

Verdeja • Alvarez Certified Public Accountants & Advisors

NOVEMBER 1, 2024

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. 1505 NE 26 STREET WILTON MANORS, FL 33305

DEAR JULES,

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

VERDEJA & ALVAREZ, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

	JUNE 30, 2024					
Prepared for	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. 1505 NE 26 STREET WILTON MANORS, FL 33305					
Prepared by	VERDEJA & ALVAREZ, LLP 255 ALHAMBRA CIR STE 630 CORAL GABLES, FL 33134-7417					
Amount due or refund	NOT APPLICABLE					
Make check payable to	NOT APPLICABLE					
Mail tax return and check (if applicable) to	NOT APPLICABLE					
Return must be mailed on or before	NOT APPLICABLE					
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.					

12

	~		Return of Organization Exempt	From I	ncome Tax	OMB No. 1545-0047
Form	9	JU	A second se	e Code (exc	ept private foundation	
200			I Do not opter social security numbers on this form a	із іс піну ре	mage publics	Open to Public Inspection
Internal	Bayon	the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and	ending J	UN 30, 2024	
A Fo	r the	2023 calend	ar year, or tax year beginning JUL 1, 2023 and	ending o	D Employer identific	ation number
B Ch	ock if blicablo	C Name of			D Employer Identine	
	Addres	CATH	OLIC CHARITIES OF THE DIOCESE OF MIAMI, INC.		4	
	chango Name	• ARCH	DIOCESE OF MIAMI, INC.		59-127949	97
	change Initial	Doing b	usiness as and street (or P.D. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	ralum	Number	NE 26 STREET		305-754-2	2444
	Final return/ termin-	1505	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	53,957,126.
	termin- ated Amend	ed TATTI	ON MANORS, FL 33305		H(a) is this a group re	turn
H	Amend return Applica		nd address of principal officer: JULES K JONES		for subordinates	
-	Application pendin	9 1505	NE 26 STREET, WILTON MANOR, FL 3	3305	H(b) Are all subordinates in	cluded? Yes No
1 7			X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527		list. See instructions
	ebsit		CCADM.ORG		H(c) Group exemption	n number
K FO	rm of		X Corporation Trust Association Other	L Year	of formation; 1967N	State of legal domicile: FL
Pa		O				
	1	Briefly descrit	be the organization's mission or most significant activities: SEE	SCHEDU		
Activities & Governance		-				rote
Ĕ	2	Check this bo	x if the organization discontinued its operations or disp		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	14
S	3	Number of vo	ting members of the governing body (Part VI, line 1a)	**********	A CLEAR AND	14
3	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		PROPERTY AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY ADDRESS OF TAXABLE	447
8	5	Total number	of Individuals employed in calendar year 2023 (Part V, line 2a)			54
- E	6	Total number	of volunteers (estimate if necessary) ad business revenue from Part VIII, column (C), line 12		7a	0.
- <u>8</u>	78	Total unrelate	business taxable income from Form 990-T, Part I, line 11		7ь	0.
-	b	Net unrelated	business taxable income from Point about that that the		Prive Level	Current Year
	•	O the stimute	and grants (Part VIII, line 1h)		30,411,944.	49,139,066.
2	6 9	Contributions	vice revenue (Part VIII, line 2g)		339,241.	515,585. 3,933,589.
Revenue	10	investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)		-180,778.	123,673.
۳,	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	anna anna a'	89,161. 30,659,568.	53,711,913.
	12	Total revenue	a - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,467,966	4,543,589
-	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)		4,407,500.	0.
	14	Benefits paid	I to or for members (Part IX, column (A), line 4)	- 27/00.07	17,911,833.	21,794,669.
ŝ	15	Salaries, othe	er compensation, employee banefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional	fundralsing fees (Part IX, column (A), line 11e)	0.		
, dx	b	Total fundrai	sing expenses (Part IX, column (D), line 25)		8,193,697.	10,371,164.
ш	17	Other expense	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,573,496.	36,709,422.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25) s expenses. Subtract line 18 from line 12	100000000000000000000000000000000000000	86,072.	
- 05		Revenue les	s expenses. Subtract the to nonline is	8	eginning of Current Year	End of Year
Assets or Balances		Tabel	(Part X, line 16)	an ar an a	37,738,880.	
Sa	20		(Part X, line 10) 18 (Part X, line 26)		1,712,090.	
Fund	21	Not secole o	r fund balances. Subtract line 21 from line 20		36,026,790.	53,735,425.
P	rt II					ulus under and balliof it is
			the start when the warmined this return including accompanying schedu	iles and state	ments, and to the dest of n	IY KNOWINDYN AND DANNI, IL IS
true,	corre	ct, and complet	,) declare that I have examined this folding account of the second party of the secon	which prepar	er nas any knowledge.	100.24
		Т		_	Date	facy
Sig	n					
Her	8	JULES	K JONES, CFO			
_		a second of the second s	name and title		Dale Check	PTIN
		Print/Type pr	eparer's name		11/01/24 sell-emplo	P00640853
Pali		the last in the last last last last last last last last	O A. VERDEJA VERDEJA & ALVAREZ, LLP		Firm's EIN	20-4989621
	Darer	Firm's name	OFF ATTAMPAN OTA CATE 630			
Use	Only	Firm's addre	CORAL GABLES, FL 33134-7417		Phone no. 3 (5-446-3177
			his return with the preparer shown above? See instructions			X Yes No
Ma	Ine	INS DISCUSS T	Reduction Act Notice, see the separate instructions. 33200	1 12-21-23		Form 990 (2023)

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

orm	CATHOLIC CHARITIES OF THE 990 (2023) ARCHDIOCESE OF MIAMI, INC. 59-1279497 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
ł	If "Yes," describe these changes on Schedule O. 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 14,081,032. including grants of 1,370,783.) (Revenue \$ CHILD DEVELOPMENT SERVICES - THROUGH SIX CHILD DEVELOPMENT CENTERS IN MIAMI-DADE COUNTY, CATHOLIC CHARITIES OFFERS SAFE AND NURTURING ENVIRONMENTS WHERE CHILDREN CAN THRIVE ACADEMICALLY AND SOCIALLY. THE HEAD START, EARLY HEAD START AND VPK PRE-SCHOOL PROGRAMS EQUIP THE CHILDREN AND THEIR FAMILIES WITH HIGH QUALITY EDUCATIONAL AND SOCIAL RESOURCES SO THEY CAN ACHIEVE THEIR FULLEST POTENTIAL.
4b	(Code:)(Expenses 18,144,745. including grants of 3,172,804.) (Revenue 515,585. COMMUNITY BASED SERVICES - THROUGHOUT THE TRI-COUNTY AREA, CATHOLIC CHARITIES PROVIDES SERVICES SUCH AS: ALCOHOL AND SUBSTANCE ABUSE SERVICES, COUNSELING AND FAMILY SERVICES, FOOD DISTRIBUTIONS THROUGH A FOOD PANTRY, ELDERLY SERVICES, HOMELESS PREVENTION AND RAPID RE-HOUSING SERVICES, AND IMMIGRANTS AND REFUGEE SERVICES. WITHIN THESE GROUPS, VARIOUS SERVICES ARE OFFERED WHICH INCLUDE BUT ARE NOT LIMITED TO: ACCULTURATION, LEGAL, EMPLOYMENT, CASE MANAGEMENT, PARENTING SKILLS AND EDUCATION, MEDICAL, MENTAL HEALTH, FOSTER CARE, EMERGENCY HOUSING AND CASH ASSISTANCE.
c	(Code:) (Expenses \$ 77,616. including grants of \$) (Revenue \$) MINISTRIES - THE CATHOLIC CHARITIES MONROE MINISTRIES ASSIST THE FIVE
	MINISTRIES - THE CATHODIC CHARTITES MONICE MINISTRIES ADDIDT THE TYPE PARISHES AND DEANERY TO BUILD UPON ITS EFFORTS TO UPHOLD HUMAN DIGNITY AND TO REACH OUT IN MERCY, SERVICE AND JUSTICE TO OUR MOST VULNERABLE PEOPLE. EMPHASIS IS PLACED ON THE FORMATION, EDUCATION AND THE EMPOWERMENT OF PARISHES AND THE COMMUNITY, AS WE TOGETHER, DEVELOP MINISTRIES IN RESPONSE TO NEEDS, AND SOCIAL INJUSTICE.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

