

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
CATHOLIC CHARITIES OF KANSAS CITY - ST JOSEPH INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4001 MARTIN LUTHER KING BLVD NO 2
City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64130

D Employer identification number
43-0887779
E Telephone number
(816) 221-4377

F Name and address of principal officer:
KAREN NOEL
4001 MARTIN LUTHER KING BLVD NO 250
KANSAS CITY, MO 64130

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status:
501(c)(3)
501(c) () (insert no.)
4947(a)(1) or
527

J Website: WWW.CATHOLICCHARITIES-KCSJ.ORG

K Form of organization:
Corporation
Trust
Association
Other

L Year of formation: 1968
M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SERVICES ARE PROVIDED ACROSS FOUR PILLARS: EMERGENCY ASSISTANCE, CHILDREN AND FAMILY SERVICES, HOUSING SERVICES, AND EMPLOYMENT SERVICES. THE STAFF ENCOURAGE ENROLLMENT IN AGENCY PROGRAMS SUCH AS: EMPLOYMENT SERVICES; RAPID AND PERMANENT HOUSING; FINANCIAL LITERACY; BUDGETING AND PARENTING CLASSES. CLIENTS MAY ALSO BE REFERRED TO ONE OR MORE OF THE AGENCY'S COLLABORATIVE PARTNERS WHO OFFER ADDITIONAL SERVICES, SO EACH CLIENT HAS ACCESS TO THE SUPPORT AND SERVICES THEY REQUIRE TO BE SUCCESSFUL. SHORT AND LONG-TERM CLIENT ENGAGEMENT AND OUTCOMES ARE TRACKED IN A ROBUST DATABASE, AND REPORTED REGULARLY TO STAKEHOLDERS.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Signature of officer: *****
Date: 2022-03-29
JEFFREY ECKERT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-03-29
Check if self-employed: PTIN: P01310558
Firm's name: RSM US LLP
Firm's EIN: 42-0714325
Firm's address: 4622 PENNSYLVANIA AVE STE 1100
Phone no.: (816) 753-3000
KANSAS CITY, MO 64112

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HELPING PEOPLE MOVE TO A BETTER LIFE THROUGH HOPE-FILLED CARE, SERVICES, AND ADVOCACY; CALLING ALL THOSE OF GOODWILL TO JOIN US.

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 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 \$ 5,607,785 including grants of \$ 4,341,455) (Revenue \$ 2,180,771)
See Additional Data

4b (Code:) (Expenses \$ 1,057,456 including grants of \$ 545,554) (Revenue \$ 546,000)
See Additional Data

4c (Code:) (Expenses \$ 685,575 including grants of \$ 55,226) (Revenue \$ 639,770)
See Additional Data

(Code:) (Expenses \$ 223,868 including grants of \$ 51,442) (Revenue \$ 22,744)

EMPLOYMENT SERVICES: EMPLOYMENT PROGRAMS PROVIDED EMPLOYMENT PREPARATION AND TRAINING, EDUCATION, AND EMPLOYMENT RETENTION SERVICES, AND FINANCIAL LITERACY TO CATHOLIC CHARITIES CLIENTS, AS WELL AS TO INDIVIDUALS IN THE COMMUNITY IN CONJUNCTION WITH COMMUNITY PARTNERS. SERVICES ALSO INCLUDE ASSISTANCE WITH EMPLOYMENT SEARCHES (I.E. A JOB CLUB) AND JOB PLACEMENTS (I.E. EMPLOYER OUTREACH AND JOB FAIRS). DURING FY21 358 PARTICIPANTS WERE SERVED THROUGH EMPLOYMENT SERVICES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 223,868 including grants of \$ 51,442) (Revenue \$ 22,744)

