,006	1	899,784
	2	Savings and temporary cash investments		474,727	2	299,087
	3	Pledges and grants receivable, net		3,419,892	3	2,146,403
	4	Accounts receivable, net		2,495,845	4	2,340,959
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,032	9	68,859
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 15,585,786			
	b	Less accumulated depreciation	10b 1,325,474	14,780,289	10c	14,260,312
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,501,791	16	20,015,404
Liabilities	17	Accounts payable and accrued expenses		1,036,024	17	1,212,972
	18	Grants payable			18	
	19	Deferred revenue		157,900	19	195,395
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,430,000	23	1,978,250
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,623,924	26	3,386,617
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,606,171	27	13,754,576
	28	Temporarily restricted net assets		4,271,696	28	2,874,211
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,877,867	33	16,628,787
	34	Total liabilities and net assets/fund balances		21,501,791	34	20,015,404

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	19,714,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,963,369
3	Revenue less expenses Subtract line 2 from line 1	3	750,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	15,877,867
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,628,787

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,801,333	11,309,754	11,739,558	16,228,728	18,523,119	68,602,492
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,801,333	11,309,754	11,739,558	16,228,728	18,523,119	68,602,492
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)						1,816,226
6 **Public Support.** Subtract line 5 from line 4						66,786,266

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,801,333	11,309,754	11,739,558	16,228,728	18,523,119	68,602,492
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,365	70,173	20,620	755	971	101,884
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	35,680	3,798	2,043	34,316	204,367	280,204
11 **Total support** (Add lines 7 through 10)						68,984,580

12 Gross receipts from related activities, etc (See instructions)	12	4,487,268

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	96 810 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 580 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		220,000		220,000
b Buildings		12,885,694	563,749	12,321,945
c Leasehold improvements				
d Equipment		695,809	285,558	410,251
e Other		1,784,283	476,167	1,308,116
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				14,260,312

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,714,292
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,963,369
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	750,923
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-3
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	750,920

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	19,857,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	143,199		
e	Add lines **2a** through **2d**			2e	143,199
3	Subtract line **2e** from line **1**			3	19,714,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,714,292

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	19,106,568
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	143,199		
e	Add lines **2a** through **2d**			2e	143,199
3	Subtract line **2e** from line **1**			3	18,963,369
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,963,369

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CATHOLIC CHARITIES RECOGNIZES IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECTS OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT, OF BEING SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF THE POSITION TAX POSITIONS TAKEN BY CATHOLIC CHARITIES HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL TAX POSITIONS TAKEN BY CATHOLIC CHARITIES WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION ACCORDINGLY, CATHOLIC CHARITIES HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF DECEMBER 31, 2011, CATHOLIC CHARITIES TAX YEARS 2008 TO 2010 REMAIN SUBJECT TO EXAMINATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 143,199
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 143,199

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CREATING HOPE LUNCHEON (event type)	(b) Event #2 NOCHE DE FIESTA (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	672,895	498,708		1,171,603
	2 Less Charitable contributions	672,895	355,650		1,028,545
	3 Gross income (line 1 minus line 2)		143,058		143,058
Direct Expenses	4 Cash prizes		1,000		1,000
	5 Non-cash prizes				
	6 Rent/facility costs	4,994			4,994
	7 Food and beverages		26,003		26,003
	8 Entertainment				
	9 Other direct expenses	88,090	23,112		111,202
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(143,199)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-141