	990 (2023) ARCHDIOCESE OF MIAMI, INC. 59-127	9497	P	age 3
Pa	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ot		
	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	/ 6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	. 8	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	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			X
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)? /f "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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	L
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Form	990 (2023) ARCHDIOCESE OF MIAMI, INC. 59-127.	9497	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
		r	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	x	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	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?	26		x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		7	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20	0		
b	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	1c	x	
-	(gambling) winnings to prize winners?	1.10	000	

CATHOLIC CHARITIES OF THE

Form	990 (2023) ARCHDIOCESE OF MIAMI, INC. 59-1279	497	P	age 5
Par				
-			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 2a 447			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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 year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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	-	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:			
	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:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40.	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	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note: See the instructions for additional information the organization must report on Schedule O.			<u> </u>
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h l	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			
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

CATHOLIC	CHARITIES	\mathbf{OF}	THE

59-1279497 Page 6

 Form 990 (2023)
 ARCHDIOCESE OF MIAMI, INC.
 59-1279497
 Page

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
-	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
ō	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь				_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	and the second sec	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULES K. JONES - 305-754-2444			
	1505 NE 26 STREET, WILTON MANORS, FL 33305			

332006 12-21-23

CATHOLIC CHARITIES OF THE

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Form 990 (2023) ARCHDIOCH	ESE OF 1	MI Z	/W]	Ε,	IL	NC .			59-1279	497 Page 7
Part VII Compensation of Officers, D				es, l	Key	/ Er	np	loyees, Highest C	ompensated	
Employees, and Independer	t Contract	ors	;							_
Check if Schedule O contains a respo	onse or note to	o ang	y line	e in f	this	Part	VII	*****		
Section A. Officers, Directors, Trustees, Key										
 1a Complete this table for all persons required to List all of the organization's current officers 	be listed. Rep , directors, tru	oort istee	com es (v	npen vhet	isati her i	on fo indiv	or th idua	ne calendar year ending als or organizations), reg	with or within the orga gardless of amount of a	anization's tax year. compensation.
Enter -0- in columns (D), (E), and (F) if no compense	sation was pai	d.								
 List all of the organization's current key em 										
• List the organization's five current highest c who received reportable compensation (box 5 of \$100,000 from the organization and any related c	Form W-2, box	(60	fFo	rm 1	099	-MIS	SC, 1	and/or box 1 of Form 10)99-NEC) of more than	
• List all of the organization's former officers,	key employee	es, a	ndh	nighe	est c	comp	pens	sated employees who re	eceived more than \$10	0,000 of
 reportable compensation from the organization a List all of the organization's former directo 	no any relateo rs or trustees	org tha	anizi t rec	eive	ns. ed. ir	h the	ca	pacity as a former direc	tor or trustee of the or	ganization,
more than \$10,000 of reportable compensation fr	om the organi	zatio	on a	nd a	iny r	elate	ed o	rganizations.		5
See the instructions for the order in which to list t										
Check this box if neither the organization n	or any related	orga	niza	ation	cor	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than -	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					1	(00)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	Idual	utiona	5	Key employee	est co	La La	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highie	Former			
(1) PETER ROUTSIS-ARROYO	40.00									
CEO		X		X				218,738.	0.	30,657.
(2) JULES K JONES	40.00									
CFO				X				200,010.	0.	29,761.
(3) DEVIKA AUSTIN	40.00									
CAO				Х				183,024.	0.	27,370.
(4) SANDRA VALDES	40.00									
SENIOR DIRECTOR						X		107,283.	0.	20,788.
(5) IANI CARVALHO	40.00									
DIRECTOR OF DEVELOPMENT & COMMUNICAT						X		107,488.	0.	19,178.
(6) DIHADENYS CHAVEZ	40.00									
SENIOR DIRECTOR						X		107,324.	0.	15,684.
(7) GLADYS M PALACIOS	40.00								-	0 505
PROGRAM DIRECTOR						X		113,909.	0.	8,735.

332007 12-21-23

(9) DELLE JOSEPH

(10) THOMAS FALCON

(11) THOMAS COMERFORD

(12) MARK FENAUGHTY CPA

(13) MSGR ROBERTO GARZA

(14) CRAIG ARMSTRONG CPA

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

CHAIRPERSON

VICE CHAIRPERSON

(15) DEBORAH KORGE

(16) JOHN COURIEL

(17) DIANA LOPEZ

(8) JAQUELINE MENA CARRION

SENIOR DIRECTOR OF COMMUNI

Form 990 (2023)

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

59-1279497 Page 8

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Induits per weight of the analytic of the second status (list any hours for related organizations line) Dow, unless presents is both and other Compensation from organizations (W-2/1099-MISC/ 1099-NEC) Compensation organizations (W-2/1099-MISC/ 1099-NEC) and and and other organizations and related organizations and related organizations (18) AMY WILSON 1.00 x 0. 0. 0. (19) HERNANDO CARRILLO 1.000 x 0. 0. 0. (19) HERNANDO CARRILLO 1.000 x 0. 0. 0. (20) FR. ELVIS GONZALEZ 1.000 x 0. 0. 0. (21) STACIA WELLS 1.000 x 0. 0. 0. (22) CARIDAD NIEVES 1.000 x 0. 0. 0. MEMBER X 0. 0. 0. 0. (21) STACIA WELLS 1.000 x 0. 0. 0. MEMBER X 0. 0. 0. 0. (22) CARIDAD NIEVES 1.000 x 0. 0. 0. (23) STACIA wells 1.100 1.150,757. 0. 158,952. (24) CARIDAD NIEVES 1.000 1.150,757. 0. 158,952. (2) CARIDAD NIEVES 1.150,757. 0. 158,952.
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No
compensation from the organization 11 Yes No
Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on
e Did the organization list any former onloor, allootor, addited, noy employed, or high or onloor of the organization of the o
line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services
rendered to the organization? If "Yes," complete Schedule J for such person 5 X
Section B. Independent Contractors
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.
(A) (B) (C)
Name and business address Description of services Compensation
ARCHDIOCESE OF MIAMI (GENERAL LIABILITY) GENERAL LIABILITY
9401 BISCAYNE BLVD, MIAMI SHORES, FL 33138 INSURANCE 1,833,558.
ARCHDIOCESE OF MIAMI HEALTH PLAN
9401 BISCAYNE BLVD, MIAMI SHORES, FL 33138 HEALTH INS. 1,779,868.
TORO ENGINEERING & CONSTRUCTION CORP, 1120 NW 54TH STREET, FT LAUDERDALE, FL 33309 CONSTRUCTION 1,279,769.
CONSTRUCTION CATERING INC. 2620 WEST 2 AVE, HIALEAH, FL 33010 CATERING 1,160,390.
NUTRISPA, INC. 5406 NW 72 AVE, MIAMI, FL 33166 CATERING 1,143,908.
2 Total number of independent contractors (including but not limited to those listed above) who received more than
Standard number of independent contractors (including but not infined to those listed above) who received more than Standard to those listed above) who received more than Standard to those listed above) who received more than

332008 12-21-23

Form 990 (2023)

Form 990 (2023)

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

59-1279497 Page 9

Par	t VI	II Statement of Revenue					
		Check if Schedule O contains a response o	r note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants nue and Other Similar Amounts	b c c f f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f	38,700,325. 10,438,741. 6,476,008. Business Code	49,139,066. 506,971. 8,314. 300.	506,971. 8,314. 300.		
Program Service Revenue		All other program service revenue		515,585.			
		Total. Add lines 2a-2f Investment income (including dividends, interes		010,000.			
	3 4 5	other similar amounts) Income from investment of tax-exempt bond pr Royalties	oceeds	278,302.			278,302.
	6 a k	Gross rents (i) Real 6a 6b 6b	(ii) Personal				
	c	Rental income or (loss) A rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other 3900500,				
enue		Less: cost or other basis and sales expenses Gain or (loss)	245,213.				
Other Revenue	(A Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See		3,655,287.	3,655,287.		
		Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events	72,052.	72,052.			72,052.
		a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses					
	10 ; I	a Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
_		 Net income or (loss) from sales of inventory 	Business Code				
Sno	11	OTHER INCOME	Dusiness Coue	51,621.	51,621		
Miscellaneous Revenue							
sells							
Aisc		All other revenue					
<		- Total. Add lines 11a-11d		51,621.			
	12	Total revenue. See instructions		53,711,913.	4,222,493	. 0.	350,354.

