EIDE BAILLY LLP 5929 FASHION POINT DR., STE. 300 OGDEN, UT 84403-4684

CATHOLIC COMMUNITY SERVICES OF UTAH 224 NORTH 2200 WEST SALT LAKE CITY, UT 84116

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CLIENT'S COPY

Type text here



May 12, 2023

Catholic Community Services of Utah 224 North 2200 West Salt Lake City, UT 84116

Dear Dawn:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Please review the return for completeness and accuracy.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Chett Campbell, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Catholic Community Services of Utah 224 North 2200 West Salt Lake City, UT 84116

Prepared By:

Eide Bailly LLP 5929 Fashion Point Dr., Ste. 300 Ogden, UT 84403-4684

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

May 15, 2023

Special Instructions:

The return should be signed and dated.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	ror tr	ie 2021 calendar year, or tax year beginning 001 1, 2021 and e	enaing U	UN 30, 2022				
В	Check i applical	C Name of organization		D Employer identific	cation number			
	Addr							
	Nam char	ge Doing business as		87-02124	50			
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final retur	n/ ZZ4 NOKIII ZZ00 WEDI		(801)428	-1226			
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 22,765,050.				
	Ame retur	nded Caim take Cimy iim 9/116		H(a) Is this a group re	eturn			
	Appl tion	F Name and address of principal officer: DAWN MIERA		for subordinates? Yes X No				
	pend	Ing SAME AS C ABOVE		H(b) Are all subordinates in				
<u> </u>	Tax-e	xempt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527	1	list. See instructions			
		ite: ► WWW.CCSUTAH.ORG		H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: UT			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: PROVI	DE BA	SIC HUMAN NE	EEDS.			
Se	-							
nan	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets			
Ver	3			3	20			
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20			
≪ 4	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0			
ţie	6	Total number of volunteers (estimate if necessary)			0			
Activities & Governance	7.				0.			
Ą	′ ′	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	 `	Net difference business taxable income from 1 offit 930-1,1 art i, life 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		18,203,645.	20,151,631.			
ne	9			1,072,450.	953,393.			
Revenue	10	. , , , , , , , , , , , , , , , , , , ,		461,345.	481,391.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		586,542.	542,052.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,323,982.	22,128,467.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		5,769,583.	7,344,764.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	7,344,704.			
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.			
ΩX	_ K	Total fundraising expenses (Part IX, column (D), line 25) 390,53		10,913,795.	10 210 475			
	''	, , , , , , , , , , , , , , , , , , , ,			10,318,475.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,683,378. 3,640,604.	17,663,239.			
	19	Revenue less expenses. Subtract line 18 from line 12			4,465,228.			
Net Assets or			Ве	ginning of Current Year	End of Year			
Ssel	20	Total assets (Part X, line 16)		28,512,216.	31,306,615.			
etA	21	Total liabilities (Part X, line 26)		1,054,467.	829,972.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		27,457,749.	30,476,643.			
					Annual advantage and built of the			
		alties of perjury, I declare that I have examined this return, including accompanying schedules a		•	knowledge and belief, it is			
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer					
		Dawn Musra Signature of officer		5/23/2023 Date	<u> </u>			
Sig		, -		Date				
Hei	e	DAWN MIERA, DIRECTOR OF FINANCE Type or print name and title						
			Tr	Date Check	DTIN			
	_	Print/Type preparer's name Preparer's signature		: -	PTIN			
Paid		·	CPA 0	5/12/23 self-employ				
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN ▶	45-0250958			
Use	Only	Firm's address 5929 FASHION POINT DR., STE. 300			1 601 1555			
		OGDEN, UT 84403-4684		Phone no. 80	1-621-1575			
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE BASIC HUMAN NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
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 \$
4b	(Code:)(Expenses \$5,122,573including grants of \$) (Revenue \$) NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES.
4c	(Code:)(Expenses \$3,049,457. including grants of \$) (Revenue \$) EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS.
4d	Other program services (Describe on Schedule O.)
<u>4e</u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 16,024,971 •

