

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
Catholic Charities of the Archdiocese of Chicago

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
721 N LaSalle Drive

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60654

D Employer identification number
36-2170821

E Telephone number
(312) 655-7326

G Gross receipts \$ 207,706,130

F Name and address of principal officer:
Sally Blount

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.catholiccharities.net

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1917

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O for the Organization's mission statement.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 47 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 44 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 2,917 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 12,000 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 113,407,208 | 153,920,970 |
| 9 Program service revenue (Part VIII, line 2g) | 33,266,390 | 9,812,430 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,663,381 | 3,328,536 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,938,327 | 2,527,867 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 152,275,306 | 169,589,803 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 12,303,495 | 12,953,505 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 87,363,836 | 86,682,021 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,658,596 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 58,246,655 | 55,682,368 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 157,913,986 | 155,317,894 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -5,638,680 | 14,271,909 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 163,358,765 | 181,257,520 |
| 21 Total liabilities (Part X, line 26) | 118,757,307 | 146,265,720 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 44,601,458 | 34,991,800 |

Part II Signature Block

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

Sign Here

Signature of officer
Elida Hernandez CFO
Type or print name and title

2021-02-12
Date

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Catholic Charities fulfills the Church's role in the mission of charity to anyone in need by providing compassionate, competent and professional services that strengthen and support individuals, families and communities based on the value and dignity of human life.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 54,302,191 including grants of \$ 71,159) (Revenue \$ 54,828,934)
See Additional Data

4b (Code:) (Expenses \$ 42,362,451 including grants of \$ 2,175,747) (Revenue \$ 35,804,989)
See Additional Data

4c (Code:) (Expenses \$ 15,613,727 including grants of \$ 9,003,958) (Revenue \$ 14,447,734)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 27,747,131 including grants of \$ 1,702,641) (Revenue \$ 20,902,544)

4e Total program service expenses ▶ 140,025,500

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

| | | | | | | | |
|--|---|------------|------------|-----|----|------------|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | <table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="text-align: right;">2,917</td> </tr> </table> | 2a | 2,917 | | | | |
| 2a | 2,917 | | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | | 3a | | No | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | | 3b | | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | | 4a | Yes | | | |
| b If "Yes," enter the name of the foreign country: ►OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | <table border="1"> <tr> <td style="width: 100px;">7d</td> <td style="text-align: right;">0</td> </tr> </table> | 7d | 0 | | | | |
| 7d | 0 | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | No | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | Yes | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | <table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table> | 10a | | | | | |
| 10a | | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table> | 10b | | | | | |
| 10b | | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | | |
| a Gross income from members or shareholders | <table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table> | 11a | | | | | |
| 11a | | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | <table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table> | 11b | | | | | |
| 11b | | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | <table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table> | 12b | | | | 12a | |
| 12b | | | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | <table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table> | 13b | | | | | |
| 13b | | | | | | | |
| c Enter the amount of reserves on hand | <table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table> | 13c | | | | | |
| 13c | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | 15 | | No | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. | | | 16 | | No | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | Yes | |
| 8b | b Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | Yes | |
| 10b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | No |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 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? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | Yes | |
| 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? | Yes | |
| 16b | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | Yes | |

Section C. Disclosure

| | | |
|-----------|---|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Beth Seaman 721 N LaSalle Street Chicago, IL 606543503 (312) 948-6520 | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|---|-----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a 600,176 | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c 1,755,224 | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e 117,618,810 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 33,946,760 | | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g 3,498,547 | | | |
| | h Total. Add lines 1a-1f | | 153,920,970 | | |

| Program Service Revenue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|--|---------------|----------------------|--|---|--|
| | | Business Code | | | | |
| 2a Fees from government | | 624100 | 243,805 | 243,805 | | |
| b Program service fees | | 624100 | 9,568,625 | 9,568,625 | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f. | | | 9,812,430 | | | |