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Form 990 (2023)

9

Form 990 (2023)

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. Form 990 (2023) ARCHDIOCESE O

59-1279497 Page 10

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

	Check if Schedule O contains a response Check if Schedule O contains a response contai				
		(A) Total avpanage	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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	4,543,589.	4,543,589.		
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,	642 266		612 266	
	trustees, and key employees	643,366.		643,366.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	17,432,162.	15,701,129.	1,731,033.	
7	Other salaries and wages	11,404,104.	13,101,143.	T'12T'022'	
8	Pension plan accruals and contributions (include	868,942.	730,992.	137,950.	
~	section 401(k) and 403(b) employer contributions)	1,210,352.		151,893.	
9 10	Other employee benefits	1,639,847.	1,453,850.	185,997.	
10 11	Payroll taxes Fees for services (nonemployees):	1,000,011	1,100,000	200,0074	
	Management				
	LegalAccounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	391,224.	184,892.	206,332.	
12	Advertising and promotion				
13	Office expenses	865,490.	829,992.	35,498.	
14	Information technology				
15	Royalties				
16	Occupancy	1,088,561.	1,058,821.	29,740.	
17	Travel	324,651.	217,134.	107,517.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 164	100 100	25 058	
19	Conferences, conventions, and meetings	171,464.	136,407.	35,057.	
20	Interest	4,737.	2,904.	1,833.	
21	Payments to affiliates	1,465,775.	1,371,178.	94,597.	
22	Depreciation, depletion, and amortization	882,940.	825,970.	56,970.	
23	Insurance Other expenses. Itemize expenses not covered	002,940.	023,370.	50,510.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 075 170	1 002 222	71 007	
а	REPAIRS AND MAINTENANCE	1,875,160.	1,803,333.	71,827.	
b	INKIND EXPENSES	1,481,852. 903,979.	1,481,852. 292,835.	611,144.	
c	OTHER EXPENSES	563,070.		80,886.	
d	TELEPHONE	352,261.	127,872.	224,389.	
	All other expenses	352,261.	32,303,393.	4,406,029.	0
25	Total functional expenses. Add lines 1 through 24e	50,109,422.	54,505,555.	4,400,023.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here in tollowing SOP 98-2 (ASC 958-720)				
-			L		Form 990 (2022

332010 12-21-23

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Form 990 (2023) Part X Balance Sheet

Part	^	Balance Sheet Check if Schedule O contains a response or not	e to an	line in this Part X			
		Check in Concours of Contains a response of the			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			12,690,821.	1	19,383,590.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,330,112.	3	5,404,713.
	4	Accounts receivable, net			325,340.	4	372,913
		Loans and other receivables from any current o	former	officer, director,			
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
<u>e</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9					9	
- I-	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	41,183,495.			
	b	Less: accumulated depreciation	10b	17,282,261.	14,241,769.	10c	23,901,234
- I-	11	Investments - publicly traded securities			6,070,862.	11	6,618,972
	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line	11			13	
- 1-	14	Intangible assets				14	100 000
- I-	15	Other assets. See Part IV, line 11			79,976.	15	132,773
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	37,738,880.	16	55,814,195
-	17	Accounts payable and accrued expenses	1,027,489.	17	1,146,182		
	18	Grants payable		18	051 499		
	19	Deferred revenue	********		529,068.	19	851,477
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
8 I :	22	Loans and other payables to any current or for					
₫		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
- :	23	Secured mortgages and notes payable to unrel				23	
1:	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line			155 533		01 111
		of Schedule D	******		155,533.		81,111
:	26	Total liabilities. Add lines 17 through 25			1,712,090.	26	2,010,110
。		Organizations that follow FASB ASC 958, ch	eck her	e 🖾 🛛			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			20 655 027		42,116,769
alar	27	Net assets without donor restrictions			29,655,027. 6,371,763.	27	11,618,656
	28	Net assets with donor restrictions			0,3/1,/03.	28	11,010,030
Š		Organizations that do not follow FASB ASC 9	958, cho	eck here			
5		and complete lines 29 through 33.					
ĝ	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or e				30	· · · · · · · · · · · · · · · · · · ·
<u>ا</u> ک	31	Retained earnings, endowment, accumulated in			26 026 700	31	53,735,425
ž	32	Total net assets or fund balances			36,026,790. 37,738,880.	32	55,814,195
	33	Total liabilities and net assets/fund balances			51,130,000.	33	Form 990 (2023

	CATHOLIC CHARITIES OF THE				
Form	990 (2023) ARCHDIOCESE OF MIAMI, INC.	59-12	279497	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
			F 2 71	1 0	1 2
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,70		
3	Revenue less expenses. Subtract line 2 from line 1	3	17,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,02		
5	Net unrealized gains (losses) on investments	5	70	6,1	44.
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	53,73	5,4	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
5				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	e O.			
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				
	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	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
<u>د</u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
Ŭ	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 Sch	edule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зь	х	
	or addition explain why on denedule of and decence any deep taken to an adding back addite.			000	(0000)

Form 990 (2023)

			Public Char	rity Status an	d Pub	lic Su	ipport		OMB No. 1545-0047
(Form 9	190)	Co	mplete if the organi 494	2023					
	of the Treasury enue Service		At	7(a)(1) nonexempt cha tach to Form 990 or Fo form990 for instructior	rm 990-E2	Ζ.	ormation		Open to Public Inspection
	the organizat			TIES OF THE	is and the	latest init		Employer	identification number
	•			MIAMI, INC.				5	9-1279497
Part I				All organizations must c			ee instructio	ns.	
The orga				For lines 1 through 12, c					
1 🖾				n of churches described		n 170(b)(1)(A)(i).		
2				Attach Schedule E (Form		(I. \/ A\/ A \/!!	••		
3	A hospital or	a cooperative	hospital service orga	nization described in se njunction with a hospital	departie	(D)(1)(A)(1) Lin cection	l). n 170(h)(1)(/	(iiii) Enter	the bosnital's name
4 📖			ation operated in cor	ijunction with a nospital	described	i ili sectioi			and hoopital o hamo,
5	city, and stat		or the benefit of a col	lege or university owned	l or operat	ed by a g	overnmental	unit describ	bed in
э <u> </u>	10		omplete Part II.)			,			
6				nental unit described in s	section 17	'0(b)(1)(A)	(v).		
7	An organizat	ion that normal	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from	the general	public described in
	section 170	b)(1)(A)(vi). (Co	omplete Part II.)						
8	A community	rtrust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: 11.)				
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	a land-grant	college
	or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	of the colleg	e or
	university:				o ort from c	ontributio	no mombor	bin food a	ad gross receipts from
10	An organizat	ion that normal	ny receives (1) more	than 33 1/3% of its sup t to certain exceptions;	and (2) no	more than	133 1/3% of	its support	from gross investment
	income and	unrelated busin	less taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the c	rganization	after June 30, 1975.
			nplete Part III.)				,	0	
11				ively to test for public sa	fety. See s	section 50)9(a)(4).		
12	An organizat	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ons of, or to c	arry out the	e purposes of one or
	more publick	supported or	ganizations describe	d in section 509(a)(1) o	r section {	509(a)(2).	See section	509(a)(3).	Check the box on
	lines 12a thr	ough 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, ar	nd 12g.	
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s),	typically by	/ giving
				gularly appoint or elect a	a majority o	of the dire	ctors or trust	ees of the s	supporting
г			complete Part IV, Se		1.1	a auranaut	ad argonizati	ion(a) by br	wing
b L	Type II. A	supporting org	anization supervised	l or controlled in connec anization vested in the s	ame perec	s support	ontrol or man	ion(s), by no	anorted
			t complete Part IV,		ame perso			lage the say	ported
с [n(s). You mus	arated A supporting	g organization operated	in connect	tion with. a	and function	ally integrat	ed with,
U				s). You must complete l				, 0	
d [on-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organ	ization(s)
	that is not	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	tiveness
~				nplete Part IV, Sections					
e				written determination fro			а Туре I, Тур	e II, Type III	
				nally integrated support					
f Er	iter the number	of supported of	organizations	d arganization(a)				*****	
g Pr	(i) Name of sup		n about the supporte (ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount	of monetary	(vi) Amount of other
	organizatio			(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see	instructions)	support (see instructions)
				above (see instructions)					
Total									

CATHOLIC	CHZ	ARIJ	TES	OF	\mathbf{THE}
ARCHDIOCE	SE	OF	MIAN	1I.,	INC.

