Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No. 1545-0047

A	For the 2013 c	alendar year, or tax year beginning 07/01/13, and ending 06/30/	14	=	
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
	Address change	Catholic Charities of Southeast TX			
	Name change	Doing Business As		74-	-1900345
H	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Teleph	one number	
님	muai retum	2780 Eastex Freeway		409	9-924-4400
Ш	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	Beaumont TX 77703		G Gross reco	aipts\$ 1,355,382
\Box	Application pending	F Name and address of principal officer:			·
	ripplication pending	Carolyn Fernandez	H(a) Is this a g	group return for si	ubordinates? Yes X No
		2780 Eastex Freeway	H(b) Are all s	ubordinates incli	uded? Yes No
		Beaumont TX 77703	If "N	o," attach a list	(see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: W	ww.catholiccharitiesbmt.org	H(c) Group e	kemption numbe	928
к	Form of organization:		Year of formation:		M State of legal domicite: TX
******		Immary	rour or formation.		W State of legal dofflicite. 12:
	7	scribe the organization's mission or most significant activities:			
ø)		le of faith responding to needs by serving, teachi	ng buile	ding	
nç		unity and preserving the dignity of individuals ar			000000000000000000000000000000000000000
Ľ		heast Texas.	000000000000000000000000000000000000000	13 III	
Governance	17 * * * * * * * * * * * * * * * * * * *			24000000	
õ	1	s box if the organization discontinued its operations or disposed of more than 2		1 - 1	1 77
ර ග	4 Number of	of voting members of the governing body (Part VI, line 1a)		3	17
Activities	5 Total num	of independent voting members of the governing body (Part VI, line 1b)		4	17
÷		nber of individuals employed in calendar year 2013 (Part V, line 2a)			20
Ă	1	nber of volunteers (estimate if necessary)	000000000000000000000000000000000000000		563
	1	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrea	ated business taxable income from Form 990-T, line 34	D-1V	7b	0
Revenue	8 Contributi	ons and grants (Part VIII, line 1h)	Prior Y	7,585	Current Year
	1	service revenue (Part VIII, line 2g)			505,384
ver	1	77.7.7.7.7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.		0,543	519,260
æ		nt income (Part VIII, column (A), lines 3, 4, and 7d)		5,681	36,416
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,385	268,766
-		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,194	1,329,826
		d similar amounts paid (Part IX, column (A), lines 1–3)	19	1,249	196,066
		paid to or for members (Part IX, column (A), line 4)	1 005	0	
Ses		other compensation, employee benefits (Part IX, column (A), lines 5–10)	86	1,295	790,860
Expenses		nal fundraising fees (Part IX, column (A), line 11e)			0
쫎		raising expenses (Part IX, column (D), line 25) ▶ 0			
		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,761	349,489
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,305	1,336,415
_ 0	19 Revenue	ess expenses. Subtract line 18 from line 12		2,111	-6,589
Net Assets or Fund Balances	20 Total acco	ets (Part X, line 16)	Beginning of Cu		End of Year
Asse Bala	20 Total liabil	ities (Part X, line 16)		8,008	3,325,215
E de	21 Total liabil	the transfer of the transfer o		4,912	108,708
	DERCHODOGOGO.	s or fund balances. Subtract line 21 from line 20	3,22	3,096	3,216,507
SSIPHIF	EDERDARDOOG				
tru	naer penaities of p	erjury, I declare that I have examined this return, including accompanying scredules and statem mplete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the b	est of my kno	wledge and belief, it is
	10, 00.1001, 0.10	inplice. Beside attention of preparer (other trial) officerly to based on all fill officer of which preparer	rias ariy kribwied	ge.	
>i	Sic Sic	nature of officer			
Sig		-CRITICAL AND		Date	
ler		Carolyn R. Fernandez Presi	dent		
_		The state of the s			
aid		Preparer's name Preparer's signature Lete A. Yeates Preparer's signature A. Yeates, C.	PH Date	Check	if PTIN
	oarer Charles	self-emp			
	Firm S Ham		Firm's EIN	01-0560057	
,se	Only	3440 Eastex Fwy	1		
	Firm's addr			Phone no	409-892-0233
lay	the IRS discuss	this return with the preparer shown above? (see instructions)			X Yes No
F		4. 4 . 4 . 4			

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	X
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II			37
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	X
J				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	23.000-0.000-	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 temporarily restricted	3314.1		
	endowments, permanent endowments, or 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,"	P	000000000000000000000000000000000000000	
	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	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	Section 1110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	144.		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	11c		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			37
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	77	X
f		11e	X	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L.	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	200		
	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	0.50		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Ven II complete Cate dula O. Bad III	19		X
20a	Did 4.	7117	\rightarrow	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		-	
	to mine and the organization attach a copy of its addition infancial statements to this feturity	20b	000	

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	A	-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	***************************************		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1 1		
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	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,	1		
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
32				v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	specians 301 7701 2 and 301 7701 22 If "Vos." complete Cabadula D. Dart I	,,		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
	as IV and Dart V. Gos 4	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	33a	\neg	
	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? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	SSELECTION AT THE SECOND		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			agn	