| | | | | | | | |
|---|--|---|----------------|------------|-----------|-----------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,419,059 | | 1,419,059 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 Royalties | | | 0 | | | |
| | 6a Gross rents | 6a | (i) Real | 165,871 | | | |
| | | | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | 165,871 | | | |
| | d Net rental income or (loss) | | | 165,871 | | 165,871 | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 38,629,479 | 26,095 | | |
| | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 36,186,904 | 559,193 | | |
| | | c Gain or (loss) | 7c | 2,442,575 | -533,098 | | |
| | d Net gain or (loss) | | | 1,909,477 | -533,098 | 2,442,575 | |
| | 8a Gross income from fundraising events (not including \$ 1,755,224 of contributions reported on line 1c). See Part IV, line 18 | 8a | | 3,578,677 | | | |
| | | | 8b | 1,329,949 | | | |
| | | c Net income or (loss) from fundraising events | | | 2,248,728 | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | 82,502 | | | |
| | | | 9b | 40,281 | | | |
| | | c Net income or (loss) from gaming activities | | | 42,221 | 27,861 | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Class Action Settlement | | | 28,113 | | 28,113 | | |
| b Split-Interest Trust Int | | | 42,934 | | 42,934 | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 71,047 | | | | |
| 12 Total revenue. See instructions | | | 169,589,803 | 9,307,193 | 4,098,552 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 12,953,505 | 12,953,505 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,138,281 | | 1,138,281 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 65,165,514 | 55,735,891 | 7,863,758 | 1,565,865 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,538,994 | 1,108,131 | 370,603 | 60,260 |
| 9 Other employee benefits | 12,808,833 | 11,230,429 | 1,314,875 | 263,529 |
| 10 Payroll taxes | 6,030,399 | 5,172,343 | 725,145 | 132,911 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 159,263 | 57,077 | 102,103 | 83 |
| c Accounting | 398,004 | | 398,004 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 8,408,242 | 7,299,394 | 1,057,577 | 51,271 |
| 12 Advertising and promotion | 133,050 | 61,737 | 63,197 | 8,116 |
| 13 Office expenses | 3,792,793 | 3,427,540 | 226,108 | 139,145 |
| 14 Information technology | 2,155,590 | 1,183,163 | 872,735 | 99,692 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 8,458,457 | 7,094,069 | 1,183,815 | 180,573 |
| 17 Travel | 1,318,234 | 1,218,479 | 80,646 | 19,109 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 493,642 | 312,342 | 156,862 | 24,438 |
| 20 Interest | 97,987 | 97,987 | | |
| 21 Payments to affiliates | 5,411 | 5,411 | | |
| 22 Depreciation, depletion, and amortization | 2,222,651 | 2,176,102 | 46,549 | |
| 23 Insurance | 2,150,046 | 1,898,022 | 215,908 | 36,116 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Food Purchases | 25,162,254 | 25,162,254 | | |
| b Distribution of In-Kind Gifts | 3,435,660 | 3,435,660 | | |
| c Misc. Exp | 450,895 | 375,231 | 455 | 75,209 |
| d Membership Dues | 99,754 | 20,733 | 76,742 | 2,279 |
| e All other expenses | -3,259,565 | | -3,259,565 | |
| 25 Total functional expenses. Add lines 1 through 24e | 155,317,894 | 140,025,500 | 12,633,798 | 2,658,596 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 6,327,226 | 1 | 10,605,942 |
| | 2 Savings and temporary cash investments | 15,254,804 | 2 | 19,891,588 |
| | 3 Pledges and grants receivable, net | 2,339,151 | 3 | 6,677,831 |
| | 4 Accounts receivable, net | 15,528,831 | 4 | 18,389,268 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | 0 |
| | 7 Notes and loans receivable, net | 4,251,283 | 7 | 6,863,279 |
| | 8 Inventories for sale or use | | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 1,593,171 | 9 | 1,509,960 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 57,835,861 | | |
| | b Less: accumulated depreciation | 31,646,752 | | |
| | 11 Investments—publicly traded securities | 81,343,651 | 11 | 77,132,147 |
| | 12 Investments—other securities. See Part IV, line 11 | 12,819,542 | 12 | 12,650,852 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 Intangible assets | | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 652,889 | 15 | 1,347,544 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 163,358,765 | 16 | 181,257,520 | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,259,908 | 17 | 16,247,421 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 530,007 | 19 | 121,350 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,562,892 | 23 | 2,433,115 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 103,404,500 | 25 | 127,463,834 |
| | 26 Total liabilities. Add lines 17 through 25 | 118,757,307 | 26 | 146,265,720 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 24,543,432 | 27 | 7,663,738 |
| | 28 Net assets with donor restrictions | 20,058,026 | 28 | 27,328,062 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 44,601,458 | 32 | 34,991,800 | |
| 33 Total liabilities and net assets/fund balances | 163,358,765 | 33 | 181,257,520 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 169,589,803 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 155,317,894 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 14,271,909 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 44,601,458 |
| 5 | Net unrealized gains (losses) on investments | 5 | -2,125,845 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -21,755,722 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34,991,800 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID: 19009923