59-1279497 Page 2

Schedule A	(Form 990) 202	3 ARCHDIOCESE	OF	MIAMI,	INC.	. 59-12794
Part II	Support Sc	hedule for Organizations I	Desc	ribed in Se	ctions	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			I			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12						12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop						
	ction C. Computation of Publ						
14	Public support percentage for 2023 (line 6, column (f), d	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did ne	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact					VI how the organi	zation
	meets the facts-and-circumstances to						
t	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13. 16	Sa, 16b, 17a, or 17	7b, check this box :	and see instruction	ns

Schedule A (Form 990) 2023

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Schedule A (Form 990) 2023 ARCHDIOCESE OF MIAMI, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	non, piedeo com					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			1			
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			1		r	
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	A sumple sum (1911 - 1		E01(a)(2) area	
14	First 5 years. If the Form 990 is for th						
-	check this box and stop here	- Crummant D					
Se	ction C. Computation of Publ			a a human (6)		15	%
15						16	%
16	Public support percentage from 2022	schedule A, Par	Percentage	•			/
	ction D. Computation of Inve					17	%
	Investment income percentage for 20					18	%
18	Investment income percentage from	2022 Schedule A	, Part III, line 17	en line 14, and lin	antinana antinan		
19	a 33 1/3% support tests - 2023. If the	organization did	not check the box	lifico os o subliciu	e is is more man	vation	
	more than 33 1/3%, check this box a	nastophere. In	e organization qua	n line 14 or line 10	a and line 16 is m	ore than 33.1	/3% and
I	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	organization did	ton here. The ora	anization qualifies	as a nublicly supr	orted organiz	ation
-	Private foundation. If the organization	n did not check	a hox on line 14 1	9a. or 19h. check	this box and see in	nstructions	
20	Findle foundation, if the organization	in and not oncold			the second s		

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Schedule A (Form 990) 2023 ARCH Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

No Yes 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

332024 12-21-23

CATHOLIC	CHARITIES	\mathbf{OF}	THE
			-

Scho	dule A (Form 990) 2023 ARCHDIOCESE OF MIAMI, INC. 59-1	127949	7 Pa	ige 5
Par	t IV Supporting Organizations (continued)			
	continued/		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		<u>.</u>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	d		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
	where the state of		163	NU
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Coo.	the supported organization(s). tion D. All Type III Supporting Organizations			I
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.22	
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
0	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructi	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	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	_	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	_2b	-	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	The second			-
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

332025 12-21-23

3b Schedule A (Form 990) 2023

CATHOLIC CHARITIES OF THE

59-1279497 Page 6

0-6	ARCHDIOCESE OF MIAMI,	INC.		59-1279497 Page 6
-	rt V Type III Non-Functionally Integrated 509(a)(3) Support		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sec	tion 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	11	
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		

	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sec	tion 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		

instructions).

Schedule A (Form 990) 2023

CATHOLIC CHARITIES OF THE

59-1279497 Page 7

Schedule A (Form 990) 2023 ARCHDIOCESE OF MIAMI, INC. 59

Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	continu	red)	Ourset Man
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 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) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022	£			
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
-	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h				
6					
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.			-	_
8	Breakdown of line 7:				
-	Excess from 2019			_	
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CATHOLIC ARCHDIOC				59-1279497 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4c,	the explana 5a, 6, 9a, 9l	ations required b, 9c, 11a, 11b E lines 1c 2a	by Part II, line 10; Par , and 11c; Part IV, Se 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization

Employer identification number

OMB No. 1545-0047

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

59-1279497

Organization type (check one):	k one):	type (check	Organization
--------------------------------	---------	-------------	--------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., so this organization because it received *nonexclusively* religious, charitable, etc., so this organization because it received *nonexclusively* religious, charitable, etc., so the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2023)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DRUG COURT 1351 NW 12 STREET, RM 7100 MIAMI, FL 33125	\$98,230.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SAMSHA 1 CHOKE CHERRY ROAD, ROOM 7-1113 ROCKVILLE, MD 20857	\$224,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HUMANITARIAN GRANT 3250 SW 3RD AVE MIAMI, FL 33129	\$604,927.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FEMA 3250 SW 3RD AVE MIAMI, FL 33129	\$317,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	3250 SW 3RD AVE	\$	Payroll Noncash (Complete Part II for
(a)	3250 SW 3RD AVE MIAMI, FL 33129 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	3250 SW 3RD AVE MIAMI, FL 33129 (b) Name, address, and ZIP + 4 HUD FEDERAL GRANT 909 SE FIRST AVE, ROOM 500	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No. 5 (a)	3250 SW 3RD AVE MIAMI, FL 33129 (b) Name, address, and ZIP + 4 HUD FEDERAL GRANT 909 SE FIRST AVE, ROOM 500 MIAMI, FL 33131 (b) Name, address, and ZIP + 4 UNITED WAY-DADE COUNTY 3250 SW 3RD AVE MIAMI, FL 33129	(c) Total contributions \$	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (d)

Schedule B (Form 990) (2023)

CATHOLIC CHARITIES OF THE

Employer identification number

59-1279497

Page 2

ARCHDIOCESE OF MIAMI, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

	ICCESE OF MIAMI, INC.	59	-1279497
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF MIAMI 444 SW 2ND AVE, 5TH FLOOR MIAMI, FL 33130	\$225,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	AREA AGENCY ON AGING-TITLE III 5300 HIATUS ROAD SUNRISE , FL 33351	\$207,127.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ARCHDIOCESE OF MIAMI 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138	\$154,429.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MERCY HOSPITAL/RYAN WHITE 11645 BISCAYNE BLVD, SUITE 306B NORTH MIAMI, FL 33181	\$114,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ALLIANCE FOR AGING-NSIP 760 NW 107 AVE, SUITE 214 MIAMI, FL 33172	\$101,339.	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	US CONF OF CATHOLIC BISHOPS 3211 4TH STREET NE WASHINGTON, DC 20017	\$96,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization

CATHOLIC CHARITIES OF THE

Schedule B (Form 990) (2023)

Page 2

Employer identification number

023)

	CATHOLIC HOUSING MCCARTHY RESIDENCE 13201 NW 28TH AVE MIAMI, FL 33054	\$19,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CATHOLIC HOUSING MANAGEMENT ST MONICA 3525 NW 189TH STREET MIAMI GARDENS, FL 33056	\$19,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4 CATHOLIC HOUSING MANAGEMENT - MARIAN TOWERS 17505 NORTH BAY ROAD SUNNY ISLES, FL 33160	\$19,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CCUSA (CATHOLIC CHARITIES USA)2050 BALLENGER AVE, SUITE 400ALEXANDRIA, VA 22314	\$71,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	HHS INNOVATION NUTRITION GRANT <u>330C ST SW</u> WASHINGTON, DC 20201	\$41,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u>	THE SCHOEN FOUNDATION 999 VANDERBILT BEACH ROAD, SUITE 500 NAPLES, FL 34108	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-			Schedule B (Form 990) (202

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Schedule B (Form 990) (2023)

Part I

(a)

No.

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. Employer identification number

(c)

Total contributions

59-1279497

(d)

Type of contribution

Page 2

25

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed,	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19</u>	HHS CITIZENSHIP GRANT 7TH AND D STREET SW WASHINGTON, DC 20407	\$31,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	JEWISH COMMUNAL FUND 575 MADISON AVE, SUITE 703 NEW YORK, NY 10022	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4		Type of contribution
	MIGUEL VELOZ <u>PO BOX 720670</u> <u>MIAMI, FL 33172</u>	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4 ESG - MONROE COUNTY HOMELESS SERVICES CONTINUM PO BOX 2410 KEY WEST, FL 33045	Total contributions \$28,843.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	CCE-COMMUNITY CARE ELDERLY 2995 N DIXIE HIGHWAY FT LAUDERDALE, FL 33344	\$27,502.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	MIAMI FOUNDATION <u>40 NW 3RD STREET, STE 305</u> MIAMI, FL 33128	\$24,460.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. Employer identification number

59-1279497

Page 2

Schedule B (Form 990) (2023)

12-26-23			

26

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	SUNSHINE HEALTH PLAN 1301 INTERNATIONAL PARKWAY, 4TH FLOOR SUNRISE , FL 33323	\$20,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	GROSS, RAYMOND & MARQUERITE PO BOX 25939 RICHMOND, VA 23260	\$18,245.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	HUMANA C/O INDEPENDENT LIVING 777 YAMATO RD, SUITE 510 BOCA RATON, FL 33431	\$16,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	FOOD PROGRAM AGREEMENT 5028 4040 ESPLANADE, BLDG B TALLAHASSEE, FL 32399	\$14,921.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	YOUR CASUSE, PRICEWATERHOUSE 2508 HIGHLANDER WAY, SUITE 210 CARROLLTON, TX 75006	\$14,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	SIMPLY HEALTHCARE (AMERIGROUP) 621 NW 53RD STREET BOCA RATON, FL 33487	\$12,833.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

CATHOLIC CHARITIES OF THE

Schedule B (Form 990) (2023)