4e Total program service expenses ▶ 7,574,684

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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-A 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.
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 during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) SUNNY JONES COO	50.00 0.00			X				122,295	0	11,769
(2) THERESA HURSH LEGAL COUNSEL	50.00 0.00					X		107,970	0	368
(3) SUSAN WALKER EXECUTIVE DIRECTOR ENGAGEMENT	50.00 0.00					X		102,116	0	11,396
(4) JEFF ECKERT CFO	50.00 0.00			X				94,907	0	2,462
(5) KAREN NOEL STARTED 0620 CEO	50.00 0.00			X				59,463	0	16,846
(6) ELIZABETH LYNCH CHAIR	1.00 0.00	X		X				0	0	0
(7) JULIAN ARRENDONDO TREASURER	1.00 0.00	X		X				0	0	0
(8) JENIFER DOOLITTLE SECRETARY	1.00 0.00	X		X				0	0	0
(9) DR EDWARD KREMER VICE CHAIR	1.00 0.00	X		X				0	0	0
(10) J VICTOR AMMONS MEMBER	1.00 0.00	X						0	0	0
(11) ROD CARSON MEMBER	1.00 0.00	X						0	0	0
(12) CLAUDIA GREIM MEMBER	1.00 0.00	X						0	0	0
(13) FR ADAM HAAKE MEMBER	1.00 0.00	X						0	0	0
(14) MIKE HAGGERTY MEMBER	1.00 0.00	X						0	0	0
(15) JERRY INGLE MEMBER	1.00 0.00	X						0	0	0
(16) KAREN MITCHELL-LAYTON MEMBER	1.00 0.00	X						0	0	0
(17) KAREN NOEL MEMBER	1.00 0.00	X						0	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	188,438				
	b Membership dues	1b					
	c Fundraising events	1c	456,616				
	d Related organizations	1d	5,690,495				
	e Government grants (contributions)	1e	657,300				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,152,803				
	g Noncash contributions included in lines 1a - 1f:\$	1g	155,802				
	h Total. Add lines 1a-1f			11,145,652			
Program Service Revenue	2a COMMUNITY HOUSING	Business Code 624229	2,180,771	2,180,771			
	b CHILDREN AND FAMILY	624110	639,770	639,770			
	c WELCOME CENTER	624310	546,000	546,000			
	d EMPLOYMENT SERVICES	624310	22,744	22,744			
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		3,389,285				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,733			19,733	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	32,371				
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	5,384			
		c Gain or (loss)	7c	26,987			
	d Net gain or (loss)			26,987		26,987	
	8a Gross income from fundraising events (not including \$ 456,616 of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses	8b	63,985			
c Net income or (loss) from fundraising events				-48,502		-48,502	
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	812900	20,915			20,915		
b SPECIAL REVENUE - OUTPACE POVERTY	812900	1,943			1,943		
c							
d All other revenue							
e Total. Add lines 11a-11d			22,858				
12 Total revenue. See instructions			14,556,013	3,389,285	0	21,076	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	3,240,000	3,240,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,753,677	1,753,677		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	358,162	198,057	105,006	55,099
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	2,599,670	1,437,569	762,173	399,928
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	148,260	39,105	92,903	16,252
9 Other employee benefits	346,738	203,735	72,151	70,852
10 Payroll taxes	203,448	112,327	61,552	29,569
11 Fees for services (non-employees):				
a Management				
b Legal	4,487		4,487	
c Accounting	46,439		46,439	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,879		11,879	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	263,727	95,332	113,968	54,427
12 Advertising and promotion	104,483	120	63,911	40,452
13 Office expenses	82,454	33,660	34,233	14,561
14 Information technology	88,298	58,784	17,880	11,634
15 Royalties				
16 Occupancy	396,135	293,808	38,263	64,064
17 Travel	29,348	24,422	2,253	2,673
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,229	3,446	1,249	534
20 Interest	9,109	3,686	5,423	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,093	1,090	39,003	
23 Insurance	48,457	30,524	16,245	1,688
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	42,104	42,104		
b FUNDRAISING EXPENSE	18,220		245	17,975
c LICENSE AND REGISTRATIO	12,761	190	12,571	
d DUES AND SUBSCRIPTIONS	7,991	1,180	5,681	1,130
e All other expenses	5,918	1,868	1,861	2,189
25 Total functional expenses. Add lines 1 through 24e	9,867,087	7,574,684	1,509,376	783,027
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	682,669	1	2,141,400
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	326,984	4	406,439
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	43,118	8	108,531
	9 Prepaid expenses and deferred charges	50,765	9	59,135
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	828,513		
	b Less: accumulated depreciation	558,545	277,360	10c 269,968
	11 Investments—publicly traded securities	591,205	11	2,351,510
	12 Investments—other securities. See Part IV, line 11	1,500	12	1,500
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,548	15	3,066
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,978,149	16	5,341,549	
Liabilities	17 Accounts payable and accrued expenses	382,969	17	489,736
	18 Grants payable		18	
	19 Deferred revenue	108,327	19	73,545
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	839,019	23	0
	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	896,980	25	108,553
	26 Total liabilities. Add lines 17 through 25	2,227,295	26	671,834
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-467,120	27	2,362,016
	28 Net assets with donor restrictions	217,974	28	2,307,699
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-249,146	32	4,669,715	
33 Total liabilities and net assets/fund balances	1,978,149	33	5,341,549	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,556,013
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,867,087
3	Revenue less expenses. Subtract line 2 from line 1	3	4,688,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-249,146
5	Net unrealized gains (losses) on investments	5	227,179
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,756
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,669,715