Software Version: 2019v5.0

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese
of Chicago

Form 990 (2019)

Form 990, Part III, Line 4a:

Nutrition Services assists low-income individuals and families with meeting a very basic need. Prepared meals are available at our Supper programs across Cook and Lake counties, as well as home delivered meals for seniors and nutritious meals for pre-school and school age children. Food pantries are available to supplement the monthly food expenses for households in need, and WIC and Senior Food Programs assist special populations such as mothers and children and seniors with meeting their nutritional needs. Total Clients Served: 132,014

Form 990, Part III, Line 4b:

Case Management ensures that individuals who come to us in need are assessed for all their needs, not just their presenting problem. Case Management services provide internal and external referrals for the services to lift individuals and families out of their situation, remove barriers to living in a safe environment, and maximize self-sufficiency and well-being. Total Clients Served: 128,112

Form 990, Part III, Line 4c:

Housing Services assists low income individuals or families with obtaining safe, permanent, and affordable housing. One transitional shelter provides immediate relief to people facing imminent homelessness. Other housing programs assist individuals with locating, obtaining, and furnishing apartments in communities across the service area. Also provides some housing services in the form of rental assistance to keep people who are in danger of eviction for financial reasons in their apartments. Total Clients Served: 3,716

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| John J Ryan Chief of Staff | 35.00 1.00 | X | | | | | | 241,399 | 28,934 | 46,076 |
| Kathleen Donahue-Coia SR VP Programs | 35.00 1.00 | X | | | | | | 211,292 | 33,221 | 37,727 |
| Michele Bianchi General Counsel | 35.00 1.00 | X | | | | | | 179,245 | 29,081 | 23,972 |
| Elida Hernandez CFO | 35.00 1.00 | X | | X | | | | 181,066 | 14,881 | 30,096 |
| Beth Seaman Dir. of Finance | 35.00 0.00 | | | | | | | 158,836 | 0 | 43,472 |
| Angel Gutierrez Vice President | 35.00 0.00 | | | | | | | 154,761 | 0 | 40,852 |
| Frank Burr CIO | 35.00 0.00 | | | | | | | 148,414 | 0 | 34,214 |
| Heidi Jesswein-Darville Development Dir | 35.00 0.00 | | | | | | | 137,888 | 0 | 37,014 |
| Laura E Rios Vice President | 35.00 0.00 | | | | | | | 143,573 | 0 | 30,545 |
| Msgr Michael Boland President & CEO | 35.00 0.00 | X | | X | | | | 138,208 | 0 | 14,698 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Linda Abbott Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Kathleen M Almaney Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Richard W Burke Sr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Charles F Clarke Jr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| John J Burke Jr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Kevin W Cleary Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Benjamin Jagoe Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| James R Figliulo Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Martha FitzGerald Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| David Hoeser Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dr Louis J Glunz Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| William L Hardy Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| John J Hartman Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Brian Masterson Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Judith Kendzior Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Mark A Hoppe Secretary | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Mark L Noetzel Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Dr Janice R Klich Chairman | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| William L Lamey Jr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Ronald P Laurent Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Christopher E Lawler Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Joseph F Luby Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| John J Lynch Jr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| David K McHugh Treasurer | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Michael L Monticello Director | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Lawrence P Morris Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Mary S Feeley Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Charles W Mulaney Jr Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Timothy J Rivelli Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| James M Ryan Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michael P Kendall Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Dennis Marks Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| David Muhlenkamp Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Jude P Zwick Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Michael Ryan Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Leonard E Wiatr Chairman | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Timothy Richards Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Clement V Martin Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Mary Carlson Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Gerard Kenny Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Rene Medina Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Anne Kelly Williams Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Deborah Lambert Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Emile Johnson Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Daniel A Marinez Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| James M Herrmann Director | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| M Therese Krieger Director | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Michael Ward Director | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Catholic Charities of the Archdiocese of Chicago