Form 990 (2013) Catholic Charities of Southeast TX 74-1900345

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part	V			T	1
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	10				
·	reportable gaming (gambling) winnings to prize winners?			1c	X	1000000
2a		1		**************************************	A	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	_		2b	X	******
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	0.000		20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	, io,		3a	8000000000	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	F 17 1 17 1	itv	UISS JU		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
	account)?			4a	1	X
b	If "Yes," enter the name of the foreign country: ▶	1711600		1507.0		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	l Accou	nts:	5555		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, , , , , , ,		5a	300000000	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	0		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he	CONTROL STREET,			
	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 contributi	ons or	2012001300014000040			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			3 1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoods				
	and services provided to the payor?	3		7a	X	SHININGS
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 80000			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e	2550000000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		0.110.01	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			2001		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ı				
	organization, have excess business holdings at any time during the year?			8	999999999	200000000
9	Sponsoring organizations maintaining donor advised funds.	**********	N-9-1-1-1-004-00-0-0-0-0-0-0-0-0-0-0-0-0-0-			
а	Did the organization make any taxable distributions under section 4966?			9a		200000000
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	5 :				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	Value of the second	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	concens	******	13a		L
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	gi (14)				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?		77,517 F F F F F F F F F F F F F F F F F F F	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

000	ction A. Governing Body and Management			-	T.	Table 1						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		Yes	No						
	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 in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1								
	any other officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct		200000000000000000000000000000000000000	_								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	1?	000000000000000000000000000000000000000	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?		0.0000000000000000000000000000000000000	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		- Kearen I I Iv. I									
	one or more members of the governing body?			7a		X						
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	1	x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:									
а	The governing body?	-	ŭ	8a	X	***********						
b	Each committee with authority to act on behalf of the governing body?		e-cross-sale	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1001000000										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	on one of the second		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue Co	de.)								
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
þ	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	g the fo	rm?	11a	X							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe in Schedule O how this was done	V-10.00 V-10.00 V	0000000000	12c	X							
13	Did the organization have a written whistleblower policy?		DOMESTIC STREET	13	X							
14	Did the organization have a written document retention and destruction policy?	(accounts)		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 in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
	with a taxable entity during the year?	Contract	00000000000000	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											
200	organization's exempt status with respect to such arrangements?		- TOTAL CONTRACT	16b								
	tion C. Disclosure											
7 8	List the states with which a copy of this Form 990 is required to be filed TX Section 6104 requires an expansivation to make its Forms 1033 (or 1034 if and isoble). 000 and 000 T (or 1034 if and isoble).	147 172		*****								
0	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	л(c)(3)s	s only)									
	available for public inspection. Indicate how you made these available. Check all that apply.											
9	Own website Another's website W Upon request Other (explain in Schedule O)											
J	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est polic	y, and									
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records or	4ha										
	organization: Carolyn Fernandez Carolyn Fernandez 2780 Eastex Freewa											
		7										

BEAUMONT DAA

409-924-4400

TX 77703

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

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

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

0.00

0.00

Director

DAA

X

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(B) (C) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the Individual trustee key employee Highest compensated employee (W-2/1099-MISC) organization related stitutional trustee organizations and related below dotted organizations line) (1) David DuBose 0.00 Director 0.00 X 0 0 0 (2) Mary Mahlie 0.00 Director 0.00 X 0 0 0 (3) Beverly "Gail" Krohn 0.00 Director 0.00 X 0 0 0 (4) David Mulcahy 0.00 Director 0.00 X 0 0 0 (5) Shawn Oubre 0.00 0.00 X Director 0 0 0 (6) Thomas Broussard 0.00 Director 0.00 X X 0 0 0 (7) Tommy Yeates 0.00 X Director 0.00 0 0 0 (8) Barbara Lange 0.00 0.00 X 0 Director 0 (9) Kara Hawthorn 0.00 Director 0.00 X X 0 0 0 (10) Dana P. Melancon 0.00 0.00 X Director 0 0 0 (11) Jon C. Reaud

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Form 990 (2013)

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Form 990 (2013) Cat	tholic	Charities	of	Southeast	TX	74-1900345

Part VII Section A. Officers	, Directors, Tru	ustee	es, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	1 age c
(A) Name and title	(B) Average hours per week (list any	bc of	ox, uni ficer a	Pos check ess pe	erson	than o	n an from		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Enrique R. Venta	0.00									
Director	0.00	X						0	0	0
(13)Laura Williams	0.00									
Director	0.00	X						0	0	0
(14) Fr. Neil A. Arce	0.00									
Director	0.00	X						0	0	0
(15)Craig J. Sherloo	0.00									
Director World	0.00	X		X	_			0	0	0
(16)Donna Wade	0.00	₹.								
Director (17) Jeffrey Oliverio	0.00	X			-		-	0	0	0
Director	0.00	x		x				0	0	0
	res	-								
Director	0.00 0.00	x						0	0	0
(19)Linda Domino	0.00									
Director	0.00	X						0	0	0
1b Sub-total c Total from continuation shee	ate to Part VII S	Socti	on (0.00	- 50 (3)	(a) a)		90,708		
d Total (add lines 1b and 1c)	is to real vii, t	Jecu	0117	ouga		 	•	90,708		
Total number of individuals (increportable compensation from				thos	e list	ed a	bove		\$100,000 in	
 Did the organization list any foemployee on line 1a? If "Yes," For any individual listed on line organization and related organ individual 	complete Schede 1a, is the sum	dule . of re	J for porta	such able	n ind com	ividu pens	al atior	and other compensation	from the	yes No
5 Did any person listed on line 1a for services rendered to the org									individual	5 X
Section B. Independent Contractor										
Complete this table for your five compensation from the organization.	ation. Report co	ensa ompe	ted i	ndep tion f	end or th	ent c	ontra	ar year ending with or with	in the organization's tax ye	
Name and t	(A) pusiness address		_					Descript	(B) ion of services	(C) Compensation
Total number of independent or received more than \$100,000 or	ontractors (inclu	iding	but the	not li	mite	d to t	hos	e listed above) who	ň	

harities	s of Southeas	st TX 74-	1900345
irectors, Trust	ees, Key Employees, ar	nd Highest Comper	sated Employees (contin
(B)	(C)	(D)	(E)
	irectors, Trust	irectors, Trustees, Key Employees, ar	harities of Southeast TX 74- irectors, Trustees, Key Employees, and Highest Compen