Part XII Financial Statements and Reporting

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

- 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-0887779

Name: CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Form 990 (2020)

Form 990, Part III, Line 4a:

HOUSING: STABILITY AND SELF-SUFFICIENCY ARE THE OBJECTIVES OF THE SUPPORTIVE HOUSING PROGRAMS. THIS IS ACHIEVED THROUGH LEASE SUBSIDIES AS WELL AS ONGOING CASE MANAGEMENT THAT INCLUDES HOUSING ADVOCACY, SEARCH, AND PLACEMENT; ASSISTING PARTICIPANTS WITH ESTABLISHMENT OF SELF-DIRECTED GOALS; BUDGETING; COORDINATION WITH OTHER COMMUNITY SUPPORTIVE SERVICES; BENEFIT CONNECTIONS; AND EMPLOYMENT PREPARATION, ATTAINMENT AND MAINTENANCE. ADDITIONALLY, PARTICIPANTS ARE ASSISTED WITH ACCESS TO MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE TREATMENT SERVICES IN THE COMMUNITY. IN FY21, COMMUNITY HOUSING SERVED 132 INDIVIDUALS IN PERMANENT HOUSING FOR INDIVIDUALS AND/OR FAMILIES EXPERIENCING HOMELESSNESS AND WHO ALSO HAVE A DISABLING CONDITION. AN ADDITIONAL 228 PERSONS/HOUSEHOLDS RECEIVED HOUSING ASSISTANCE IN OUR SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM.

Form 990, Part III, Line 4b:

WELCOME CENTER: THE WELCOME CENTER FUNCTIONS AS THE AGENCY'S SINGLE POINT OF ENTRY AND PROVIDES EMERGENCY ASSISTANCE SERVICES TO THOSE IN NEED. EMERGENCY ASSISTANCE SERVICES PROVIDED BY THE WELCOME CENTER INCLUDES RENT AND UTILITY ASSISTANCE, FOOD, HYGIENE, SEASONAL CLOTHING ITEMS, DIAPERS AND ASSISTANCE WITH APPLYING FOR PUBLIC BENEFITS. ALSO, THE WELCOME CENTER CONNECTS CLIENTS TO INTERNAL AND EXTERNAL RESOURCES TO HELP MEET THEIR NEEDS. THE WELCOME CENTER HAS ONSITE PARTNERSHIPS THAT PROVIDES SERVICES AT OUR LOCATION, SUCH ATTORNEY SERVICES AND THE KANSAS CITY PUBLIC LIBRARY. DURING FY21, 2327 PARTICIPANTS WERE SERVED IN THE WELCOME CENTER. THE AGENCY WAS GIFTED MONEY TO OPEN A FOOD PANTRY AND THAT EFFORT IS UNDERWAY. A TEMPORARY SMALL PANTRY IS CURRENTLY IN OPERATION UNTIL TWO LARGE PERMANENT PANTRIES CAN BE ESTABLISHED.