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHEDULE I, PART I, LINE2 SOME PROGRAMS HAVE GRANT ELIGIBILITY GUIDELINES AND SOME PROGRAMS HAVE THE FLEXIBILITY TO SPEND ON WHAT IS NEEDED FOR THE CLIENTS SPECIFIC NEED NOT RULED BY GRANTS THESE INDIVIDUAL GUIDELINES ARE SET AT THE PROGRAM LEVEL PROGRAM COORDINATORS/DIRECTORS MONITOR THE ELIGIBILITY IF THE FUNDING IS GOVERNMENTAL GRANTS THE GRANT FUNDS SPENT ARE ALSO REVIEWED AT THE ACCOUNTING LEVEL TO MAKE SURE THEY ARE SPENT ON GRANT APPROPRIATE ITEMS
PART IV	SCH I OTHER INFORMATION	SCHEDULE I PART III NUMBER OF CLIENTS SERVED WAS ESTIMATED BASED ON THE NUMBER OF CHECKS WRITTEN IN THE VARIOUS ASSISTANCE CATEGORIES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-0808769
Name: CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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 non-cash assistance
CHILDCARE	4	845			
EDUCATIONAL	553	31,074			
FANS	155	13,980			
FOOD	168	9,743			
HOUSEHOLD GOODS	609	73,644			
HOUSING	550	1,109,451			
LEGAL DOCUMENTS ASSISTANCE	21	1,058			
MEDICAL	1504	408,098			
RECREATION	1	19			
SCHOOL OR WORK CLOTHING	304	20,986			
STIPEND LIVING EXP	638	791,923			
TRANSPORTATION	242	35,317			
UTILITIES	5733	1,522,867			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER REYNOLDS	(i)	156,291	0	0	5,790	5,360	167,441	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THUTHUY THI NGUYEN MD	FAMILY MEMBER OF BOARD MEMBER DR HUY NGUYEN	71,475	PHYSICIAN WHO PROVIDED FLU SHOTS		No
(2) JOHN H REYNOLDS	HUSBAND OF PRESIDENT /CEO HEATHER REYNOLDS	15,081	DIRECTOR AND PRODUCER OF MIDDLIN CREATIVE, WHICH PRODUCED OUR CREATING HOPE VIDEO AS WELL AS OTHER VIDEOS FOR PROGRAMS SUCH AS TIN AND VITA		No
(3) WORLD CAFE	CORPORATION STARTED BY WIFE OF BOARD MEMBER	44,987	PROVIDES FOOD CATERING SERVICES FOR CCFW FUNCTIONS AND MEETINGS, AS WELL AS PROVIDES FOOD SERVICES FOR THE ASSESSMENT CENTER		No
(4) DANA SPRINGER	DAUGHTER OF DONNA SPRINGER, BOARD MEMBER	21,358	COMPENSATION FOR SERVICES RENDERED TO THE ORGANIZATION AS ACT PROGRAM MANAGER		No
(5) RACHEL WILKES	DAUGHTER OF JIM WILKES, BOARD MEMBER	42,872	COMPENSATION FOR SERVICES RENDERED TO THE ORGANIZATION AS PR LOGISTICS COORDINATOR		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THERE IS ONLY ONE CLASS OF MEMBERS IN CATHOLIC CHARITIES AND SAID MEMBERS ARE ALL VOTING MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS HAVE THE POWER TO ELECT THE DIRECTORS OF CATHOLIC CHARITIES AND TO FILL VACANCIES ON THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS HAVE ALL RIGHTS, POWERS AND AUTHORITY ALLOWED OR GIVEN TO THE MEMBERS BY THE TEXAS NON-PROFIT CORPORATION ACT IN ADDITION TO THE RIGHTS, THE FOLLOWING POWERS ARE RESERVED EXCLUSIVELY FOR THE MEMBERS AND NO ATTEMPTED EXERCISE OF ANY SUCH POWERS BY ANY ONE OTHER THAN THE MEMBERS SHALL BE VALID OR OF ANY FORCE OR EFFECT WHATSOEVER 1 TO DETERMINE THE MISSION AND IDENTITY OF CATHOLIC CHARITIES AND APPROVE LONG RANGE PLANS AS THEY RELATE TO THE MISSION AND IDENTITY, 2 TO ELECT THE DIRECTORS OF CATHOLIC CHARITIES AND TO FILL VACANCIES ON THE BOARD OF DIRECTORS, 3 TO ADOPT, AMEND, ALTER, MODIFY, SUSPEND AND REPEAL THE ARTICLES OF INCORPORATION AND TEH BYLAWS, 4 TO APPROVE THE PURCHASE, SALE, LEASE, TRANSFER, ENCUMBRANCE, CONSTURCTION, OR DESTRUCTION OF LAND AND BUILDINGS OWNED BY CATHOLIC CHARITIES OR IN WHICH CATHOLIC CHARITIES HAS LEGAL OR EQUITABLE TITLE, 5 TO APPROVE MERGERS, CONSOLIDATIONS OR AFFILIATIONS OR CATHOLIC CHARITIES WITH ANY OTHER ORGANIZATION, 6 