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	and Highest Compensate	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than dis both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Regina Winegar	0.00									
Director	0.00	X		X				0	0	0
(13)Deacon Garry Lel										
Director	0.00	x						0	_	
(14) Todd M. Fontenot		•				\vdash		0	0	0
	0.00									
Director	0.00	X						0	0	0
(15) Paul Trevino	0 00									
Director	0.00	x						0	0	
(16) Carolyn R. Ferna		Λ	-	-					0	0
_	40.00									
President & CEO	0.00			X				90,708	0	0
(17)										
(18)										
(19)			-							
1b Sub-total				10000	-5350		•	90,708		
c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, S	ecti	on A		Terror	22				
Total number of individuals (inc.)	luding but not li	mite	d to t	hos	e list	ed a	bove) who received more than	\$100,000 in	
reportable compensation from t										
3 Did the organization list any for employee on line 1a? If "Yes," or	mer officer, dire	ector	, or t	ruste	ee, k	ey e	mplo	oyee, or highest compensa	ited	Yes No
4 For any individual listed on line organization and related organization	1a, is the sum of	of rep	oorta	ıble ı	com	pens	atior	n and other compensation	from the	3
individual	zations greater	ınan	\$ 15	0,00	0711	res	s, C	omplete Schedule J for su	on	4
5 Did any person listed on line 1a									individual	
for services rendered to the org Section B. Independent Contractor		es, c	comp	olete	Scr	eaui	елт	for such person	reconstruction of the second	5
Complete this table for your five compensation from the organization.	highest compe	nsat	ed ir	ndep	ende	ent c	ontra	actors that received more t	than \$100,000 of	anr.
Name and h	(A) usiness address	mpc	nout	ion i	01 (11	000	ond		(B) tion of services	(C) Compensation
								Descript	ion of services	Compensation
							_			
2 Total number of independent co	ontractors (included company	ding	but r	not li	mite	d to	thos	e listed above) who		

18 Federation companies 14		an	Check if Schedule		ns a res <mark>pon</mark> se o	or note to any line	in this Part VIII		
Federate Campaigns 1a							exempt function	Unrelated business	Revenue excluded from tax under sections
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	nts	2 1a	Federated campaigns	1a			Toveride		512-514
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Peanoral (ii) Real (iii) Peanoral (iii) Real (Srai	i t	Membership dues	1b			0.00		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	S, <	0	Fundraising events	1c					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	5	6	d Related organizations	1d		200 000	and the second		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	ns,	6	1000	1e				1000	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	tio	5				and the	100700 0 10000 0 10000 0		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	in de	5			505,384				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	out	9		-1f: \$		E0E 004	CONTROL CONTRO		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	0	1	1 Total. Add lines 1a-1f			505,384			2000000
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	enu	22	Dianatan Danasa			102 620	102 620		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	Rev	20 -	Negro or construction (A)	13131751110	Lexic Control				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	ice	[5.350.63	Y (* Y () () () () () ()	4.9.0				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	Serv		1(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(uno le				
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal (ii) Personal (iii) P	ogra	f		nue					
and other similar amounts)	<u>-</u>	g				519,260			
Income from investment of tax-exempt bond proceeds		3	Investment income (including	dividends, i	interest,				
Second Company Compa					nomentarion de la contraction	36,416	36,416		
Company Comp		4		-exempt bo	ond proceeds ►		7		
Base Company		5	Royalties		>				
b Less: certal exps. c Rental inc. or (loss) d Net rental income or (loss) Foreign amount from (i) Securibles (ii) Other sales of assets other than inventory, b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 294, 322 b Less: direct expenses b 25, 556 c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c C d All other revenue e Total. Add lines 11a-11d					(ii) Personal				
C Rental inc. or (loss) d Net rental income or (loss) b 7a Gross amount from sales of assets of assets of assets of the new interval of		6a							
d Net rental income or (loss) Goos amount from alleo of asets other than inventory, b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 294, 322 b Less: direct expenses b 25,556 c Net income or (loss) from fundraising events > 268,766 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b C C d All other revenue e Total. Add lines 11a–11d									
Page of assets amount from sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s Gross income from fundraising events (not including \$\frac{8}{2}\$ of contributions reported on line 1c). See Part IV, line 18 a 294,322 b Less: direct expenses b 25,556 c Net income or (loss) from fundraising events c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities location or (loss) from gaming activities location or (loss) from gaming activities location or (loss) from sales of inventory Miscellaneous Revenue Busin. Code 11a b c d All other revenue e Total. Add lines 11a-11d		١.							
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b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 294, 322 b Less: direct expenses b 25,556 c Net income or (loss) from fundraising events \$ 268,766 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities \$ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busin. Code 11a b c Gall other revenue e Total. Add lines 11a–11d			sales of assets		(II) Other				1
basis & sales exps. c Gain or (loss) d Net gain or (loss) B Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b 25,556 c Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		١,	43943944						200000000000000000000000000000000000000
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d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		c							
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			100						
(not including \$ of contributions reported on line 1c). See Part IV, line 18	4						4.44461767		
c Net income or (loss) from fundraising events 268,766 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	une						3.00 00000 100000000 100000000		
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c Net income or (loss) from fundraising events 268,766 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	Ř				294,322				
c Net income or (loss) from fundraising events 268,766 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	the	b			25,556	1000			
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Totai. Add lines 11a–11d	0	С	Net income or (loss) from fund	raising eve	nts	268,766			268,766
b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		9a	Gross income from gaming activities	S.					
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d				a					
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b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		10a							
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Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d			7,100	·		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
11a b c d All other revenue e Total. Add lines 11a–11d		С		of invento	100				
b c d All other revenue e Total. Add lines 11a–11d		110	wiscenarieous Revenue		Busn, Code				
c d All other revenue e Total. Add lines 11a-11d			Towns of the second sec						
d All other revenue e Total. Add lines 11a–11d									
e Total. Add lines 11a–11d									
and the second of the second o					b				
			1 2 2 2 2	S		1,329,826	555,676	0	268.766

