

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c)(3) or 501(c)(29) of the Internal Revenue Code (except private foundations)

- ▶ Report other assets under custody numbers on Schedule A if they do not match.
- ▶ See instructions regarding Form 990 for instructions and the latest information.

2021
OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

1 For the calendar year, or other year, beginning 01/01/2021 and ending 12/31/2021

2 Name of the organization
CATHOLIC CHARITIES REGIONAL AGENCY

3 Employer identification number
41-4746222

4 Mailing address (Do not check this box if the organization's mailing address is the same as its principal office address.)
 Street and street apt., box, or rural route number and street name
313 WEST BAYNE AVENUE
 City or town, state or territorial country, and ZIP or ZIP+4®
DOUGLASSBORO, OR 97112

5 Telephone number (include area code)
503-768-3128

6 Website (include www if applicable)
www.catholiccharities.org

7 Name and address of principal office (Do not check this box if the principal office address is the same as the mailing address.)
 Street and street apt., box, or rural route number and street name
313 WEST BAYNE AVENUE, DOUGLASSBORO, OR 97112

8 Principal office telephone number (include area code)
503-768-3128

9 Mailing address (Do not check this box if the mailing address is the same as the principal office address.)
 Street and street apt., box, or rural route number and street name
313 WEST BAYNE AVENUE, DOUGLASSBORO, OR 97112

10 Principal office telephone number (include area code)
503-768-3128

11 Form of organization: Corporation Trust Association Other

12 Tax-exempt status under section 501(c): 501(c)(3) 501(c)(29)

Part I Summary

1 Report the organization's mission or most significant activities: **TO PROVIDE SERVICES TO PEOPLE IN NEED, ADVOCATE FOR JUSTICE, AND CALL PEOPLE TO DO THE RIGHT THING.**

2 Check this box if the organization disbursed or expended an amount in excess of 25% of its net assets:

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

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

5 Total number of individuals employed calendar year 2021 (Part III, line 1c)

6 Total number of volunteers (calendar year 2021)

7a Total unrelated business income from Part III, column (C), line 10

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

	2021	2020
8 Contributions and grants (Part III, line 1d)	7,417,233	4,148,728
9 Program service income (Part III, line 1e)	114,833	97,128
10 Investment income (Part III, column (A), line 1, and 1f)	4,224	1,222
11 Other income (Part III, column (A), lines 1, 1g, 1h, and 1i)	1,381,900	4,344,714
12 Total income, net of expenses or other adjustments for 2021 (Part III, column (A), line 12)	1,381,900	4,344,714
13 Total expenses (Part III, column (B), line 13)	1,381,824	1,973,181
14 Net income (Part III, column (B), line 14)	76	2,371,533
15 Net income (other compensation, expense benefits (Part III, column (A), line 15))	1,381,824	1,313,824
16 Professional fundraising fee (Part III, column (B), line 17a)		
17 Total fundraising expenses (Part III, column (B), line 17)	64,210	
18 Other expenses (Part III, column (B), line 17b 17c, 17d)	41,594	62,128
19 Total expenses (Part III, column (B), line 19)	1,057,624	1,375,952
20 Net income (other compensation, benefits (Part III, column (A), line 15))	324,176	324,176
21 Total assets (Part I, line 18)	1,021,927	1,914,234
22 Total liabilities (Part I, line 20)	1,021,927	1,914,234

Part II Expenses

Enter number of copies of Form 990 made available to the public: **1**

Enter number of copies of Form 990 made available to the public in electronic format: **0**

31 Name of the organization: **CATHOLIC CHARITIES REGIONAL AGENCY**

32 Name of the officer, director, or trustee: **MARY J. ... DIRECTOR**

33 Title: **...**

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39 Title: **...**