Form 990 (2021) CATHOLIC COMMUNITY SERVICES OF UTAH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democre government on tractive, detaining ye, into the life test, complete achieure it, Faits I and II			

Form 990 (2021) CATHOLIC COMMUNITY SERVICES OF UTAH
Part IV Checklist of Required Schedules (continued)

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

Form 990 (2021) CATHOLIC COMMUNITY SERVICES OF UTAH

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\ . ,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup UTSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website ___ Other *(explain on Schedule O)* Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records DAWN MIERA - (801)428-1226 224 NORTH 2200 WEST, SALT LAKE CITY 84116

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

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

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

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

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

X Check this box if neither the organization	n nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.			
(A) Name and title	(B) Average hours per week	box	(do not chec box, unless p		Position to not check more than one ox, unless person is both an efficer and a director/trustee)				an	from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
		_										
		_										
		_										
		_										
		-										
		_										
		_										
				l								

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Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Average Position (do not check more than one						Reportable	Reportable		nated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amo	unt of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related	ot	her
	(list any	ector						the	organizations		nsation
	hours for	or dir	g.			ated		organization	(W-2/1099-MISC/		n the
	related organizations	stee	truste		a a	bens		(W-2/1099-MISC/	1099-NEC)	1	ization
	below	ual tru	ional		ploye	t com		1099-NEC)			elated
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organi	zations
	,		=	0	ž	王屯	Œ				
			\vdash			┢					
		-									
			_		_	⊢					
						<u> </u>					
						┝					
			_			┝					
						_					
						_					
1b Subtotal							ightharpoons	0.	0.		0.
c Total from continuation sheets to Part VI	l, Section A						ightharpoons	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											0
										Y	es No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	X
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compens	ation from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	3				Description of s	services	Compens	ation
	<u> </u>						T				
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organiz					(
										- 00	0001

87-0212450

		Check if Schedule O c	ontains a	a response o	or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues							
ي ق	0	Fundraising events		1c					
fts,	ا ا	Related organizations		1d					
ig ig	u				8,293,650.				
ons,	e Government grants (contributions) f All other contributions, gifts, grants, and		0,233,030.						
utic er	т			1 1	11 957 991				
ë		similar amounts not included			11,857,981.				
o d	9	Noncash contributions included in li		1g \$	4,939,177.	20,151,631.			
Oa	n	Total. Add lines 1a-1f			Business Code	20,131,031.			
	_	DDOGDAM EEEG				052 202	052 202		
ice	2 a				900099	953,393.	953,393.		
er v	b								
n S Ten	С								
lrar 3ev	d								
Program Service Revenue	е								
Д		All other program service r							
\rightarrow	g	Total. Add lines 2a-2f				953,393.			
	3	Investment income (includ							
		other similar amounts)			81,956.			81,956.	
	4	Income from investment of	f tax-exer	mpt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	34,951.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6с	34,951.					
	d	Net rental income or (loss)			>	34,951.			34,951.
	7 a	Gross amount from sales of	(i) :	Securities	(ii) Other				
		assets other than inventory	7a	978,208.					
	b	Less: cost or other basis							
ē		and sales expenses	7b	578,773.					
Revenue	С	Gain or (loss)	7c	399,435.					
Re		Net gain or (loss)				399,435.			399,435.
her		Gross income from fundraisin							
₽		including \$		of					
		contributions reported on	line 1c). S	See					
		Part IV, line 18	•	8a	560,356.				
	b	Less: direct expenses		I .	57,810.				
		Net income or (loss) from f				502,546.			502,546.
		Gross income from gaming							
		Part IV, line 19		9a					
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances		I .					
	b	Less: cost of goods sold		I .					
		Net income or (loss) from s			>				
		() 3111 4		,	Business Code				
Snc	11 a	OTHER INCOME			900099	4,555.	4,555.		
nec	b					,	,		
Miscellaneous Revenue	c								
ŠČ	d	All other revenue							
Σ	Б	Total. Add lines 11a-11d			•	4,555.			
	12	Total revenue. See instructio				22,128,467.	957,948.	0.	1018888.

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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).