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor			olete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			100 (100 (100 (100 (100 (100 (100 (100	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	196,066	196,066		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,			200	
5	trustees, and key employees	101,010	18,743	82,267	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	201,010	10,743	02,201	
7	Other salaries and wages	512,381	460,450	51,931	
8	Pension plan accruals and contributions (include	312,301	100,400	31,931	
-	section 401(k) and 403(b) employer contributions)	40,232	30,355	9,877	
9	Other employee benefits	85,109	74,804	10,305	
10	Payroll taxes	52,128	43,412	8,716	
11	Fees for services (non-employees):				
а	Management				
b					
C	Accounting	30,675	29,247	1,428	
d	**************************************				
e f		888			
g	Other, (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advartising and promotion	5,943	3,839	2,104	
13	Office expenses	97,164	83,490	13,674	
14	Information technology				
15	Royalties				
16	Occupancy	12,250	12,250		
17	Travel	15,809	13,383	2,426	
18	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	2,092	1,842	250	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,743	01.016	35,743	
23	Insurance	42,393	24,346	18,047	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	40 202		1	
а	Utilities / Telephone	48,636	29,526	19,110	
þ	Other Professional Fees Maintenance & Repairs	40,973 13,446	35,977	4,996	
c d	Dues	4,365	5,358 2,234	8,088	
_	All other expenses	4,303	2,234	2,131	
25	Total functional expenses. Add lines 1 through 24e	1,336,415	1,065,322	271,093	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 ▶ if following SOP 98-2 (ASC 958-720)			~ 1 1 , 0 3 3	0

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 2,312,789 Cash-non-interest bearing 1 2,318,891 2 Savings and temporary cash investments 2 9,009 3 Pledges and grants receivable, net 3 4,927 8,973 36,569 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 13,408 Prepaid expenses and deferred charges 17,884 10a Land, buildings, and equipment: cost or 1,313,852 10a other basis. Complete Part VI of Schedule D 366,908 b Less: accumulated depreciation 10b 973,829 10c 946,944 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,318,008 3,325,215 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 21,827 28,585 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 73,085 25 of Schedule D 80,123 94,912 26 108,708 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,983,892 Unrestricted net assets 3,055,344 239,204 Temporarily restricted net assets 28 161,163 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,223,096 33 3,216,507 33 Total net assets or fund balances 3,318,008 Total liabilities and net assets/fund balances 3,325,215

Form 990 (2013)

0.000000	1 990 (2013) Catholic Charities of Southeast TX 74-1900345			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			2000	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	29,	826
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	36,	415
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,	589
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,2	23,	096
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,2	16,	507
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 in		_		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	11000000000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	.400-00-00-00-00			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	0000000000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ameasurar.			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				00000009900
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Personal State Association			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		0000000000		000000000000000000000000000000000000000
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	110000000000000000000000000000000000000			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Catholic Charities of Southeast TX

Employer identification number 74–1900345
e instructions.

P	art l	Reas	son for Public Charity	Status (All organizations	s must c	omplete	this p	art.) S	ee ins	struction	ns.			_
The	orga			se it is: (For lines 1 through 11.										
1				sociation of churches described										
2				(A)(ii). (Attach Schedule E.)			,, ,,,							
3				rice organization described in s	ection 176	0(b)(1)(A)	(iii).							
4	П			ed in conjunction with a hospita				b)(1)(A)((iii). En	ter the ho	ospital's	name	ے	
		city, and sta		,				-/(-/(-/	(,		oopitare	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
5			\$100 PROPER DELICITION \$500 ENGINE \$500 CHARLES	of a college or university owne	d or opera	ted by a d	overnm	ental un	it desci	rihed in				715-0010
			(b)(1)(A)(iv). (Complete Par		G 0, 0p0.a			ontai ai	4000	iibod iii				
6				governmental unit described in	section 1	70/b)/1)/4	WW							
7				substantial part of its support t				from the	e dener	ral public	•			
•			section 170(b)(1)(A)(vi). (0		nom a gov	remmenta	i unit or	HOIII till	e gener	ai public				
8				170(b)(1)(A)(vi) . (Complete Pa	et II \									
9	X			(1) more than 33 1/3% of its su		contributi	one me	mbereb	in fees	and are	.00			
•	17.5			mpt functions—subject to certa						-	55			
				and unrelated business taxable										
				30, 1975. See section 509(a)(2				x) 110111	Dusines	5565				
10			-	exclusively to test for public sa			•							
11				exclusively for the benefit of, to										
••				ted organizations described in										
				the type of supporting organiza						Section				
		a Type		c Type III–Function		-	d d			lan funati	ionally i		لمما	
е				ganization is not controlled dire	, ,					lon-functi		megra	iea	
·				er than one or more publicly su						•				
		or section 50		or than one or more publicly 3a	pported of	gamzation	13 4030	inbed in	3660011	503(a)(1)			
f				ermination from the IRS that it i	e a Type I	Type II	or Type	III sunn	ortina					
•			check this box	similation from the fixe that it	3 a Type I	, Type II,	or Type	ш эцрр	orang					
g		-	3.00.000.000.000	ition accepted any gift or contri	hution from	n any of th	16			579-555-679-5	(1,1,1)		0.000	
9		following per		mon accepted any gift of contin	Dution noi	ii aiiy oi ii	ic .							
		• .		ontrols, either alone or together	with perc	one descr	ibed in	(ii) and					V	T
			w, the governing body of the		with pers	ons desci	ibed iii i	(II) allu			1	11g(i)	Yes	No
			member of a person descri	10.4 - 0.00 (4.4)			X 1 4 4 5 1 4 4	*****	3000774	in manages		11g(ii)		
				described in (i) or (ii) above?				waren.			1000000			
h				the supported organization(s).				4.000.00			men J	11g(iii)		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did	you notify	(vi)	Is the	(vii) A	mount o	f mana	ton
ν-,		anization	(,	(described on lines 1–9		isted in your	the orga	nization in	organiza	ation in col.	(*11)	mount o supp		.ai y
				above or IRC section	governing	document?		of your	1 , ,	ized in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
A)									1		-			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ		<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		100 March 100 Ma				
6	Public support. Subtract line 5 from line 4.		9888		100		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her		ACADADIA SURALI SERVICIA	******	LLeenscond Distance		
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2013 (line 6	, column (f) divided	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2012 Scho	edule A, Part II, lin	e 14			15	%
16a	33 1/3% support test—2013. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization quali	fies as a publicly s	supported organiza	ation		r+3000 e r v r r r r r r r r r r r r r r r r r	
b	33 1/3% support test—2012. If the organ			3 or 16a, and line	15 is 33 1/3% or m	ore,	:==
	check this box and stop here. The organiz						········ 🗀
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa organization	cts-and-circumsta			s as a publicly sup	ported	▶ □
b	10%-facts-and-circumstances test—201				5a, 16b, or 17a, ar	nd line	accommuni i na
	15 is 10% or more, and if the organization	meets the "facts-a	ind-circumstances	" test, check this b	oox and stop here		
	Explain in Part IV how the organization me	ets the "facts-and-	-circumstances" te	est. The organization	on qualifies as a p	ublicly	
	supported organization	C-3 - (00000000000000000000	0102190411014211411	19119919919999		▶ 🗍
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee	
	instructions						>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