Form 990, Part III, Line 4c:

CHILDREN AND FAMILY SERVICES: CHILDREN AND FAMILY SERVICES WORKS WITH LOW-INCOME FAMILIES PROVIDING CASE MANAGEMENT AND SUPPORTIVE SERVICES TO PREGNANT WOMEN AND FAMILIES WITH CHILDREN AT HOME. CASE MANAGERS ASSIST CLIENTS WITH SETTING AND WORKING TOWARD ACCOMPLISHING INDIVIDUALIZED GOALS, PROVIDING HEALTH INFORMATION AND EDUCATION, PARENTING AND/OR ADOPTION PLANS, AND ASSISTANCE WITH ANCILLARY SERVICES SUCH AS BABY/CHILDREN'S SUPPLIES, RENT, UTILITIES AND TRANSPORTATION ASSISTANCE. IN FY21 CHILDREN AND FAMILY SERVICES HELPED 400 FAMILIES, AND AN ADDITIONAL 32 ADOPTIVE COUPLES.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF KANSAS CITY - ST JOSEPH INC

Employer identification number
43-0887779

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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 <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,740,787	2,139,296	2,285,018	2,487,129	11,145,652	20,797,882
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	3,368,065	3,027,081	3,050,670	3,455,501	3,389,285	16,290,602
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	6,108,852	5,166,377	5,335,688	5,942,630	14,534,937	37,088,484
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.	2,210,572	2,391,583	2,085,356	2,391,776	1,827,960	10,907,247
c Add lines 7a and 7b.	2,210,572	2,391,583	2,085,356	2,391,776	1,827,960	10,907,247
8 Public support. (Subtract line 7c from line 6.)						26,181,237

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	6,108,852	5,166,377	5,335,688	5,942,630	14,534,937	37,088,484
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,362	10,768	21,714	13,151	19,733	74,728
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	9,362	10,768	21,714	13,151	19,733	74,728
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 VI.)	47,151	62,376	110,136	41,615	22,858	284,136
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,165,365	5,239,521	5,467,538	5,997,396	14,577,528	37,447,348

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	69.910 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	59.280 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0.200 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.220 %

19a 33 1/3% support tests—2020. 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—2019. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2016 AMOUNT: \$ 47,151. 2017 AMOUNT: \$ 62,376. 2018 AMOUNT: \$ 110,136. 2019 AMOUNT: \$ 41,615. 2020 AMOUNT: \$ 22,858.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CATHOLIC CHARITIES OF KANSAS CITY - ST JOSEPH INC

Employer identification number
43-0887779

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

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

5 Did the organization inform all donors and donor advisors in 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, 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 XIII.
- 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" on 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 XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		14,200		14,200
b Buildings		259,560	45,104	214,456
c Leasehold improvements				
d Equipment		384,640	374,940	9,700
e Other		170,113	138,501	31,612
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				269,968

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFINED BENEFIT PENSION	108,553
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	108,553

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,847,176
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	227,179
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	63,984
e	Add lines 2a through 2d	2e	291,163
3	Subtract line 2e from line 1	3	14,556,013
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,556,013

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,931,072
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 XIII.)	2d	63,985
e	Add lines 2a through 2d	2e	63,985
3	Subtract line 2e from line 1	3	9,867,087
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,867,087

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0887779

Name: CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RECLASSIFICATION OF SPECIAL EVENT EXPENSES 63,984.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RECLASSIFICATION OF SPECIAL EVENT EXPENSES 63,985.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Employer identification number
43-0887779

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	SOIREE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	457,768	14,331		472,099
	2 Less: Contributions	444,840	11,776		456,616
	3 Gross income (line 1 minus line 2)	12,928	2,555		15,483
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	0		
	6 Rent/facility costs	4,725	0		4,725
	7 Food and beverages	12,928	2,555		15,483
	8 Entertainment	1,000	0		1,000
	9 Other direct expenses	42,536	241		42,777
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				63,985
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-48,502	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

a Is the organization licensed to conduct gaming activities in each of these states? 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 conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter 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 of the third party:

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF KANSAS CITY - ST JOSEPH INC