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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	5,866,492.	4,829,167.	805,887.	231,438.
8	Pension plan accruals and contributions (include	_ , , ,	, == , = + . •		,
3	section 401(k) and 403(b) employer contributions)	262,681.	216,233.	36,085.	10.363.
9	Other employee benefits	780,852.		107,267.	10,363. 30,805. 17,151.
10	Payroll taxes	434,739.	357,867.	59,721.	17 151.
11	Fees for services (nonemployees):	101,100	337,007.	55,121.	<u> </u>
	` ' ' '				
a	Management	12,316.	11,101.	1,160.	55.
b	Legal	29,189.	26,311.	2,748.	130.
	Accounting	25,105.	20,511.	2,740.	150.
	Lobbying Professional fundacing convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	`	813,373.	733,171.	76,589.	3,613.
40	column (A), amount, list line 11g expenses on Sch O.)	013,373.	755,1710	10,309.	3,013.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	89,594.	89,093.	501.	
16	Occupancy	03,334.	09,093.	301.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	59,033.	42,854.	14,576.	1 602
19	Conferences, conventions, and meetings	916.	323.	591.	1,603.
20	Interest	910.	343.	231.	۷.
21	Payments to affiliates	E27 0E0	472,945.	E0 6E0	11 217
22	Depreciation, depletion, and amortization	537,950.		50,658.	14,347. 871.
23	Insurance	85,346.	80,256.	4,219.	0/1.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	E 204 FF4	E 210 026	4 570	120
a	PARTICIPANT ASSISTANCE	5,324,554.	5,319,836.	4,579.	139.
b	PARTICIPANT ASSISTANCE	1,804,642.	1,804,642.		
С	SUBCONTRACTORS	500,017.	500,017.	10 000	0 100
d	REPAIRS AND MAINTENANCE	265,462.	245,236.	18,038.	2,188.
	All other expenses	796,083.	653,139.	65,112.	77,832.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	17,663,239.	16,024,971.	1,247,731.	390,537.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,190,644.	1	4,628,364.
	2	Savings and temporary cash investments			1,888,105.	2	1,894,136.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,274,448.	4	1,406,951.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
ę.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			964,003.	8	578,478.
Ä	9	B			139,611.	9	201,262.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,171,575. 4,523,390.			
	b	Less: accumulated depreciation	12,115,778.	10c	13,648,185.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	40.000.600	14			
	15	Other assets. See Part IV, line 11		10,939,627.	15	8,949,239.	
	16	Total assets. Add lines 1 through 15 (must equa			28,512,216.	16	31,306,615.
	17	Accounts payable and accrued expenses			1,040,457.	17	829,972.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
jį		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat			14,010.	23	
	24	Unsecured notes and loans payable to unrelated			14,010.	24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		of Schedule D	17-24)	. Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			1,054,467.	26	829,972.
	20	Organizations that follow FASB ASC 958, chec	k hor	a N X	1,031,107.	20	023,372.
Se		and complete lines 27, 28, 32, and 33.	K HEI				
ıncı	27				24,843,850.	27	24.970.692.
3ale	28	Net assets with donor restrictions	2,613,899.	28	24,970,692. 5,505,951.		
Jd E		Organizations that do not follow FASB ASC 95					2/222/222
Fu		and complete lines 29 through 33.	· , ··				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			27,457,749.	32	30,476,643.
~	33	Total liabilities and net assets/fund balances			28,512,216.	33	31,306,615.
					•		