Sac	ction A. Public Support	quality under the	e tests listed be	elow, please co	impiete Part II.	.)	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual			37.3	, ,		(f) Total
2	grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	508,038 7,815,941	543,313 2,183,768	510,083 695,473	457,585 600,543	505,384	2,524,403
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,323,979	2,727,081	1,205,556	1,058,128	1,024,644	14,339,388
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				100000 0.000000 0.0000000 0.00000000000		14,339,388
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	8,323,979	2,727,081	1,205,556	1,058,128	1,024,644	14,339,388
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	35,000	34,900	35,065	35,681	36,416	177,062
С	Add lines 10a and 10b	35,000	34,900	35,065	35,681	36,416	177,062
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	241,313	228,819	247,187	296,385	268,766	1,282,470
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	8,600,292	2,990,800	1,487,808	1,390,194	1,329,826	15,798,920
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501	(c)(3)	> 🗆
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2013 (line 8,	column (f) divided	by line 13, column	(f))		15	90.76%
16	Public support percentage from 2012 Sche					16	94.14%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2013 (iii	ne 10c, column (f) c	divided by line 13,	column (f))		17	1 %
18	Investment income percentage from 2012	Schedule A, Part III	, line 17		15525000A0000000000	18	1 %
19a	33 1/3% support tests—2013. If the organ						_
	17 is not more than 33 1/3%, check this bo				· · · · · · · · · · · · · · · · · · ·		▶ X
b	33 1/3% support tests—2012. If the organ						
20	line 18 is not more than 33 1/3%, check thi		97 NO TAN AS	ed at particular	V 20	0.000 (0.000)	tantara s
20	Private foundation. If the organization did	HOLCHECK S DOX OF	une 14, 19a, or 19	SD. CRECK THIS DOX	and see instruction	ns	

Part IV	Supplemen	ital Information	n. Provide the e	xplanations r	equired by Part II,	, line 10; Part II, line	0345 Page 4 e 17a or 17b; and
Part I							
Part III, line 12. Also complete this part for any additional information. (See instructions). Part III, Line 12 - Other Income Detail							
* ****************			31110119911111199594		200000000000000000000000000000000000000	000010001000000000000000000000000000000	HI III TAVATA TAVATA TATA
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). Part III, Line 12 - Other Income Detail							
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Catholic Charities of Southeast TX

Employer identification number

Catholic Char:	ities of Southeast TX	74-1900345
Organization type (check one	e):	
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	
· · · · · · · · · · · · · · · · · · ·		
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone contributor, Complete Parts I and II.	∍у ог
Special Rules		
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulation of the regulation of the secure of the regulation of the secure of the secure of the secure of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	
during the year, total co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lites, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contrib not total to more than \$ year for an exclusively applies to this organiza	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions (1,000. If this box is checked, enter here the total contributions that were received during religious, charitable, etc., purpose. Do not complete any of the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 to the parts unless the General tion to the parts unless the General tion the tion tion tion tion to the parts unless the General tion tion to the tion tion tion tion tion tion to the tion tion tion tion tion tion tion tion	s did g the I Rule
Caution. An organization that is 990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Fo t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