TO ADOPT THE PLAN OF DISTRIBUTION OF ASSETS UPON DISSOLUTION IN ACCORD WITH APPLICABLE FEDERAL AND STATE LAW, 7 TO APPROVE PUBLIC FUND-RAISING CAMPAIGNS IN THE NAME OF CATHOLIC CHARITIES, 8 TO PARTICIPATE IN THE SEARCH AND EVALUATION COMMITTEE OF THE EXECUTIVE DIRECTOR, AND 9 TO APPROVE THE SELECTION AND HIRING OF THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	REVIEW OF THE FORM 990 BEGINS AT THE CEO/PRESIDENT AND CFO/VP OF ADMINISTRATION LEVEL FOR ACCURACY OF INFORMATION THE 900 IS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND RECOMMENDATION TO THE FULL BOARD OF DIRECTORS BASED ON THEIR REVIEW OF THE DOCUMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MONITORING OF CONFLICTS OF INTEREST THE CONFLICT OF INTEREST POLICY REQUIRES THAT EACH NEW BOARD MEMBER AND EMPLOYEE REVIEW THE POLICY AND ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS ADDITIONALLY, THE POLICY STATES THAT INFORMATION REGARDING BUSINESS INTERESTES OF BOARD DIRECTOR, EMPLOYEE, OR FAMILY MEMBER WILL BE TREATED AS CONFIEDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR OF THE BOARD, THE PRESIDENT, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICT OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY OUR PQI PLAN STATES THE ADMINISTRATION COMMITTEE HAS RESPONSIBILITY FOR REVIEWING CONFLICTS OF INTEREST THE COMMITTEE HANDLES THE REVIEW OF CONFLICTS OF INTEREST AS PART OF THEIR QUARTERLY MEETINGS AND INDIVIDUAL COMMITTEE MEMBER HAS BEEN ASSIGNED RESPONSIBILITY FOR REVIEWING AND REPORTING OF THESE ITEMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO/PRESIDENT'S SALARY AND BENEFITS ARE APPROVED AT THE BOARD OF DIRECTOR'S LEVEL WHICH IS SPELLED OUT IN ARTICLE X - 10 9 UNDER THE EXECUTIVE COMMITTEE RESPONSIBILITIES IN THE AGENCY BY-LAWS THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR COMPLETING A YEARLY PERFORMANCE EVALUATION BASED ON THE CEO/PRESIDENT'S JOB DESCRIPTION AND OTHER EXCELLENCE PLAN ITEMS ESTABLISHED AT THE BEGINNING OF EACH PERFORMANCE EVALUATION PERIOD THE EXECUTIVE COMMITTEE IS THEN RESPONSIBLE FOR MAKING A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR SALARY AND FRINGE INCREASES FOR THE CEO/PRESIDENT THE SALARY AND FRINGE RECOMMENDATIONS ARE BASED ON PERFORMANCE AND INDUSTRY SURVEY GUIDELINES FOR SIMILAR EXECUTIVE DIRECTOR POSITIONS IN THE SOCIAL SERVICE NON-PROFIT SECTOR VARIOUS NON-PROFIT SURVEYS ARE USED TO EVALUATE THIS OTHER MANAGEMENT EXECUTIVES ARE EVALUATED ON A SIMILAR PROCESS BUT AT THE CEO/PRESIDENT LEVEL THE CEO/PRESIDENT IS RESPONSIBLE FOR COMPLETING A YEARLY PERFORMANCE EVALUATION OF THE VPS ON THE NAMAGEMENT TEAM BASED ON THEIR JOB DESCRIPTION AND OTHER EXCELLENCE PLAN ITEMS ESTABLISHED AT THE BEGINNING OF EACH PERFORMANCE EVALUATION PERIOD THE CEO/PRESIDENT IS THEN RESPONSIBLE FOR MAKING SURE THE AGENCY BUDGET WILL COVER THE RECOMMENDED RAISES SALARY RANGE LEVELS ARE ESTABLISHED FOR EACH LEVEL OF THE ORGANIZATION THROUGH AN AGENCY PAY GRADE SYSTEM THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE APPROVAL OF THE BUDGET FOR THE AGENCY WHICH WOULD INCLUDE THESE RAISES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CATHOLIC CHARITIES DIOCESE OF FORT WORTH, INC MAKES THE AGENCY FINANCIAL STATEMENTS AND FORM 990 AVAILABLE THROUGH GUIDESTAR ORG EACH YEAR AFTER COMPLETION OF THE AUDIT THESE ITEMS PLUS THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE FOR REVIEW AT THE 249 W THORNHILL DRIVE, FORT WORT, TX 76115 LOACTION DURING NORMAL BUSINESS HOURS OF THE AGENCY