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,12				
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,66	3,2	<u>39.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>4</u> 27	4,465,228				
4	· · · · · · · · · · · · · · · · · · ·							
5	5 Net unrealized gains (losses) on investments 5 <							
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 on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	30	,47	6,6	43.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t					
	Act and OMB Circular A-133?			За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	ſ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	X			
				Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization CATHOLIC COMMUNITY SERVICES OF UTAH 87-0212450 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16191686.	17446429.	20685459.	18203645.	21751459.	94278678.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16191686.	17446429.	20685459.	18203645.	21751459.	94278678.
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)						2.4.2.2.2.2.2
	Public support. Subtract line 5 from line 4.						94278678.
	ction B. Total Support			Γ	I	ı	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	16191686.	1/446429.	20685459.	18203645.	21/51459.	942/86/8.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	77 505	00 770	174 104	110 677	116 007	F70 142
	and income from similar sources	77,595.	90,770.	1/4,194.	118,677.	116,907.	578,143.
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.)						94856821.
	Total support. Add lines 7 through 10	-1- /					,778,722.
	Gross receipts from related activities,						,110,122.
13	First 5 years. If the Form 990 is for the						▶□
Sec	organization, check this box and stop ction C. Computation of Publi					• • • • • • • • • • • • • • • • • • • •	
	Public support percentage for 2021 (I			column (f))		14	99.39 %
	Public support percentage from 2020					15	99.45 %
	33 1/3% support test - 2021. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o		-				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	· ·					*
	meets the facts-and-circumstances te			-			. —
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu		*				ightharpoonup
18	Private foundation. If the organization				•		s

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	O.		
	9b		
	9с		
	10a		
ula	10b A (Forn	n QQAN	2021
uic	~~ u 011		

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	3						
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	he organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accour	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor ad	vised funds	(b) Fur	nds 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 v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I .	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting,	manuling of violations	, and emorcing con	servation ease	erilerits during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation essemen	ts during the year
′	S	alling of violations, and	remoreing conserve	tion casemen	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	*			Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	g			
Pai	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

Sche	dule D (Form 990) 2021 CATHOLIC	C COMMUNITY	SERVICES	ОЕ ПТАН	87-02	12450 Page 2
	t III Organizations Maintaining Co					
3	Using the organization's acquisition, accession					(continued)
_	collection items (check all that apply):	.,	,,,			
а	Public exhibition	d	Loan or excl	hange program		
b	Scholarly research	е		0 1 0		
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpose in Part	XIII.
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organization	n answered "Yes" or	n Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	X, line 21.				
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other assets not	included	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			
						Amount
	Beginning balance					
	Additions during the year					
	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo				•	」Yes No
Par	If "Yes," explain the arrangement in Part XIII.					
ı uı	t V Endowment Funds. Complete if	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
4.	Designing of year belongs	8,890,257.	5,674,718.	5,591,616.	4,776,333.	3,916,086.
	Beginning of year balance	1,100.	2,001,035.	2,500.	480,209.	753,550.
	Contributions	<887,582.>	1,339,737.	•	413,082.	320,495.
	Net investment earnings, gains, and losses Grants or scholarships	(007,302.)	1,333,737.	130,377.	113,002.	320,133.
	Other expenditures for facilities					
•		42,033.	39,848.	34,395.		140,840.
f	Administrative expenses	102,712.	85,385.	,	78,008.	72,958.
	End of year balance	7,859,030.	8,890,257.	,	-	4,776,333.
2	Provide the estimated percentage of the curre				, ,	, ,
	Board designated or quasi-endowment	85.2300	%	,		
b	Permanent endowment ► 12.7200	%				
С	0.0500	<u></u> . 6				
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.				
За	Are there endowment funds not in the posses		ion that are held an	d administered for the	ne organization	
	by:	· ·			· ·	Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?			3b X
4	Describe in Part XIII the intended uses of the					

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		1,824,642.		1,824,642.
b Buildings		12,583,188.	1,485,025.	11,098,163.
c Leasehold improvements		549,612.	512,009.	37,603.
d Equipment		3,115,765.	2,486,600.	629,165.
e Other		98,368.	39,756.	58,612.
Total. Add lines 1a through 1e. (Column (d) must equa	13.648.185.			