Employer identification number 43-0887779

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? [X] 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Row 1: THE OFFICE OF THE BISHOP OF DIOCESE - KCSJ, 44-0546494, 501(C)3, 3,240,000, TO SUPPORT THE MISSION OF THE DIOCESE OF THE DIOCESE OF KANSAS CITY-ST. JOSEPH.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOUSING	475	1,330,845			
(2) UTILITIES	578	260,295			
(3) TRANSPORTATION	202	16,470			
(4) CHILDREN SUPPORTIVE SERVICES	685	25,872			
(5) FOOD	1788	3,462			
(6) MEDICAL AND DENTAL	20	4,116			
(7) OTHER SPECIAL ASSISTANCE	2006	112,617			
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	FIRST, THE APPROPRIATE AGENCY PERSONNEL BECOME COMPLETELY FAMILIAR WITH THE ALLOWABLE EXPENDITURES, REIMBURSEMENT METHODS, RECORDING, AND REPORTING REQUIREMENTS OF EACH GRANT RECEIVED. THE AGENCY SETS UP FUNDING SOURCE DIMENSIONS IN ITS ACCOUNTING SYSTEM TO TRACK AND REPORT ON GRANT FUNDS INDIVIDUALLY. IN ADDITION, IT KEEPS SPREADSHEETS THAT DOWNLOAD SYSTEM DATA. THIS DATA IS SHARED WITH PROGRAM/GRANT DIRECTORS IN A REAL TIME AND MONTHLY BASIS, AND ANY VARIANCES ARE RESEARCHED AND CORRECTED, IF NECESSARY.

Additional Data

Software ID:
Software Version:
EIN: 43-0887779
Name: CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

HOUSING	475	1,330,845		
HOUSING	475	1,330,845		
UTILITIES	578	260,295		
TRANSPORTATION	202	16,470		
CHILDREN SUPPORTIVE SERVICES	685	25,872		
FOOD	1788	3,462		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
MEDICAL AND DENTAL	20	4,116			
MEDICAL AND DENTAL	20	4,116			
OTHER SPECIAL ASSISTANCE	2006	112,617			

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Employer identification number
43-0887779

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,301	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	55,100	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	50,524	85,545	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HYGIENE ITEMS</u>)	X	21,562	19,452	FMV
26 Other ▶ (<u>OTHER</u>)	X	822	1,597	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	REPORTING THE NUMBER OF ITEMS RECEIVED EXCEPT FOR FOOD INVENTORY WHICH IS BASED ON AMOUNT IN POUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