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS -3

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDANT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Employer identification number
75-0808769

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	(g) No
(1) CATHOLIC DIOCESE OF FORT WORTH 800 WEST LOOP 820 SOUTH FORT WORTH, TX 76108 23-7052369	CHURCH	TX	501(C)(3)	LINE 1			No
(2) CASA INC 3201 SONDRA DRIVE FORT WORTH, TX 76107 75-2488010	HOUSING PROJECT	TX	501(C)(3)	LINE 1			No
(3) CASA II INCCASA BRENDAN INC 1300 1400 HYMAN STREET STEPHENVILLE, TX 76401 75-2488006	HOUSING PROJECT	TX	501(C)(3)	LINE 1			No
(4) NUESTRO HOGAR INC 709 MAGNOLIA STREET ARLINGTON, TX 76012 75-2488008	HOUSING PROJECT	TX	501(C)(3)	LINE 1			No
(5) CATHOLIC CHARITIES DIOCESE OF FORT WORTH ENDOWMENT INC PO BOX 15610 FORT WORTH, TX 76119 45-4094964	SUPPORT ORGANIZATION	TX	501(C)(3)	LINE 11A, I	CATHOLIC CHARITIES DIOCESE OF FORT WORTH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-0808769
Name: CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) CASA BRENDAN INC	P	217,300	CASH RECEIVED
(2) CASA II INC	P	63,600	CASH RECEIVED
(3) NUESTRO HOGAR INC	P	362,143	CASH RECEIVED
(4) CATHOLIC DIOCESE OF FORT WORTH	C	990,182	CASH RECEIVED
(5) CATHOLIC DIOCESE OF FORT WORTH	E	458,250	CASH RECEIVED
(6) CASA INC CASA BRENDAN INC CASA II INC NUESTRO HOGAR INC	K	160,720	CASH RECEIVED
(7) CASA INC	P	688,948	CASH RECEIVED

Additional Data

Software ID:
Software Version:
EIN: 75-0808769
Name: CATHOLIC CHARITIES DIOCESE OF FORT WORTH INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 11,713,103 including grants of $ 2,120,337) (Revenue $ 1,252,042)