Schedule D (Form 990) 2021

	1. 01111 00	0, = 0 = 1			_
Part VII	Invest	ments -	Other	Securit	ies

Part VII	Investments - Other Securities.	Section Cook Back IV Line	44h Oce Francisco Bart V Pres 40	
(a) Docorir	Complete if the organization answered "Yes" on tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of year market value
<u> </u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(b) Book value	(c) Method of Valuation. Cost of end-o	or-year market value
	al derivatives			
(2) Closely (3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) EN	IDOWMENT FUND			8,949,239.
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
<u>(7)</u> (8)				
<u>(8)</u> (9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15)	•	8,949,239.
Part X	Other Liabilities.	10.)		.,,
	Complete if the organization answered "Yes" of	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) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		4 a 4 la a

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sched	dule D (Form 990) 2021 CATHOLIC COMMUNITY SERVIC	CES OF UT	AH	87-	0212450 Page
Par	<u> </u>		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			20 020 271
				1	20,929,371.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1.1.1	116 221 .		
	Net unrealized gains (losses) on investments		<u>,446,334.></u>		
	Donated services and use of facilities		247,238.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			1 100 006
	Add lines 2a through 2d				<1,199,096.>
	Subtract line 2e from line 1			3	22,128,467
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
	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	22,128,467
Par	t XII Reconciliation of Expenses per Audited Financial State		expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				17 010 477
	Total expenses and losses per audited financial statements			1	17,910,477.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	247 220		
	Donated services and use of facilities		247,238.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				047 000
	Add lines 2a through 2d			2e	247,238
	Subtract line 2e from line 1			3	17,663,239.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	17 662 220
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	17,663,239.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			; Part	X, line 2; Part XI,
ines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional informa	ation.		
ח ג ח	m v ithe).				
PAR	T X, LINE 2:				
200	DELTEVEC MILAM TM ILAC ADDDODDTAME CUIDDOD	ш гор хх	v may boct	шτΛ	NC MAREN
LCS	BELIEVES THAT IT HAS APPROPRIATE SUPPOR	T FOR AN	I TAX PUSI	110	NS TAKEN
ים בו א	TECHTNO THE ANNUAL ETITMO DECLITORMENTS AND	n v	ar Dora M	ОШ	TT 7 7 TT 7 7 TT 7
414	ECTING ITS ANNUAL FILING REQUIREMENTS AN	D, AS SU	CH, DOES N	0.1.	HAVE ANY
	TELEVISION OF THE STATE OF THE			3 M H	MENTE COC
JNC	ERTAIN TAX POSITIONS THAT ARE MATERIAL T	O THE FI	NANCIAL ST	A.I.F.	MENTS. CCS
UOW	LD RECOGNIZE FUTURE ACCRUED INTEREST AND	PENALTI	ES RELATED	то	
INR	ECOGNIZED TAX BENEFITS AND LIABILITIES I	N INCOME	TAX EXPEN	SE	TF SUCH
		11,001111			
TNT	EREST AND PENALTIES ARE INCURRED.				

Schedule D (Form 990) 2021 132054 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

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							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity have custody from activity to (or retailed by) to (or retailed by)				(vi) Amount paid to (or retained by) organization		
		Yes	No				
⁻ otal			>				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration	
					-		

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

		or furidialsing event contributions and gre	233 111001110 0111 01111 990	LZ, IIIC3 T allG OD. LIST C	<u> </u>	S greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AWARDS	PARISH	NONE	(add col. (a) through
			DINNER	APPEAL		col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	369,512.	190,844.		560,356.
æ				·		
	2	Less: Contributions				_
	3	Gross income (line 1 minus line 2)	369,512.	190,844.		560,356.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				57,810.
	10				>	57,810.
	11	Net income summary. Subtract line 10 from li				502,546.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		т
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3eve						
	1	Gross revenue				
		Oash saisas				
ses	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
		Direct expense summary. Add lines 2 through				
	7	•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	<u> </u>
0	En	ter the state(s) in which the organization condu	ucte gaming activities:			
		the organization licensed to conduct gaming a	_	etates?		Yes No
						res NO
,	"	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax v	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
	_					

Sch	ledule G (Form 990) 2021 CATHOLIC COMMUNITY SERVICES OF UTAH 87-0)212450) Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	The first the figure and address of the person who propares the organization of garming operation of the person and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o 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		
	Coming manager componentian		
	Gaming manager compensation \$		
	Description of convices provided		
	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		
٠	retain the state gaming license?	Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III lings Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III 163 3,	30, 100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Inform	CATH	OLIC	COMMUNI	ΓY	SERVICES	OF	UTAH	 87-0212450	Page 4
Part IV	Supplemental Inform	nation	(continue	ed)						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