Part I

Name of organization ARCHDIOCESE OF MIAMI, INC. Employer identification number

59-1279497

(c)

(d)

Page 2

Schedule B (Form 990) (2023)

(a) No.		Name,	(D) address, a	nd ZIP +
36	COMMUNITY	FOUND	ATION	OF BI
	910 E LAS	OLAS 1	BLVD,	SUIT
	FT LAUDERI	DALE, I	FL 333	01
000450 40 0	0.00			

Schedule F	B (Form	990)	(2023)	

Part I

(a)

Name of organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed,

(b)

59-1279497

(c)

Total contributions

Employer identification number

(d)

Type of contribution

Name, address, and ZIP + 4 No. X Person GREATER MIAMI JEWISH FUND 31 Payroll 11,000. Noncash 4200 BISCAYNE BLVD \$ (Complete Part II for noncash contributions.) MIAMI, FL 33137 (d) (b) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X OPPENHEIMER FAMILY FOUNDATION 32 Person Payroll 10,000. Noncash \$ PO BOX 277 (Complete Part II for noncash contributions.) HIGHLAND PARK, IL 60035 (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X NATIONAL COUNCIL ON AGING Person 33 Payroll 251 18TH STREET, SOUTH, SUITE 500 10,000. Noncash \$ (Complete Part II for noncash contributions.) ARLINGTON, VA 22202 (c) (d) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X FLORIDA BLUE Person 34 Payroll 10,000. Noncash 4800 DEERWOOD CAMPUS PARKWAY \$ (Complete Part II for noncash contributions.) JACKSONVILLE, FL 32246 (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No, X HERMANITAS ANCIANOS DESAMPARAD Person 35 Payroll 10,000. Noncash PO BOX 9024006 \$ (Complete Part II for noncash contributions.) SAN JUAN, PR 00902 (d) (c) Type of contribution **Total contributions** 4 X ROWAND Person Payroll 10,000. Noncash E 200 \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

42

EDWARD DANSE

6465 SUNSET DRIVE

MIAMI, FL 33143

	38	ST THOMAS THE APOSTLE CHA CHU		
		7377 SW 64TH STREET	\$_	8,28
		MIAMI, FL 33143		
	(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions
	39	LUIS M BORGES PENA IRREV TRUST		
		110 MERRICK WAY, STE 3B	\$_	6,75
		CORAL GABLES, FL 33134		
-	(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions
	40	CE NORTH AMERICA, LLC	5	
		2600 DOUGLAS RD, PH 7	\$_	6,70
		CORAL GABLES, FL 33134	s	
-	(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions
	41	THE CHURCH OF JESUS CHRIST OF LATTER DAY SANTIS		
		9900 W FLAGLER ST	\$	5,56
		MIAMI, FL 33157	*	
2	(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions

Schedule B (Form 990) (2023)

Part I

(a)

No.

37

(a)

No.

Name of organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

4601 NW 77TH AVE

MIAMI, FL 33166

\$

(c)

Total contributions

(c)

Total contributions

9,462.

8,288.

6,750.

6,704.

5,569.

5,480.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

ILS FLORIDA COMMUNITY CARE

Person Payroll Noncash

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

(d)

Type of contribution

X

X

59-1279497

Employer identification number

Page 2

Schedule B (Form 990) (2023)

\$

(d) Type of contribution X Person

(Complete Part II for noncash contributions.)

Payroll Noncash (Complete Part II for noncash contributions.)

(d) Type of contribution

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

X

Type of contribution X Person

(d)

MIAMI, FL 33136

29

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43	MR AND MRS JOSEPH AMATURO 3900 NORTH OCEAN DRIVE, #17GH FT LAUDERDALE, FL 33308	\$5,474.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	IGNACIO J ABELLA 2502 SW 87 AVE MIAMI, FL 33165	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	MICHAEL MOHR CARLSON 100 BAYVIEW DR, APT 1426 SUNNY ISLES, FL 33160	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	SAINT LOUIS CATHOLIC CHURCH 7270 SW 120TH STREET PINECREST, FL 33156	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
47			
47 (a) No.	Name, address, and ZIP + 4 <u>MIAMI-DADE COUNTY(CBO)(HR)</u> <u>111 NW 1ST STREET, 22ND FLOOR</u>	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for

Name of organization CATHOLIC CHARITIES OF THE

Schedule B (Form 990) (2023)

Part I

(a)

ARCHDIOCESE OF MIAMI, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

Schedule B (Form 990) (2023)

59-1279497

(c)

Page 2

Name of organiza	ition				
CATHOLIC	CHZ	ARI	FIES	OF	THE
ARCHDIOCE	ESE	OF	MIAN	1Ι ,	INC.

Schedule B (Form 990) (2023)

Part I

rarti	Contraindation 3 (see manuaciona). Ose duplicate copies of that the decisional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THE CHILDREN'S TRUST 3150 SW 3RD AVE, 8TH FLOOR MIAMI, FL 33129	\$444,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	ALLIANCE FOR AGING 70060 NW 107 AVE, SUITE 214 MIAMI, FL 33172	\$572,207.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	AMERICAN RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031	\$676,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	DEPARTMENT OF CHILDREN AND FAMILIES 2415 NORTH MONROE STREET, SUITE 400 TALLAHASSEE, FL 32303	\$1,150,809.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	FLORIDA DEPARTMENT OF HEALTH(USDA) 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399	\$1,566,006.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54 923452 12-2	EARLY LEARNING COALITION 2555 PONCE DE LEON BLVD, 5TH FLOOR MIAMI, FL 33134 26-23	\$1,726,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023
	30		

59-1279497 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

2	12-26-23	

Schedule B (Form 990) (2023)

_

Name of organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
55	JOAN H COOK ROLLOVER IRA 2799 NW BOCA RATON BLVD, STE 203 BOCA RATON, FL 33431	\$2,636,323.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
56	THRIVING MINDS 72050 CORPORATE CENTER DRIVE, SUITE 200 MIAMI, FL 33126	\$2,643,208.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
57	BEZOS DAY 1 FAMILY FUND 410 TERRY AVE NORTH SEATTLE, WA 98109	\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
58	OFFICE OF REFUGEE RESETTLEMENT 3111 FOURTH STREET NE WASHINGTON, DC 20017	\$9,413,632.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
59	HEAD START(CAA) 701 NW 1ST CT, 10TH FLOOR MIAMI, FL 33136	\$12,520,118.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)		

59-1279497

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)	Page 3
Name of organization	Employer identification number
CATHOLIC CHARITIES OF THE	
ARCHDIOCESE OF MIAMI, INC.	59-1279497

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	3
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)			Page 4		
Name of o	rganization			Employer identification number		
	LIC CHARITIES OF THE			59-1279497		
ARCHD	IOCESE OF MIAMI, INC. Exclusively religious, charitable, etc., contributio	ns to organizations described in	section 501(c)(7), (8), or (10)			
Part III	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	hrough (e) and the following line e aritable, etc., contributions of \$1,000 o	ntry. For organizations r less for the year. (Enter this info.	once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of g	 jift			
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	of gift (c) Use of gift (d) Desc		scription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tr	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Rela		Relationship of t	ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
	· · · · · · · · · · · · · · · · · · ·					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relations		Relationship of t	ransferor to transferee		