Employer identification number
36-2170821

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 120,493,883 | 123,983,541 | 118,349,439 | 113,407,208 | 153,920,970 | 630,155,041 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 45,479,253 | 38,544,046 | 36,748,923 | 35,985,711 | 11,570,281 | 168,328,214 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 165,973,136 | 162,527,587 | 155,098,362 | 149,392,919 | 165,491,251 | 798,483,255 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 0 |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 798,483,255 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6. | 165,973,136 | 162,527,587 | 155,098,362 | 149,392,919 | 165,491,251 | 798,483,255 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,394,194 | 1,172,642 | 1,477,904 | 2,630,857 | 3,932,681 | 10,608,278 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0 |
| c Add lines 10a and 10b. | 1,394,194 | 1,172,642 | 1,477,904 | 2,630,857 | 3,932,681 | 10,608,278 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | -2,776 | -2,905 | 193,093 | 92,723 | | 280,135 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 180,553 | 162,780 | 158,395 | 158,807 | 165,871 | 826,406 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 167,545,107 | 163,860,104 | 156,927,754 | 152,275,306 | 169,589,803 | 810,198,074 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.550 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 98.800 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.310 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 1.060 % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID: 19009923

Software Version: 2019v5.0

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese
of Chicago

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization Catholic Charities of the Archdiocese of Chicago | Employer identification number 36-2170821 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|-------------------------------------|--|------------|---|--|
| (1) Advantage Government Strategies | 134 N LaSalle St Ste 2010 Chicago, IL 60602 | 81-2755689 | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 30,000 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 30,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
Catholic Charities of the Archdiocese of Chicago

Employer identification number
36-2170821

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 74,599,933 | 74,597,738 | 61,352,705 | 56,227,412 | 56,021,288 |
| b Contributions | 793,395 | 3,071,909 | 9,849,386 | 2,286,778 | 1,265,409 |
| c Net investment earnings, gains, and losses | 1,423,446 | 422,023 | 4,621,255 | 5,247,308 | 1,047,613 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 5,455,568 | 3,491,737 | 1,225,610 | 2,408,793 | 2,106,898 |
| f Administrative expenses | | | | | |
| g End of year balance | 71,361,206 | 74,599,933 | 74,597,736 | 61,352,705 | 56,227,412 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 85.700 %
 - b** Permanent endowment ▶ 11.300 %
 - c** Temporarily restricted endowment ▶ 3.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 4,449,845 | | 4,449,845 |
| b Buildings | | 12,335,290 | 5,649,591 | 6,685,699 |
| c Leasehold improvements | | 25,096,017 | 17,814,629 | 7,281,388 |
| d Equipment | | 6,132,105 | 5,469,658 | 662,447 |
| e Other | | 9,822,604 | 2,712,874 | 7,109,730 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 26,189,109 |

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | ▶ 12,650,852 | |

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 127,463,834 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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

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

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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| | |

Additional Data

Software ID: 19009923

Software Version: 2019v5.0

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese
of Chicago

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Part V, Line 4: Intended uses of the endowment fund. | The purpose of the endowment funds is to provide a source of funds to be used by the organization for operating programs in accordance with the governing board's policy and/or in the case of donor-restricted funds in accordance with the donor's restrictions. |

Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Part X : FIN48 Footnote | Catholic Charities adopted FIN No. 48 in 2008, and the impact of adoption was not material. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Catholic Charities of the Archdiocese
of Chicago

Employer identification number

36-2170821

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | 2 | | | 20,578 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 2 | | | 20,578 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID: 19009923