Pai	rt I Types of Property					•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		968	,441.				
6	Cars and other vehicles	X	3		,799.				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	43	3,836	.725.				
20	Drugs and medical supplies			,					
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (OTHER)	X	145	118	,212.				
26	Other				,				
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax vear for c	ontributions					
	for which the organization completed Form 82				29				
		55, · a. · · , =						Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I. line	s 1 through	28. that it			
	must hold for at least three years from the date	-			-	·			
	exempt purposes for the entire holding period		•	willow love roquire			30a		Х
h	If "Yes," describe the arrangement in Part II.	•					000		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard	l contributio	ns?	31	х	
	Does the organization hire or use third parties						<u> </u>		
JZd	contributions?		•				32a		Х
h	If "Yes," describe in Part II.						J_u		
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	/ for which column	(a) is check	ed			
-	describe in Part II.	, S. G. T. T. (O) 10	a type of property	, ici willon coluillii	(a) io oi look	 ,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule M	l (Forn	1 990)	2021

Schedule M	(Form 990					UNITY						87-0212450	Page 2
Part II	Supple	mental	Inforr	nation.	Provide	the informa	ation requ	uired by F	Part I, li	nes 30b, 32b	, and 33,	and whether the organi	zation
	is reportir this part t	ng in Part for anv ad	l, colun Iditional	nn (b), the informati	number on.	of contribu	itions, the	e number	of item	ns received, c	or a combi	nation of both. Also co	mplete
SCHEDU	T.E. M	РАВТ	Т	COLUM	nv (B	١.							
БСПЕВО				COLOI	111 (12	<i>,</i> •							
NUMBER	OF C	ONTRI	BUTI	ONS.									
-													
-													
r													
-													

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY EXISTS AND IS EVALUATED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
OUR HR DIRECTOR USES COMPARABLE DATA, AND HAS BOTH THE PRESIDENT AND
TREASURER OF THE BOARD REVIEW THE INFORMATION AND THEN THE BISHOP OF THE
DIOCESE REVIEWS THE INFORMATION BEFORE THE EXECUTIVE DIRECTOR IS GIVEN A
RAISE.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AND ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
THIS 990 IS FOR INFORMATION PURPOSES ONLY AND IS NOT SUBMITTED TO THE
IRS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

CATHOLIC COMMUNITY SERVICES OF UTAH

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-0212450

(a)	(b)	(c)	(d)	(e))	((f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets		ontrolling ntity	g
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, I	Decause it had one	or more	related tax-exer	mpt	
(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		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
, and the second		Toroigh obanay)		501(c)(3))		·	Yes	No
CATHOLIC FOUNDATION								
27 C STREET								
SALT LAKE CITY, UT 84103	ENDOWMENT HOLDINGS		501(C)(3)	LINE 1	N/A			Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or P ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

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

Yes No

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b	X				
С	Gift, grant, or capital contribution from related organization(s)				1c	X				
						X				
е	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f	X				
	Sale of assets to related organization(s)					<u> X</u>				
h	Purchase of assets from related organization(s)				1h	X				
	Exchange of assets with related organization(s)					X				
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>	X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
	Performance of services or membership or fundraising solicitations for related organ					Х				
	Performance of services or membership or fundraising solicitations by related organ	()				X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X				
						X				
р	Reimbursement paid to related organization(s) for expenses				1p	X				
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r	Х				
s	Other transfer of cash or property from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on whether the instructions are information on which is the instructions for information on which is the instruction of the instruct	ho must complete th	is line, including covered rela	ationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved					
(1)										
(2)										
\ <u>~/</u>										
(3)										
(0)										
(4)										
. ,										
(5)										
•										
(6)										
132163	11-17-21			Schedu	le R (Form 9	90) 2021				

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

132165 11-17-21 Schedule R (Form 990) 2021