(Form	nent of the Treasury	Supplemental Financial Complete if the organization answered "Y Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, Attach to Form 990. Go to www.irs.gov/Form990 for instructions and	OMB No: 1545-0047 2023 Open to Public Inspection		
	CAMUOLIC CUARTER OF THE			Emp	loyer identification number
Name	ARCHDIOCESE OF MIAMI, INC.				59-1279497
Par	tl Organiza	tions Maintaining Donor Advised Funds or Othe	r Similar Funds or A	ccou	nts.Complete if the
1.1.1.1.1.1.1.1	organizatio	answered "Yes" on Form 990, Part IV, line 6,			
		(a) Donor advi	ised funds (I) Fun	ds and other accounts
1	Total number at er	d of year			
2		contributions to (during year)			
		grants from (during year)			
4	Aggregate value a	end of year			
5	Did the organizatio	n inform all donors and donor advisors in writing that the assets	held in donor advised fund	ds	
	are the organizatio	n's property, subject to the organization's exclusive legal contro	JI?	meer	Yes No
6	Did the organizatio	n inform all grantees, donors, and donor advisors in writing that	grant funds can be used c	only	
	for charitable purp	oses and not for the benefit of the donor or donor advisor, or for	r any other purpose confer	ring	
	impermissible priv	ate benefit?			Yes No
Par	a second s	ation Easements. Complete if the organization answered "		line /	
1	Preservation Protection of Preservation	ervation easements held by the organization (check all that app of land for public use (for example, recreation or education) f natural habitat of open space through 2d if the organization held a qualified conservation cont	Preservation of a histo Preservation of a certi	fied his	storic structure
-	day of the tax yea				Held at the End of the Tax Year
а	-	onservation easements		2a	
		ricted by conservation easements		2b	
		vation easements on a certified historic structure included on lin		2c	
		vation easements included on line 2c acquired after July 25, 200			
	on a historic struc	ture listed in the National Register		2d	
3	Number of conser year	vation easements modified, transferred, released, extinguished,	or terminated by the organ	nization	n during the tax
4	Number of states	where property subject to conservation easement is located			
5	Does the organiza	tion have a written policy regarding the periodic monitoring, insp	pection, handling of		Yes No
	violations, and en	orcement of the conservation easements it holds?	and a second		
6		r hours devoted to monitoring, inspecting, handling of violations			
7		es incurred in monitoring, inspecting, handling of violations, and			nts during the year
8	and section 170(h	vation easement reported on line 2d above satisfy the requirem)(4)(B)(ii)?			Yes No
9	In Part XIII, descri	be how the organization reports conservation easements in its re	evenue and expense stater	ment a	nd
		d include, if applicable, the text of the footnote to the organization	on's financial statements th	hat des	scribes the
	organization's acc	ounting for conservation easements.	Treasures or Other	Cimil	or Accots
Pa	rt III Organiz	ations Maintaining Collections of Art, Historical	Treasures, or other	Simi	di M35615.
		the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organizatior	elected, as permitted under FASB ASC 958, not to report in its	revenue statement and ba	lance	
	of art, historical tr	easures, or other similar assets held for public exhibition, educate	lion, or research in furthera	nce oi	public
	service, provide ir	Part XIII the text of the footnote to its financial statements that	describes triese items.		tworks of
b	If the organizatior	elected, as permitted under FASB ASC 958, to report in its reve	anue statement and balanc	e snee	
		sures, or other similar assets held for public exhibition, education	a, or research in furtherance	e oi pi	
provide the following amounts relating to these items.			¢		
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			φ ¢
	 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 				
2	If the organization	received or held works of art, historical treasures, or other simil	ar assets for financial gain,	provid	10
	the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$				
					Ψ ¢
		Form 990, Part X			5 Schedule D (Form 990) 2023
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.			Jonedale D (1 0111 330) 2020

CATHOLIC	CHARITIES	OF	THE

Sche	dule D (Form 990) 2023 ARCHDIOC	CESE OF MIA	AMI, INC.				127949	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Othe	r Similar A	ssets(conti	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that	it make si	gnificant use	of its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or ex	change progra	am			
b	Scholarly research	е	Other					
c	Preservation for future generations		· · · · · · ·					
4	Provide a description of the organization's co	llections and explair	how they further	the organizati	on's exer	npt purpose ir	n Part XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	NoNo
	t IV Escrow and Custodial Arrang	gements Complet	e if the organization	on answered "	Yes" on F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contributi	ons or other a	ssets not	included		
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
_	, i i i i i i i i i i i i i i i i i i i						Amour	nt
с	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance					1f		
	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial acco	ount liabili	ty?	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par		the organization ans	wered "Yes" on F	orm 990, Part	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	d) Three years	11.0.1.0.1.0.0.0	ir years back
1a	Beginning of year balance	6,070,862.	5,763,258	6,30	0,374.	5,192,	295.	5,293,813.
b	Contributions	32,677.	32,801	. 77	6,592.		466.	4,835.
c	Net investment earnings, gains, and losses	817,675.	562,402	-1,03	3,933.	1,367,	471.	150,139.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses	302,242.	287,599		9,775.	259,		256,492.
g	End of year balance	6,618,972.	6,070,862	5,76	3,258.	6,300,	374.	5,192,295.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment 84.8200	%	_					
	Term endowment 15.1800 g	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administ	ered for th	ne		
	organization by:						-	Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?			*******			3a(ii	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule F	1?			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pa	rt VI Land, Buildings, and Equipm	ient						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	See Form 99	0, Part X,	line 10.		
-	Description of property	(a) Cost or o		st or other		cumulated	(d) Bo	ok value
		basis (investr	nent) basi	s (other)	dep	preciation		
1a	Land							
	Buildings	W/d designed	41,1	83,495.	17,2	282,261	23,90)1,234.
	Leasehold improvements							
	Equipment							
	Other							

23,901,234. Schedule D (Form 990) 2023

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

CATHOLIC	CHA	ARI	FIES	OF	THE
ARCHDTOCH	SE	OF	MIAN	4I.	INC

Schedule D (Form 990) 2023 ARCHDIOCE Part VII Investments - Other Securities

(

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 23,000.

 (2) SECURITY DEPOSITS HELD
 23,000.

 (3) ROU LIABILITY
 58,111.

 (4)
 (5)

 (6)
 (6)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .

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.

Schedule D (Form 990) 2023

81,111.

(7) (8) (9)

Schedule D (Form 990) 2023 ARCHDIOCESE OF MIAMI, IN	IC.			1279497 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements Wi	th Revenue per F	leturi	n
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
			1	61,233,304.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	4 14			
a Net unrealized gains (losses) on investments		706,144.		
b Donated services and use of facilities		6,805,742.		
c Recoveries of prior year grants		0 505		
d Other (Describe in Part XIII.)	2d	9,505.	-	7 501 201
e Add lines 2a through 2d			2e	7,521,391.
3 Subtract line 2e from line 1			3	53,711,913.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u>n n</u>			
a Investment expenses not included on Form 990, Part VIII, line 7b	1. C.		-	
b Other (Describe in Part XIII.)	4b		1.	0.
c Add lines 4a and 4b			4c	53,711,913.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tomonto M	lith Exponence pol		
Part XII Reconciliation of Expenses per Audited Financial Sta	tements w	nun Expenses per	neu	
Complete if the organization answered "Yes" on Form 990, Part IV, line				43,524,669.
1 Total expenses and losses per audited financial statements		*************************************		10,021,0001
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	6,805,742.		
a Donated services and use of facilities		0,005,742	-	
b Prior year adjustments	********		-	
c Other losses	********	9,505.	1	
d Other (Describe in Part XIII.)	and the second second		2e	6,815,247.
e Add lines 2a through 2d			20	36,709,422.
3 Subtract line 2e from line 1	*****		H	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
a Investment expenses not included on Form 990, Part VIII, line 7b			1	
b Other (Describe in Part XIII.)	*****		4c	0.
			1 70	
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 	1		5	36,709,422.

CATHOLIC CHARITIES OF THE

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740, "ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES" ("ASC NO 740"). ASC 740 REQUIRED THAT THE
IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF
THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL
STATEMENTS. AT 6/30/24, THERE WERE NO UNCERTAIN TAX POSITIONS. THE
ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES
FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

	CATHOLIC CHARITIES OF THE
Schedule D (Form 990) 2023	ARCHDIOCESE OF MIAMI, INC.
Part XIII Supplemental I	nformation (continued)

Part XIII Supplemental Information (continued	Part XIII	Supplemental	Information	(continued)
---	-----------	--------------	-------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DISPOSAL OF FIXED ASSETS

9,505.

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Irais	ing or Gaming A	Activities	OMB No. 1545-0047
(Form 990)							
	0	rganization entered more than \$15 Attach to Form 990 o		Open to Public			
Department of the Treasury Internal Revenue Service	Got	www.irs.gov/Form990 for instruct				n.	Inspection
Name of the organization	CATHOLI	C CHARITIES OF THE				Employer	r identification number
ARCHDIOCESE OF MIAMI, INC. 59-1							79497
	-	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not
Indicate whether the a Mail solicitation b Internet and e c Phone solicitat d In-person soli 2 a Did the organization	ons email solicitations ations icitations n have a written c	ed funds through any of the followin e Solicitat f Solicitat g Special	ion of ion of fundra (inclue	non-go govern ising o ding of	overnment grants nment grants events fficers, directors, tru:	stees, or	
key employees liste	ed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?		Yes No
		viduals or entities (fundraisers) pursu	iant to	agree	ments under which	the fundraiser is	s to be
compensated at lea	ast \$5,000 by the	organization.					
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
+			Yes	No			
							
······							
**							
-							
-							
Total	***************************************					d it is successful for	
	ich the organizati	on is registered or licensed to solicit	contril	oution	s or has been notifie	d it is exempt i	rom registration
or licensing.							
				_			
\				-			

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

Schedule G (Form 990) 2023

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.