Name of organization

Catholic Charities of Southeast TX

Employer identification number 74-1900345

Contributors (see instructions). Use duplicate copies of Part I if additional space (a) (b) (c) Total contributions Capital One, NA, Wealth & Asset Mgmt HH & Edna Houseman Charitable Trust P O Box 61540 New Orleans LA 70161 (c) Total contributions	(d) Type of contribution Person Payroll
No. Name, address, and ZIP + 4 Capital One, NA, Wealth & Asset Mgmt HH & Edna Houseman Charitable Trust P O Box 61540 New Orleans LA 70161	Person X Payroll Noncash (Complete Part II for noncash contributions.)
Capital One, NA, Wealth & Asset Mgmt HH & Edna Houseman Charitable Trust P O Box 61540 New Orleans LA 70161	Person X Payroll Noncash (Complete Part II for noncash contributions.)
1 HH & Edna Houseman Charitable Trust P O Box 61540 New Orleans LA 70161 \$ 80,0	Payroll Noncash (Complete Part II for noncash contributions.)
	(4)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	` '
Catholic Charities USA 2050 Ballenger Avenue, 4th Floor Alexandria VA 22314	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
Catholic Foundation of Diocese of Beaumont P O Box 3948 BEAUMONT TX 77704 \$ 49,3	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
Christus Health Foundation of SETX 2830 Calder Avenue BEAUMONT TX 77702 \$ 20,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
Emergency Food & Shelter Program 701 North Fairfax Street, Ste 310 Alexandria VA 22314 * 22,3	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
Ms. Regina J. Rogers 3195 Dowlen Road, Ste 101-416 BEAUMONT TX 77706	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

anic or organizati	OII			
Catholic	Charities	of	Southeast	TX

Employer identification number 74-1900345

Calli	SIIC CHalles Of Southeast ix	, -	1900343
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Gay D. & William F. Scott Family Foundation P O Box 1998 Nederland TX 77627	\$ 17,000	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
8	South East Texas Management Network 2210 Eastex Freeway BEAUMONT TX 77703	\$ 17,215	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
9	Mr. & Mrs. Joseph V. Tortorice, Jr. 1501 Moore Road BEAUMONT TX 77706	s 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 United Way of Mid and South Jefferson County 7980 Anchor Drive, Bldg 600 Port Arthur TX 77642	Total contributions \$ 34,000	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
11	United Way of Beaumont and North Jefferson County 700 North Street, Suite H BEAUMONT TX 77701	\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
12	Name, address, and ZIP + 4 Valero Energy Foundation P O Box 909 Port Arthur TX 77641	Total contributions \$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Cath	olic Charities of Southeast TX	/4	-1900345
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Diocese of Beaumont P.O. Box 3948 Beaumont TX 77706	\$ 320,000	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
14	E Linn Heartfield Charitable Fund 100 South Williford Rd. Kountze TX 77625	\$ 100,000	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* 503247		\$	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
C 8×64.4.4.4.		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year But organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizations property, subject to the organizations exclusive legal control? But the organization inform all grantees, conors, and donor advisors in writing that grant funds can be used only for charithe purposes and into for the benefit of the donor or donor advisor, or for any other purpose Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Part II Conservation Easements. Complete of the organization answered "Yes" to Form 990, Part IV. line 7. Preservation of answeration assements held by the organization (neck ait that apply). Preservation of oraservation assements held by the organization (neck ait that apply). Preservation of answeration assements held as qualified conservation or answeration of answeration or answeration assements to be seen that the seen of the tax year. Preservation of conservation assements held as qualified conservation constribution in the form of a conservation assement on the last day of the tax year. A trouble of conservation assements on a cartified historic structure included in (a) Authorise of conservation assements in ordinary in the preservation of conservation assements on a cartified historic structure included in (a) Authorise of conservation assements in ordinary in the year and the preservation of conservation assements on a cartified historic structure included in (a) Authorise of conservation assements	С	atholic Charities of Southeast TX		74-1900345
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b Assets included in Form 990, Part X	а	Revenues included in Form 990, Part VIII, line 1		\$
	_ <u>D</u>	Assets included in Form 990, Part X		5