Software Version: 2019v5.0

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese
of Chicago

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------|-------------------------------------|---|--|--|-----------------------------------|
| Europe - Poland | 0 | 1 | Program services | Liaison to the Polish Adoption Program | 9,724 |
| Americas - Mexico | 0 | 1 | Program services | Liaison to the Mexican Adopt. | 10,854 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| Revenue | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|--|--|-----------------------------|---------------------------------|
| | <u>St. Nicholas Ball</u> (event type) | <u>LOSS 40th Anniversary</u> (event type) | <u>22</u> (total number) | (add col. (a) through col. (c)) |
| 1 Gross receipts | 1,714,704 | 814,432 | 2,804,765 | 5,333,901 |
| 2 Less: Contributions | 408,343 | 377,607 | 969,274 | 1,755,224 |
| 3 Gross income (line 1 minus line 2) | 1,306,361 | 436,825 | 1,835,491 | 3,578,677 |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | 3,000 | | 172,385 | 175,385 |
| 7 Food and beverages | 260,662 | 74,429 | 260,998 | 596,089 |
| 8 Entertainment | 6,250 | | 7,575 | 13,825 |
| 9 Other direct expenses | 164,040 | 6,697 | 373,913 | 544,650 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 1,329,949 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 2,248,728 |

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

| Revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|--|--|--|--|
| | 1 Gross revenue | | | 82,502 |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | 9,485 | 9,485 |
| 5 Other direct expenses | | | 13,124 | 13,124 |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 22,609 |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 59,893 |

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.000 % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Araceli Canuto

Address ▶ 721 North LaSalle Chicago, IL 60654

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Hannah Seaver

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ Coordinates volunteers

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference

Explanation

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) Food | 137947 | 512,835 | | | |
| (2) Clothing | 248 | 13,613 | | | |
| (3) General Client Assistance | 38639 | 2,141,728 | | | |
| (4) Client Transportation | 248 | 146,447 | | | |
| (5) Client Activity | 436 | 59,682 | | | |
| (6) Fostercare Board Assistance | 9 | 85,845 | | | |
| (7) Shelter/Utilities | 38158 | 9,993,355 | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|--|
| Grantmaker's Description of How Grants are Used | The organization receives funding for grant funds by various funding bodies each with its own predetermined procedure for monitoring the use of grant funds. The organization complies with the respective funding body's monitoring procedures. |

Additional Data

Software ID: 19009923
Software Version: 2019v5.0
EIN: 36-2170821
Name: Catholic Charities of the Archdiocese
of Chicago

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

| | | | | |
|---------------------------|--------|-----------|--|--|
| Food | 137947 | 512,835 | | |
| Food | 137947 | 512,835 | | |
| Clothing | 248 | 13,613 | | |
| General Client Assistance | 38639 | 2,141,728 | | |
| Client Transportation | 248 | 146,447 | | |
| Client Activity | 436 | 59,682 | | |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. | | | | |
|---|-------|-----------|--|--|
| Fostercare Board Assistance | 9 | 85,845 | | |
| Fostercare Board Assistance | 9 | 85,845 | | |
| Shelter/Utilities | 38158 | 9,993,355 | | |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization Catholic Charities of the Archdiocese of Chicago | Employer identification number 36-2170821 |
|--|--|

Part I Questions Regarding Compensation

| | Yes | No |
|--|---------------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account | | |
| <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 Yes | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | No |
| b Any related organization? | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | No |
| b Any related organization? | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|--|
| Part I, Line 1a: Relevant information in regards to selections on 1a. | Semi annual gross up payments are made to priests to cover ministerial expenses. As a priest of the Archdiocese of Chicago, the CEO/Administrator is provided with a residence in Archdiocesan property. |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Catholic Charities of the Archdiocese of Chicago

Employer identification number 36-2170821

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Emile Johnson | Director | 1,150,514 | Food Purchases | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Charities of the Archdiocese
of Chicago