59-1279497 Page 2

Sche	edu	le G (Form 990) 2023 ARCHDIC	CESE OF MIAM	I, INC.		1279497 Page 2
Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr			events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PROGRAM		NONE	(add col. (a) through
			FUNDRAISING	((Astal sugarbay)	- col. (c))
ø			(event type)	(event type)	(total number)	
Revenue			70.050			72,052.
lev	1	Gross receipts	72,052.			12,032.
-						
	2	Less: Contributions				
						72,052.
_	3	Gross income (line 1 minus line 2)	72,052.			72,0521
	4	Cash prizes				
(0)	5	Noncash prizes				
se						
per	6	Rent/facility costs		1		
Direct Expenses						
rect	7	Food and beverages				
ō						
		Entertainment				
	9					
		Direct expense summary. Add lines 4 throug				72,052.
D		Net income summary. Subtract line 10 from III Gaming. Complete if the organization	answered "Yes" on Forn	n 990. Part IV. line 19, or	reported more than	
FC		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
-	-		() ()	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
sver						
ď	1	Gross revenue				
-	L.					
~	2	Cash prizes		1		
see	1					
per	3	Noncash prizes				
Direct Expenses	- I					
rect	4	Rent/facility costs				
ā		-				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9	Er	nter the state(s) in which the organization cond	lucts gaming activities:			
â	a Is	the organization licensed to conduct gaming	activities in each of these	e states?		Yes No
k) If	"No," explain:				
						Yes No
10a	a W	ere any of the organization's gaming licenses	revoked, suspended, or t	terminated during the tax	k year?	Yes No
t	o if	"Yes," explain:				

Schedule G (Form 990) 2023

332082 09-13-23

CATHOLIC CHARITIES OF THE 59-1279497 Page 3 ARCHDIOCESE OF MIAMI, INC. Schedule G (Form 990) 2023 Yes No 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed No Yes 1 to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13a % a The organization's facility % 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization \$______ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name \$_____ Gaming manager compensation Description of services provided Employee Independent contractor Director/officer 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b 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 \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, Part IV 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

		CATHOLIC CHAR	ITIES OF	THE	
Schedule G	(Form 990) Supplemental Infor	ARCHDIOCESE OF	F MIAMI,	INC.	59-1279497 Page 4
Part IV	Supplemental Infor	mation (continued)			
-					
-					
(<u></u>)					
10					Schedule G (Form 990)

	I	0	rante and Oth	oor Accietan	ce to Organ	izations		OMB No. 1545-0047
	SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Operation of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							
Name of the organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.								Employer identification number 59-1279497
PartI			mi, me.					
1 Do	les the organization maintain records	s to substantiate the sistance?						
2 De	earlies in Part IV the organization's n	rocedures for monit	toring the use of gran	t funds in the Unite	d States.			
Part II		Domestic Organi	zations and Domest	ic Governments. (Complete if the org		Yes" on Form 990, Pa	rt IV, line 21, for any
	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3								

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
 Enter total number of other organizations listed in the line 1 table
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

LHA 332101 11-01-23

Schodula L/Form 9001 2022 ARCHDIOCESE	ARITIES OF T OF MIAMI, I	NC.			59-1279497 Page
Part III Grants and Other Assistance to Domestic Indi Part III Can be duplicated if additional space is ne	viduals. Complete if the	organization answ	ered "Yes" on Form !	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD/CLOTHINGS/RENTAL ASSISTANCE	0	0	4,543,589,	BOOK	FOOD/CLOTHINGS/RENTAL ASSISTANCE
Part IV Supplemental Information. Provide the information	tion required in Part I, lir	ne 2; Part III, colum	n (b); and any other a	additional information,	
6					
332102 11-01-23		44			Schedule I (Form 990) 202

SCHEDULE J	Compensation Information	OMB No.	1545-004	47	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2022		
(FOITH 990)	Compensated Employees				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open to	Publ	ic	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		ection		
Name of the organiza	tion CATHOLIC CHARITIES OF THE Employed	identificati		nber	
	ARCHDIOCESE OF MIAMI, INC. 59-	127949	7		
Part I Question	ons Regarding Compensation				
		-	Yes	No	
1a Check the appro	ppriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	br charter travel Housing allowance or residence for personal use				
Travel for c					
	ification and gross-up payments Health or social club dues or initiation fees				
Discretiona	ry spending account Personal services (such as maid, chauffeur, chef)				
h If any of the how	es on line 1a are checked, did the organization follow a written policy regarding payment or				
	or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
Pid the events	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2 Did the organiza	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
trustees, and of	icers, including the CEO/Executive Director, regarding the iterns checked of the run				
2 Indicate which	if any, of the following the organization used to establish the compensation of the organization's				
3 Indicate which, i	Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	ensation of the CEO/Executive Director, but explain in Part III.				
A Form 990 c	of other organizations Approval by the board or compensation committee				
4 During the year,	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or a	a related organization:			*7	
	ance payment or change-of-control payment?			X	
	receive payment from a supplemental nonqualified retirement plan?			X	
c Participate in or	receive payment from an equity-based compensation arrangement?	4c	ļ	X	
If "Yes" to any c	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	www. web. med/ w/db. and 504/-W00) exceptions must complete lines 5-9				
Only section 50	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
contingent on th		5a		x	
	1? 	Eh.		X	
, ,	anization?		-		
It "Yes" on line	5a or 5b, describe in Part III. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
•	ne net earnings of:	6a		x	
	n?			X	
	anization?				
It "Yes" on line	6a or 6b, describe in Part III.				
7 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments n lines 5 and 6? If "Yes," describe in Part III	7		x	
	n lines 5 and 67 IT "Yes," describe in Part III		-	1	
not described o					
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0		x	
8 Were any amou initial contract e	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	x	
8 Were any amouninitial contract e9 If "Yes" on line	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x	

Schedule J (Form 990) 2023 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. 59-1279497 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Page 1 Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			on prior Form 990
1) PETER ROUTSIS-ARROYO	(i)	218,738.	0.	0.	13,676.	16,981.	249,395.	0.
CEO	(1)	0.	0.	0.	0.	0.	0.	0.
2) JULES K JONES	(i)	200,010.	0.	0.	15,473.	14,288.	229,771.	0.
FO	(ii)	0.	0.	0.	0.	0.	0.	0
3) DEVIKA AUSTIN	(i)	183,024.	0.	0.	13,894.	13,476.		0
AO	ain	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						Cabor	lule J (Form 990) 202

332112 11-06-23

Schedule J (Form 990) 2023	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.	59-1279497	Page 3
Part III Supplemental Informati			
Provide the information, explanatio	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	for Part II. Also complete this part for any additional informati	ion.
		Schedule J (Fo	rm 990) 2023

332113 11-06-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

3

2

Complete if the organizations answered "	Yes" on Form 990, Part IV, lines 29 or 30.
Attach to F	orm 990

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information							
CATHOLIC	CHARITIES	OF	THE				

instructions and the latest information.	Inspection
THE	Employer identification number
INC.	59-1279497

ARCHDIOCESE OF MIAMI, Part I Types of Property

	() if the off topolog	(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution	Method of determ		
		applicable	contributions or	amounts reported on	noncash contribution	amount	s
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles					_	
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential			1 020 000	TOMS7		
16	Real estate - Commercial	X	1	4,930,000.	PMV		
17	Real estate - Other						
18	Collectibles			1 401 050	733457		
19	Food inventory	X		1,481,852.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			CA 150			
25	Other (EQUIPMENTS)	X	0	64,156.			
26	Other ()						
27	Other ()						
28	Other ()			rrr			
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 82	283, Part V, I	Donee Acknowledg	gement 29		1	
						Yes	No
30a	During the year, did the organization receive t	oy contributi	on any property re	ported in Part I, lines 1 throu	igh 28, that it		
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	hich isn't required to be used			v
	exempt purposes for the entire holding period	l?				a	X
b	If "Yes," describe the arrangement in Part II.						v
31	Does the organization have a gift acceptance					-	X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncast	1		
	contributions?					a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is ch	ecked,		
	describe in Part II						· · · · ·

describe in Part II.