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5 Using the organization accusation, accesson, and other records, check any of the following teat are a significant use of its collections from cycleck all that pipely: a Public exhibition b Scholary research b Provide a description of the organizations oblections and explain how they further the organization's everyprizes assets to be able to raise funds or after the rot be maintained as part of the organization's collections. B Unring the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be able to raise funds or after their to be maintained as part of the organization's collection? Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, ing 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on From 990, Part X, ing 21. 1a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, ing 21. 1a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, ing 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: a Boginning objects of the organization amount on Form 990, Part X, ing 21? b If "Yes," explain the arrangement in Part XIII Check neet if the explaination has been provided in Part XIII Fart V Endowment Funds. Complete if the organization amount on Form 990, Part IV, line 10. 1a Boginning of year belance b Contributions 1b If "Yes," because the province of the organization amount on Form 990, Part IV, line 10. 1b Part IV Endowment Funds. Complete if the organization and year end balance (line 1g, column (a)) held as: a Boginning of year belance b Contributions 1c Administrative expenses g End of year belance 1c Administrative expenses g E	P	art III Organizations Maintaini	ng Collections of A	rt, Historical	Treasures, o	r Other Simil	ar Assets	s (continue	d)
b Scholarly research	3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records,	check any of the f	ollowing that are	a significant use	of its		· ·
Preservation for tuture generations and explain how they further the organization's exempt purpose in Part XIII.	а	Public exhibition	d Lo	an or exchange p	rograms				
Preservation for tuture generations and explain how they further the organization's exempt purpose in Part XIII.	b	Scholarly research	promotion of the contract of t	_	-				
A provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII	С	Preservation for future generations		3.55.51.11.1.2.51.0.0	AND SHOULD SEED IN				
Solution by year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to arise funds rather than to be maintained as part of the organization's collection?	4		collections and explain h	ow they further the	e organization's	exempt purpose	in Part		
Basels to be sold to raise funes rather than to be maintained as part of the organization?					-				
Basels to be sold to raise funes rather than to be maintained as part of the organization?	5	During the year, did the organization solici	t or receive donations of	art, historical treas	ures, or other si	milar			
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S90, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year d Did the organization include an amount on Form 990, Part X, line 21? 2a Did the organization include an amount on Form 990, Part X, line 21? B Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Administrative expenses G Grants or scholarships d Grants or scholarships d Grants or scholarships d Grants or scholarships The percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization but are held and administered for the organization by: (i) urrelated organizations iii "Yes" and Grants in the protecting of the current year end balance (line 1g, column (a)) held as: Demander endowment b % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) urrelated organizations iii) "rest of 3a(ii)	Pa	art IV Escrow and Custodial A	rrangements.						
Included on Form 990, Part X? Yes			on answered "Yes" t	o Form 990, Pa	art IV, line 9,	or reported ar	n amount	on Form	
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E Distributions during the year 1e 1f 1 1 1 1 1 1 1 1	d	Additions during the year				PROTESTA	1d		
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.				F-0.00 (0.000) 0.000 (0.000)			11-33-11-11-1	Yes	No
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe of property (a) Cost or other basis (b) Cost or other basis (c) Cost or other basis (d) Book value deprocation deprocation 1a Land 300,000 300,000 40 Book value deprocation 1a Land 300,000 300,000 40 Book value 40 Equipment 4		Complete if the organization		o Form 990, Pa	art IV, line 10.	·			
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Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 5a(ii) align align									
b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land Description of property (investment) (investment) 300,000 300,000 488,756 d Equipment Cuther Cother	2	Provide the estimated percentage of the cu	rrent year end balance (line 1g, column (a)) held as:				
b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land Description of property (investment) (investment) 300,000 300,000 488,756 d Equipment Cuther Cother	а	Board designated or quasi-endowment ▶	%						
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organizations (iv) service in Part XIII the intended uses of the organization's endowment funds (iv) Early VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (in) Early (other) (in) Cost or other basis (c) Accumulated depreciation (in) Book value (in) Bo	b	Permanent endowment ► %							
3a	С	Temporarily restricted endowment ▶	%						
Signal S		The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.						
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) 1a Land 300,000 b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 6 Quipment 6 Quipment 7 Quipment 7 Quipment 8 Quipment 8 Quipment 9 Qui	3a	Are there endowment funds not in the poss	session of the organization	n that are held an	d administered f	or the		_	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 300,000 300,000 300,000 b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 209,244 164,532 44,712 e Other Other 100,000		organization by:						Ye	s No
b ff "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4		(i) unrelated organizations				CC+1++++F+O(1+++1)11+	00.000	3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land 300,000 300,000 300,000 b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 209,244 164,532 44,712 e Other Other 113,476 113,476			*******************				000000000000000000000000000000000000000	3a(ii)	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation	b	If "Yes" to 3a(ii), are the related organization	ns listed as required on S	Schedule R?				3b	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property	4	VIIII VIII		nent funds.					
Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Pa				onina a rai ce a so	a azemben en e	22040 - 2		
(investment) (other) depreciation 1a Land 300,000 300,000 b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 209,244 164,532 44,712 e Other 0ther 100,000 100,000 100,000						a. See Form 9	90, Part)	(, line 10.	
1a Land 300,000 300,000 b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 209,244 164,532 44,712 e Other		Description of property	1.1		- 1			(d) Book valu	В
b Buildings 171,650 58,174 113,476 c Leasehold improvements 632,958 144,202 488,756 d Equipment 209,244 164,532 44,712 e Other			(investment)			depreciation	2000000000		
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d Equipment 209,244 164,532 44,712 e Other									
e Other									
			(1)	2	209,244	164,	532	44	,712
			equal Form 990, Part X	column (B), line 1	0(c).)		. •	946	,944

Schedule D (Form 990) 2013 Ca	atholic (Charities	of	Southeast	TX	74-1900345
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	Complete if the organization answered "Yes" to		
	(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) Eineneiel			Cost of end-of-year marker value
Financial Classiu b			
2) Closely-h 3) Other	neld equity interests		
13.64			
(A) (B)	(2) = 2) ((() = + () + () (+ () () + () () () (
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(H)			
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 11	1c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			11181
(6)			
(7)			
(8)			
(9)	(A)		
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
I all IX	Complete if the organization answered "Yes" to	Form 990 Part IV line 11	1d See Form 990 Part V line 15
	(a) Description	TOTH 990, Part IV, line I	(b) Book value
(1)	(a) Decembra		(b) Book Value
(2)			
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(5)	TEMPORE OF THE PROPERTY OF THE		110
(6)		and the contraction of the contr	
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otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)	The same of the sa	ENGINEERING STATES
Part X	Other Liabilities.		*
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 11	le or 11f. See Form 990, Part X,
	line 25.		
	(a) Description of liability	(b) Book value	
	income taxes		
2) Accru	ued Liabilities	80,123	ADDRESSA BARBARAN BARBARAN
3)			##55###55#### #### 1975#### #### 1975####################################
(4)			
(5)			Section 1995 Secti
6)			
(7)			
(7) (8)			
(7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	80,123	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		Catholic		of S	outheast	TX	74-1900345	Page 5
Part XIII	Suppleme	ntal Information	(continued)					
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Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number 74-1900345 Catholic Charities of Southeast TX Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Partil Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions' col (i) Yes No 2 3 5 6 7 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