INCLUDE ASSESSMENT CENTER-SERVES AS AN EMERGENCY SHELTER FOR CHILDREN AT RISK TEXAS FAMILIES, TOGETHER SAFE PROGRAM - SEEKS TO ACHIEVE FA MILY PRESERVATION BY PROVIDING INTERVENTION AND RESOURCE CONNECTION TO REFERRED FAMILIES CAMPUS OPERATIONS -PROVIDES COMMON SERVICES TO PROGRAMS AT THE MAIN CAMPUS FAMILY PACT - FOCUSES ON THE PREVENTION OF CHILD ABUSE THROUGH THERAPEUTIC INTERVENTION THE PROGRAM SERVES CHILDREN AND THEIR PARENTS/GUARDIANS WHO ARE REFERRED DUE TO PRIOR INCIDENTS OF CHILD ABUSE AND/OR NEGLECT COUNSELING -PROVIDES COUNSELING SERVICES TO FAMILIES AND INDIVIDUALS SOMEOFTHE PROBLEMS HANDLED BY THE COUNSELORS INCLUDE MARITAL DIFFICULTIES, PARENTING, AND PERSONAL ADJUSTMENTS SCHOOL BASED PROGRAMS- PROVIDES A STRUCTURED SCHOOL ENVIRONMENT FOR CHILDREN WITH DIFFICULTY PERFORMING IN TRADITIONAL CLASSROOM SETTINGS DISASTER RELIEF- PROVIDES CASE MANAGEMENT AND FINANCIAL ASSISTANCE SERVICES TO THOSE CLIENTS AFFECTED BY VARIOUS NATURAL DISASTERS DISPROPORTIONALITY - PROGRAM WORKS WITH AFRICAN AMERICAN PARENTS AND KINSHIP GUARDIANS THAT HAVE BEEN REFERRED BY CHILD PROTECTIVE SERVICES WITH THE PURPOSE OF MAINTAINING PERMANENT KINSHIP PLACEMENT CENTRAL INTAKE - PROVIDES THE FIRST POINT OF ENTRY FOR INDIVIDUALS AND FAMILIES IN NEED OF HELP CENTRAL INTAKE SPECIALISTS PROVIDE COMPASSIONATE SERVICES BY DOING THE INITIAL NEEDS ASSESSMENT OF A CLIENT AND LINKING THEM TO THE APPROPRIATE CATHOLIC CHARITIES PROGRAM OR OTHER COMMUNITY RESOURCES EFSNB PROGRAM - SPONSORED BY THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD (EFSNB) AND PROVIDES EMERGENCY ASSISTANCE, IN THE FORM OF FOOD AND SHELTER, TO INDIVIDUALS IN NEED FAMILY PRESERVATION - PROVIDES ASSISTANCE TO FAMILIES WHO HAVE BEEN IDENTIFIED AS ABUSIVE TO ENHANCE PARENTING SKILLS, PREVENT FURTHER ABUSE, AND PREVENT OUT-OF-HOME PLACEMENT FINANCIAL ASSISTANCE -PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO PERSONS THAT HAVE EXPERIENCED A CRISIS IN THE FORM OF RENTAL AND UTILITY ASSISTANCE HEALTHY START -PROGRAM SEEKS TO REDUCE INFANT MORTALITY, THE HIGH RISK OF DEATH THE FIRST YEAR OF A CHILD'S LIFE OUT REACH,SOCIAL WORK CASE MANAGEMENT, HEALTH EDUCATION, AND TRANSPORTATION ARE OFFERED TO PREGNANT WOMEN WHO ARE AT THE HIGHEST RISK FOR PREMATURE BIRTHS, BIRTH DEFECTS, OR DELIVERING LOW BIRTH-WEIGHT INFANTS IMMIGRATION PROGRAMS - PROVIDES IMMIGRATION COUNSELING SERVICES AND ADVOCACY SERVICES TO DOCUMENTED AND UNDOCUMENTED PERSONS INFANT MORTALITY -PROMOTES AWARENESS TO PREVENT INFANT MORTALITY BY FACILITATING A COMMUNITY CONSORTIUM AND AN ANNUAL AWARENESS ACTIVITY FAIR TRANSLATION AND INTERPRETER NETWORK - PROVIDES INTERPRETER SERVICES FOR REFUGEES, REFUGEE PROVIDERS, AND SOCIAL SERVICE AND HEALTHCARE FACILITIES IN ORDER TO INCREASE THE ACCESSIBILITY OF INTERPRETER RESOURCES FOR ELIGIBLE REFUGEES AND TO INCREASE THE QUALITY OF