Employer identification number
36-2170821

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (Toy Shower) | | 17,036 | 1,025,547 | Avg. Cost |
| 26 Other ▶ (Food) | | 1,647,605 | 2,473,000 | Avg. Cost |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | |
|----|--|
| 29 | |
|----|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | No |
| 31 | | No |
| 32a | | No |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4d: Other Program Services Description | <p>OTHER PROGRAM SERVICES 4: Education and Training serves individuals from birth to adulthood. Families with young children through age twelve are able to use one of seven Head Start or Child Care centers throughout Cook County. The Peace Corner provides after school enrichment programs to children in the Austin Community. Employment programs are offered to high school youth in the summer, and adults throughout the year, to equip people with the skills they need to be successful in the workplace. Total Clients Served: 1,706 OTHER PROGRAM SERVICES 5: Basic Human Needs - provision of emergency food and shelter, clothing, financial assistance, and transportation. Total Clients Served: 154,511 OTHER PROGRAM SERVICES 6: Senior Care - provides daily care to vulnerable senior and disabled individuals who require additional assistance to remain out of long-term institutional care. Individuals and their families benefit from day care services for seniors. Total Clients Served: 1,795</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et | James Ryan, a member of the Board of Directors, is related to John Ryan who is also a member of the Board of Directors and an employee of the organization |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder | The organization's Corporate Member is the Catholic Bishop of Chicago. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body | The governing body is elected as set out in the Corporate By-Laws under sections 3.2 and 5.2. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders | Decisions of the governing body may be subject to the approval by the Corporate Member as set out in the Corporate By-Laws under sections 2.2 and 2.3. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b: Form 990 Review Process | The Board of Directors has delegated the review and approval of the Form 990 to the Audit Committee. The Audit Committee reviewed and approved the Form 990 on January 29, 2021 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts | On an annual basis, officers, directors and key employees are required to complete and sign a conflict of interest form where they disclose any potential conflicts of interest or affirmatively state that there are no conflicts of interest. Potential conflicts of interest are investigated and documented. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management | On an annual basis, the Executive Compensation Committee reviews and approves the compensation of covered employees which includes the CEO and other executives. In its review and approval of compensation, the Committee shall affirmatively determine that compensation is reasonable to the organization based on information sufficient to determine whether the value of services is the amount that would ordinarily be paid for like services by like enterprises that are tax exempt under like circumstances. Relevant information includes but is not limited to, compensation levels paid by similarly situated organizations that are tax exempt, for functionally comparable positions. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees | On an annual basis, the Executive Compensation Committee reviews and approves the compensation of covered employees which includes the CEO and other executives. In its review and approval of compensation, the Committee shall affirmatively determine that compensation is reasonable to the organization based on information sufficient to determine whether the value of services is the amount that would ordinarily be paid for like services by like enterprises that are tax exempt under like circumstances. Relevant information includes but is not limited to, compensation levels paid by similarly situated organizations that are tax exempt, for functionally comparable positions. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 18: Explanation of Other Means Forms Available For Public Inspection | Form 1023 is not applicable. Catholic Charities' tax exemption status is covered under the U.S. Conference of Catholic Bishops group exemption ruling. Catholic Charities' Form 990 is available on Guidestar's website. Guidestar receives the Agency's Form 990 directly from the IRS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 19: Other Organization Documents Publicly Available | Governing documents and Conflict of Interest Policy are available upon request. The Agency's audited financial statements are available on our website. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Increases | Non-Service Component of Net Period Cost = \$92462 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Pension Changes Other Than Net Periodic Cost = -\$21848184 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| Part XI Lines 1-3: Financial Stmtns | <p>The organization's financial statements were not audited as a stand alone organization but rather audited by an independent auditor as part of a consolidated entity which includes the organization and its related affiliates and is referred to as the Catholic Charities of the Archdiocese of Chicago Combined Financial Statements. The organization's audit committee assumes the responsibility of the audit of the combined financial statements. The audit committee of the organization's sole member is responsible in the selection of an independent accountant. The organization did undergo the required audit set forth in the Single Audit Act and OMB Circular A-133, as part of a consolidation. The audit report is referred to the Administrative and Service Delivery Operations of the Archdiocese of Chicago.</p> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Charities of the Archdiocese
of Chicago

Employer identification number

36-2170821

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) St Leo Residence LP 721 N LaSalle Street Chicago, IL 606543503 83-0378871 | Real Estate | IL | N/A | | | | | No | | | No | |
| (2) Cortland Manor LLC 721 N LaSalle Street Chicago, IL 606543503 36-4482230 | Real Estate | IL | N/A | | | | | No | | | No | |
| (3) Bishop Conway Apartments LLC 721 N LaSalle Street Chicago, IL 60654 83-4073506 | Real Estate | IL | N/A | | | | | No | | | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Cortland Manor Development Corporation 721 N La Salle St Chicago, IL 606543503 36-4505393 | Real Estate | IL | N/A | | | | | | No |
| (2) St Leo Development Association 721 N La Salle St Chicago, IL 606543503 83-0378870 | Real Estate | IL | N/A | | | | | | No |
| (3) Crisp Mobile Grocery L3C 721 N La Salle St Chicago, IL 60654 46-1073616 | Produce Grocer | IL | N/A | | | | | | No |
| (4) Veterans Independent Painting L3C 721 N La Salle St Chicago, IL 60654 46-1063107 | Painting Services | IL | N/A | | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID: 19009923
Software Version: 2019v5.0
EIN: 36-2170821
Name: Catholic Charities of the Archdiocese
of Chicago