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

Schedule M (Form 990) 2023

		CATHOLIC	CHARI	TIES OF	THE			
Schedule M	(Form 990) 2023	ARCHDIOC	ESE OF	' MIAMI,	INC.		59-1279497	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the number of on.	e information re contributions,	equired by Pa the number o	rt I, lines 30b, 32b, and 3 of items received, or a co	3, and whether the orgar mbination of both. Also c	nization omplete
<u>~</u>								
÷								
-								

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.					
Name of the organization	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC.	Employer identification number 59-1279497				
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
TO PROVIDE QUALITY AND COMPREHENSIVE EDUCATIONAL AND SOCIAL SERVICE PROGRAMS WHICH INCLUDE EMERGENGY SERVICES, CHILD-CARE AND WELFARE						
SERVICES, JOB DEVELOPMENT AND TRAINING, ELDERLY SERVICES, COUNSELING						

SERVICES FOR INDIVIDUALS AND FAMILIES, SUBSTANCE ABUSE PREVENTION AND

EDUCATIONAL SERVICES, SUPPORT GROUPS, AND HOUSING THROUGHOUT DADE,

BROWARD AND MONROE COUNTIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE QUALITY AND COMPREHENSIVE EDUCATIONAL AND SOCIAL SERVICE

PROGRAMS WHICH INCLUDE EMERGENGY SERVICES, CHILD-CARE AND WELFARE

SERVICES, JOB DEVELOPMENT AND TRAINING, ELDERLY SERVICES, COUNSELING

SERVICES FOR INDIVIDUALS AND FAMILIES, SUBSTANCE ABUSE PREVENTION AND

EDUCATIONAL SERVICES, SUPPORT GROUPS, AND HOUSING THROUGHOUT DADE,

BROWARD AND MONROE COUNTIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION PROVIDED A COPY OF THE TAX RETURN TO ALL MEMBERS OF ITS

GOVERNING BODY BEFORE FILING THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THIS

POLICY BY IMMEDIATELY FOLLOWING UP ON ANY SUSPECTED OR REPORTED ACTIVITY

THAT MAY BE IN OPPOSITION TO OUR CONFLICT OF INTEREST POLICY, CORPORATE

COMPLIANCE POLICY AND PROCEDURE. IF SUSPECTED ACTIVITY IS CONFIRMED, THEN

THE AGENCY HAS PROCEEDED WITH DISCIPLINARY ACTION UP TO AND INCLUDING

Schedule O (Form 990) 2023

Name of the organization	CATHOLIC CHARITIES OF 7	THE
0	ARCHDIOCESE OF MIAMI,	INC.

TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

OUR PROCESS FOR DETERMINING COMPENSATION OF CEO AND TOP MANAGEMENT

OFFICIALS INCLUDED THE REVIEW AND USE OF COMPARABILITY SALARY DATA FROM

OTHER SOCIAL SERVICE NON PROFIT AGENCIES. A QUORUM OF THE EXECUTIVE

COMMITTEE ON BEHALF OF THE AUDIT AND COMPLIANCE COMMITTEE APPROVED THE

COMPENSATION PACKAGE.OUR PROCESS FOR DETERMINING COMPENSATION OF CEO AND

TOP MANAGEMENT OFFICIALS INCLUDED THE REVIEW AND USE OF COMPARABILITY

SALARY DATA FROM OTHER SOCIAL SERVICE NON PROFIT AGENCIES. A QUORUM OF THE

EXECUTIVE COMMITTEE ON BEHALF OF THE AUDIT AND COMPLIANCE COMMITTEE

APPROVED THE COMPENSATION PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)	Comple		ns and Unrelated Pa "Yes" on Form 990, Part IV, lin tach to Form 990. for instructions and the latest	ne 33, 34, 35b, 36	, or 37.		OMB No. 154 202 Open to P Inspecti	3
Name of the organizatio	ARCHDIOCESE OF	ITIES OF THE				Employer id 59-12	entification n 79497	umber
Part I Identificatio	on of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	3.				
	(a) ess, and EIN (if applicable) lisregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year a	assets Di	(f) rect controlling entity]
		-						
Part II Identification	on of Related Tax-Exempt Organiz is during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one			
	(a) e, address, and EIN slated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity	ing cont	g) 512(b)(13) trolled tily? No
ARCHDIOCESE OF MI 9401 BISCAYNE BLVI MIAMI SHORES, FL		-	FLORIDA	501(C)(3)	LINE 1 P	I/A		x
		-						
For Paperwork Reduc	tion Act Notice, see the Instructio	ns for Form 990.				Sched	ule R (Form 9	90) 2023

332161 09-28-23 LHA

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CATHOLIC	CH2	ARI 7	TIES	\mathbf{OF}	\mathbf{THE}
 ARCHDTOCK	CSE.	OF	MTAN	ΛT.	INC

59-1279497 Page 2

Schedule R (Form 990) 2023 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(b)	(c)	(d)	1 4 0 10	e)	(f)			3)	())	(i)		()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fr sections	ant income unrelated, om tax under 512-514)	Share of incor	of total me	end-o	re of f-year sets	Dispropo allocat Yes	ions?	Code V-UE amount in b 20 of Sched K-1 (Form 10	ox m	anaging artner?	Percenta ownersh
	-														
													-		
	_														
													-	+	_
	-														
	-														
							-								
]														
	-														
rt IV Identification of Related C	Organizations Taxable	as a Corp	oration or Trust. (Complete if	the organizati	on answe	ered "Yes	s" on Fo	rm 990, F	Part IV,	line 3	4, because it	had or	ne or m	ore relat
organizations treated as a c	corporation or trust duri	ng the tax		(c)	(d)	T	(e)		(f)	Т	(g)	_	h)	
organizations treated as a c (a) Name, address, and	EIN		year. (b) hary activity	(c) Legal domicile (slate or	Direct contr	olling	Type of	entity	(f Share d	of total	Τ	(g) Share of	(h)	(i) Section 512(b)(1)
organizations treated as a c	EIN		(b)	Legal domicile		olling (i		entity S corp,	(f	of total	Τ	(g)	((i) Section
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	olling ((Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	olling ((Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (t	Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	olling ((Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (i	Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (t	Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (i	Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN		(b)	Legal domicile (slate or foreign	Direct contr	rolling (Type of C corp, 5	entity S corp,	(f Share d	of total	Τ	(g) Share of end-of-year	(h)	(i) Section 512(b)(1 controlle entity?

332162 09-28-23

rt V Transactions With Related Organizations. Complete if the organizat					Yes	N
te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			No. 1 - 11.0 (O		res	
During the tax year, did the organization engage in any of the following tran	nsactions with one or more re	lated organizations listed in P	arts II-IV?	1a	-	x
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle				100 Ab		X
b Gift, grant, or capital contribution to related organization(s)					X	
c Gift, grant, or capital contribution from related organization(s)						x
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)						X
Exchange of assets with related organization(s)						X
Lease of facilities, equipment, or other assets to related organization(s)						X
						x
k Lease of facilities, equipment, or other assets from related organization(s)					_	X
Performance of services or membership or fundraising solicitations for rela			******		-	X
m Performance of services or membership or fundraising solicitations by rela	ted organization(s)			<u>1m</u>		x
n Sharing of facilities, equipment, mailing lists, or other assets with related or					<u> </u>	X
o Sharing of paid employees with related organization(s)						1
p Reimbursement paid to related organization(s) for expenses				1p		x
A Reimbursement paid to related organization(s) for expenses						X
q Reimbursement paid by related organization(s) for expenses						1
 Other transfer of cash or property to related organization(s) 				1r		X
s Other transfer of cash or property form related organization(s)				1s		X
If the answer to any of the above is "Yes," see the instructions for informat	tion on who must complete th	nis line, including covered rela	tionships and transaction thresholds.			
	(b)	(c)	(d)			
(a) Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amoun	t involved		
ARCHDIOCESE OF MIAMI	с	154,429.FM	ſV			

(6) 332163 09-26-23

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54

Schedule R (Form 990) 2023

CATHOLIC CHARITIES OF THE Schedule R (Form 990) 2023 ARCHDIOCESE OF MIAMI, INC.

59-1279497 Page 4

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 of that was not a related organization. See ins	entity taxed as a partners structions regarding exclu	hip through which sion for certain inv	the organization cond restment partnerships.	ucted n	nore than five percent	of its activities (me	asur	ed t	oy total assets o	r gro	ss re	evenue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispre tion affecat Yes	n) apor- ate kens? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	al or p ging let? NO	(k) Percentage ownership
						a.						

Schedule R (Form 990) 2023

332164 09-28-23

Schedule B (Form 990) 2023	ARCHDIOCESE OF MIAMI, INC.	59-1279497 Page 5
Schedule R (Form 990) 2023 Part VII Supplemental Ir	oformation	
- are the Supplemental in	Information	
Provide additional int	formation for responses to questions on Schedule R. See Instructions.	
8.		
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