INTERPRETER-ASSISTED ENCOUNTERS IN SOCIAL SERVICE AND HEALTH CARE SETTINGS MEXICAN CONSULATE -A PARTNERSHIP PROJECT THAT SEEKS TO PROVIDE ASSISTANCE WITH PASSPORTS, CONSULARIDS (MATRICULAS CONSULARES), AND OTHER DOCUMENTATION TO THE MEXICAN POPULATION MIGRATION AND REFUGEE SERVICES -THE LOCAL PROGRAM OF THE UNITED STATES CATHOLIC CONFERENCE MIGRATION AND REFUGEE SERVICES THAT PROVIDES RESETTLEMENT SERVICES, ADVOCACY SERVICES, SOCIAL SERVICES,AND FINANCIAL ASSISTANCE TO REFUGEES PARISH RELATIONS - WORKS WITH DIOCESAN PARISHES ON THEIR DISASTER PLANNING AND PREPAREDNESS AND WORKS TO STRENGTHEN THE RELATIONSHIP BETWEEN CATHOLIC CHARITIES AND THE PARISHES THROUGHOUT THE DIOCESE LADY HO GAN PROJECT -PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES AND PEER SUPPORT GROUPS TO WOMAN AND YOUTH THAT A REINFECTED OR AFFECTED BY HIV REFUGEE MATCH GRANT - PROVIDES RESETTLEMENT SERVICES TO REFUGEES ST JOSEPH HEALTHCARE - COORDINATES PARISH BASED HEALTHCARE SERVICES ST THRESA'S THERAPEUTIC FOSTER CARE - PROVIDES THE PLACEMENT AND THERAPEUTIC TREATMENT OF EMOTIONALLY DISTURBED CHILDREN IN FOSTER HOMES SPECIAL SERVICES- COORDINATION OF SERVICES TO ELDERLY AND DISABLED CLIENTS ENROLLMENT SO LUTIO NS - PROVIDES OUTREACH AND APPLICATION ASSISTANCE FOR STATE BENEFITS INCLUDING CHIP, MEDICAID, AND SNAP VP PROGRAM-PROVIDES OVERSIGHT OF ALL PROGRAM SERVICES PROVIDED TO CLIENTS OF THE AGENCY THIS INCLUDES SUPERVISION OF DIRECT CARE STAFF, MONITORING ACHIEVEMENT OF PROGRAM GOALS AND OBJECTIVES, AND COMPLIANCE WITH PROGRAM AND PROJECT POLICIES AND PROCEDURES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS-PROVIDES HOMELESS PREVENTION ASSISTANCE IN THE FORM OF RENTAL ASSISTANCE, UTILITY ASSISTANCE, AND CASE MANAGEMENT TO PERSONS WITH HIV IN ORDER TO ASSIST THEM IN MAINTAINING STABLE HOUSING SAFE PASSAGES - PROVIDES SUITABILITY ASSESSMENTS FOR FAMILIES/SPONSORS TO ENSURE THAT REFUGEE CHILDREN ARE PLACED IN SAFE HOMES SUPPORTIVE HOUSING -PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO CHRONIC AND VULNERABLE HOMELESS PERSONS TO ASSIST THEM IN OBTAINING AND MAINTAINING STABLE HOUSING, AND ALSO PROVIDES SHELTER BASED MOTIVATIONAL COUNSELING SERVICES TO CHRONIC AND VULNERABLE HOMELESS INDIVIDUALS ASSET DEVELOPMENT - PROVIDES FINANCIAL EDUCATION, FINANCIAL COACHING, AND CREDIT COUNSELING TO LOW-INCOME FAMILIES STREET OUTREACH SERVICES -PROVIDES OUTREACH AND CASE MANAGEMENT TO UNSHELTERED HOMELESS IN FORT WORTH VOLUNTEER INCOME TAX ASSISTANCE -UTILIZES VOLUNTEERS FOR INCOME TAX PREPARATION AND FILING SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES EMPLOYMENT SERVICES - PROVIDES CAREER DEVELOPMENT SERVICES WORN -PROVIDES REFUGEE WOMEN LIVING IN TARRANT COUNTY A SUPPLEMENTAL SOURCE OF INCOME, EMPOWERING THEM TO RISE ABOVE POVERTY AND BECOME SELF-SUFFICIENT THE EXPENSES, GRANTS AND REVENUE OF THE ABOVE PROGRAMS ARE