CATHOLIC CHARITIES OF KANSAS CITY - ST JOSEPH INC

Employer identification number

43-0887779

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE ORGANIZATION RECEIVED FUNDS TO OPEN A FOOD PANTRY. DURING FY 21, THE ORGANIZATION OPENED A TEMPORARY PANTRY AND BEGAN EFFORTS TO SECURE TWO PERMANENT PANTRIES, ONE IN ITS NORTH REGION AND ONE ITS SOUTH REGION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE SOLE MEMBER APPROVED A BYLAWS AMENDMENT AND RESTATEMENT AS OF OCTOBER 22, 2020, TO LIMIT BOARD SERVICE, WITH CERTAIN EXCEPTIONS, TO TWO CONSECUTIVE 3-YEAR TERMS; TO ADD TO THE LIST OF BOARD STANDING COMMITTEES A FINANCE COMMITTEE; TO REQUIRE BOARD APPROVAL OF STANDING COMMITTEE CHAIRPERSONS AND MEMBERS; AND TO MAKE OTHER CLARIFYING AND SIMPLIFYING CHANGES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE BISHOP OF THE DIOCESE OF KANSAS CITY - ST. JOSEPH IS THE SOLE MEMBER OF CATHOLIC CHARITIES OF KANSAS CITY - ST. JOSEPH, INC. THE BISHOP IS DESIGNATED AS THE SOLE MEMBER SO LONG AS THE DIOCESE OF KANSAS CITY- ST. JOSEPH SHALL CONTINUE TO QUALIFY AS A TAX EXEMPT, NON-PROFIT ENTITY RECOGNIZED UNDER SECTION 501(C)(3) OF THE IRC. THE BISHOP HAS THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S SOLE MEMBER, THE BISHOP OF THE DIOCESE OF KANSAS CITY-ST. JOSEPH, HAS THE SOLE RIGHT TO SELECT AND REMOVE BOARD MEMBERS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BISHOP OF THE DIOCESE OF KANSAS CITY - ST. JOSEPH SHALL BE ENTITLED TO BE THE SOLE VOT E ON ALL MATTERS REQUIRING A VOTE OF THE MEMBERS AS SPECIFIED BY LAW AND THE CORPORATE BYL AWS OF CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEPH, INC., INCLUDING WITHOUT LIMITATION, T HE POWER TO CHANGE THE NUMBER OF DIRECTORS, TO ELECT THE BOARD OF DIRECTORS, TO REMOVE DIR ECTORS AND AMEND THE CORPORATE BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CEO, CFO, COO, EXECUTIVE DIRECTOR OF OUTREACH AND ENGAGEMENT, AND ACCOUNTING MANAGER PREPARE THE 990 QUESTIONNAIRE AND REVIEW THE FINAL 990 BEFORE IT IS PUBLISHED. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FINAL DOCUMENT AND THE FULL BOARD OF DIRECTORS APPROVES ITS RELEASE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF CORPORATE DIRECTORS) AND ANNUALLY THEREAFTER, THE CEO AND HIS/HER DESIGNEE SHALL PROVIDE TO THE BOARD AND TO ALL EXECUTIVE OFFICERS, ADMINISTRATIVE STAFF, ASSOCIATES AND VOLUNTEERS A COPY OF THE CONFLICT OF INTEREST POLICY. WHEN JOINING THE ORGANIZATION AND ANNUALLY, EACH SUCH PERSON IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE. SUCH ANNUAL MONITORING AND REVIEW PROCEDURES ARE PART OF THE CORPORATE COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE AUDIT COMMITTEE CONCERNING ANY CORPORATE DIRECTOR INTEREST SO DISCLOSED. EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL MANAGEMENT ASSOCIATES SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OR DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS WHICH MAY EXIST OR APPEAR AS TO EXIST. IF A DIRECTOR, STAFF MEMBER, ASSOCIATE OR VOLUNTEER HAS A PERSONAL OR FINANCIAL INTEREST IN A PARTICULAR CONTRACT OR TRANSACTION RELATED TO CATHOLIC CHARITIES, THE INDIVIDUAL MUST DISCLOSE ALL MATERIAL FACTS TO THE AUDIT COMMITTEE (FOR DIRECTORS) OR TO THE CEO OR HUMAN RESOURCES (FOR STAFF) AND, AS APPLICABLE, TO THE BOARD OF DIRECTORS FOR REVIEW, CONSIDERATION AND APPROVAL OR AUTHORIZATION. IF A DIRECTOR IS CONSIDERED TO HAVE A CONFLICT OF INTEREST, THE DIRECTOR SHALL NOT BE ALLOWED TO PARTICIPATE IN THE DISCUSSION REGARDING SUCH AUTHORIZATION OR APPROVAL AND IS NOT ALLOWED TO VOTE ON THE MATTER. THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S PAY IS DETERMINED ANNUALLY BY A MARKET STUDY CONDUCTED BY THE HR DEPARTMENT AND CFO, THEN REVIEW, DISCUSSION, AND APPROVAL BY THE BOARD OF DIRECTORS. OFFICERS AND KEY EMPLOYEE WAGES ARE DETERMINED ANNUALLY BY A MARKET STUDY CONDUCTED BY THE HR DEPARTMENT, CEO, CFO, AND COO, AND REVIEWED AND APPROVED BY THE CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANNUAL AUDITED FINANCIAL STATEMENT IS AVAILABLE ON THE FEDERAL AUDIT CLEARINGHOUSE WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN DEFINED BENEFIT PENSION LIABILITY 2,756.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF KANSAS CITY -
ST JOSEPH INC

Employer identification number
43-0887779

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

(a) Name, address, and EIN (if applicable) 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.

See Additional Data Table

(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 entity?	
						Yes	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?		(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	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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) Disproportionate 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	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0887779
Name: CATHOLIC CHARITIES OF KANSAS CITY -
 ST JOSEPH INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 entity?	
						Yes	No
PO BOX 419037 KANSAS CITY, MO 64141 44-0546494	RELIGIOUS	MO	501(C)(3)	LINE 1	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 81-3912869	HOUSING	MO	501(C)(3)	LINE 1	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 30-0471274	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 31-1526123	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-1604833	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-1293442	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-1536703	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-1114421	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-1668309	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4001 BLUE PKWY KANSAS CITY, MO 64130 43-2118157	LOW INCOME HOUSING FOR LOW INCOME TENANTS	MO	501(C)(3)	LINE 10	N/A		No
4741 CAUGHLIN PKWY RENO, NV 89519	BENEFIT AND SUPPORT THE CATHOLIC CHARITIES OF KANSAS CITY - ST. JOSEPH, INC.	NV	501(C)(3)	LINE 12D, III-O	N/A		No