_		events with gro	oss receipts greater than \$5,	000.		
			(a) Event #1	(b) Event #2	(c) Other events	(), 7
			Harvest of Hope	Charity Sunday	1	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	195,204	71,803	27,315	294,322
	2	Less: Contributions				
		Gross income (line 1 minus				
	_	line 2)	195,204	71,803	27,315	294,322
	4	Cash prizes				
		Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	13,200		810	14,010
Dire	8	Entertainment	2,335			2,335
	9	Other direct expenses	7,025		2,186	9,211
	l .	•	Add lines 4 through 9 in column (c	EXECUTE: 1 1 1 1 1 1 1 1 1 1		25,556
р	art		otract line 10 from line 3, column (oblete if the organization answ		art IV line 19 or reporte	268,766
*******			n Form 990-EZ, line 6a.	voice 100 to 101111 000, 1 t	artiv, mie 10, or reporte	ou more
ě			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		-	(-/	bingo/progressive bingo	(=/ +)	col. (a) through col. (c))
Re	1	Gross revenue				
	Ť	Gross revenue				
ses	2	Cash prizes				
kpen	3	Noncash prizes				
Direct Expenses		Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
Ö		*******				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	2000 ag
	7	Direct expense summary.	Add lines 2 through 5 in column (d)		
	8	Net gaming income summ	ary. Subtract line 7 from line 1, col	lumn (d)		
			organization operates gaming acti			
		le organization licensed to lo," explain:	operate gaming activities in each of	or these states?		Yes No
	0.45					Socialista esta esta una esta esta esta esta esta esta esta est
		re any of the organization's 'es," explain:	gaming licenses revoked, suspen	ded or terminated during the tax y	ear?	Yes No
	181		PX437A4477857643868200404343600043600 444474447686666666676666766666666666666			

Sch	edule G (Form 990 or 990-EZ) 2013 Catholic Charities of Southeast TX 74-19	00345	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name Na	OCTO SENSO SE SE SE SE SE	Rolls-F
	Address •	novia dvistov	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		=. ==
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		1916
	Address ▶	US 03/05/05/05/05	****
16	Gaming manager information:		
	Name •	0.000	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
'' a	·		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	-	7 v 🖂
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		∐ Yes ∐ No
D	26 v2		
D-:-	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) a	(· ·) -	
	······································		ina
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions).	any	
-	additional information (See instructions).		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2013

OMB No. 1545-0047

Name of the organization Catholic Charities of Southeast	of South	ast TX	×			Emp 74	Employer identification number 74-1900345	
Part 1 General Information on Grants and Assistance	Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	e amount of the gree?	ants or ass	istance, the grantees'	eligibility for the grant	ts or assistance, an	D	X Yes	No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	vernments an	d Organi han \$5.0	zations in the Ur	iited States. Con	uplete if the organical	anization answe	Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is peeded	90,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1)					(District of the control of the con	1		
(2)								
(3)								
The second secon					- 44			
(5)								
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2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table	rganizations listed 1 table	in the line 1 table	1 table	BEOGRAPHOLOGICAL GRANGE	100000000000000000000000000000000000000	0 1 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100 mm m	

Schedule I (Form 990) (2013)

74-1900345 Schedule 1 (Form 990) (2013) Catholic Charities of Southeast TX

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed, Part III

i art III call be deplicated il additional space la Heeden.	יטוומן שממכים וא ווככמכים.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 See supplemental info	12	2,236		W/W	N/A
2 See supplemental info	577	193.830		4/2	4/N
c					N/B
4					
ıc					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line 2	, Part III, column (b)	, and any other additional i	nformation.

Part IV - Additional Information

Part III: Type of grant or assistance:

1. Shelter, storage and household item assistance for long-term recovery

Hurricane Isaac victims.

indigents. for 2. Food, shelter, utilities and other household expenses

Part III, Column b:

The number of recipients reported represent actual numbers served during

the agency's fiscal year 2013/2014.

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2013) Catholic Charities of Southeast TX 74-1900345 Part III can be duplicated if additional space is needed. Part III

)	(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)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
÷						
2						
3						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional	information.

Part I, Line 2:

The primary selection criteria used to award assistance to clients is

grantor established guidelines. Secondly, Catholic Charities requires

clients to demonstrate a hardship situation that has created their need for

assistance. There is a four-step review process of all requests for

assistance to insure funding is being used for the intended purpose.

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

74-1900345

Catholic Charities of Southeast TX

Form 990, Part III, Line 4d - All Other Accomplishment

All Other Program Services Descriptions:

Asset Building Case Management unites financial education with long-term case management, helping low-to-moderate income families repair their credit and commit to increasing their savings. Clients identify appropriate financial goals and receive case management support to make progress towards home ownership or continued education opportunities.

Parish Social Ministry lends support and training resources to local church leaders and members attempting to organize local social justice ministries and community services.

Elijah's Place gives peer and audit support to children ages 5 to 18 who are grieving the death of a parent or sibling or who have been affected by separation or divorce.

Counseling Services offers individual, couple, family and grief counseling according to a sliding fee scale, making the service more affordable to those with limited capacity to pay for professional mental health support.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 President/CEO reviews Form 990 before it is filed. The form is available for review upon request.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Name of the organization

Employer identification number

Catholic Charities of Southeast TX

74-1900345

Conflict of interest statements are given to the Board members annually and employees upon hire. The completed forms are submitted to the President/CEO who monitors to ensure there are no conflicts.

Form 990, Part VI, Line 15a - Compensation Process for Top Official See Schedule O.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Catholic Charities receives suggested wage increases from the National

Association of Church Personnel (NACPA) for each position, including

President/CEO. The NACPA study gives comparable wages for positions in

similar size Diocese's, regions, and local industries. The Finance

Committee of the Catholic Charities Board recommends increases for the new budget. The new budget is then sent to the Board for approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Financial statements are available on the web site. Conflict of interest
statements and other governing documents are available upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Direct fundraising expenses not netted from income \$ 25,556

Direct fundraising expenses included as expense \$ -25,556