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---------------------------------------|--|----------------------------|---|---|--|----|
| | | | | | | Yes | No |
| 12220 S Will Cook Road Palos Park, IL 60464 36-3680983 | Skilled Nursing Facility | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3580405 | Subsidized Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4325317 | Subsidized Real Estate Development | IL | 501c3 | 11 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3519061 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3686967 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3867486 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3932659 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3867489 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3932662 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4188920 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-3985169 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4223533 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4223536 | Assisted Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4188922 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4435695 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-4526043 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 80-0097745 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 90-0213451 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 60654 47-0950766 | Assisted Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 835 N Rush Street Chicago, IL 60611 36-2170826 | Church | IL | 501c3 | 1 | US Conference of Catholic Bishops | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---------------------------|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| 721 N LaSalle Street Chicago, IL 606543503 36-2171745 | Social Services | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle Street Chicago, IL 606543503 20-8032139 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle St Chicago, IL 60654 27-3362317 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 2050 Ballenger Avenue Alexandria, VA 22314 45-6491273 | Health Insurer | VA | 501c9 | | N/A | | No |
| 721 N LaSalle St Chicago, IL 60654 45-5299589 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | No |
| 721 N LaSalle St Chicago, IL 60654 36-2167738 | Domestic Violence Shelter | IL | 501c3 | 7 | Catholic Charities of the Arch of Chgo | | No |
| 721 N LaSalle St Chicago, IL 60654 20-2940156 | Youth Programs | IL | 501c3 | 7 | Catholic Charities of the Arch of Chgo | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|------------------------------|------------------------|--|
| Holy Family Villa | l | 1,205,476 | Cost |
| Holy Family Villa | q | 9,278,423 | Cost |
| Options for Housing Inc | j | 87,052 | Cost |
| Options for Housing Inc | l | 90,522 | Cost |
| Options for Housing Inc | q | 838,900 | Cost |
| Catholic Charities Housing Development | j | 7,937 | Cost |
| Catholic Charities Housing Development | l | 44,043 | Cost |
| Catholic Charities Housing Development | q | 41,588 | Cost |
| Roseland Senior Housing Corporation | l | 154,073 | Cost |
| Roseland Senior Housing Corporation | q | 207,120 | Cost |
| Hayes Senior Housing Corporation | l | 145,633 | Cost |
| Hayes Senior Housing Corporation | q | 229,092 | Cost |
| Matthew Senior Housing Corporation | l | 260,764 | Cost |
| Matthew Senior Housing Corporation | q | 486,184 | Cost |
| Tolton Senior Housing Corporation | l | 173,443 | Cost |
| Tolton Senior Housing Corporation | q | 301,621 | Cost |
| Frances Manor Senior Housing Corporation | l | 161,683 | Cost |
| Frances Manor Senior Housing Corporation | q | 333,246 | Cost |
| Lawrence Manor Senior Corporation | l | 234,934 | Cost |
| Lawrence Manor Senior Corporation | q | 377,779 | Cost |
| Bernardin Senior Housing Corporation | l | 355,076 | Cost |
| Bernardin Senior Housing Corporation | q | 512,055 | Cost |
| Ailbe Senior Housing Corporation | l | 298,649 | Cost |
| Ailbe Senior Housing Corporation | q | 392,176 | Cost |
| Sabina Senior Housing Corporation | l | 171,520 | Cost |

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|---|-------------------------------------|-------------------------------|---|
| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
| Sabina Senior Housing Corporation | q | 289,423 | Cost |
| Ailbe Assisted Housing Corporation | l | 16,363 | Cost |
| Ailbe Assisted Housing Corporation | q | 16,920 | Cost |
| Peter Claver Senior Housing Corporation | l | 161,005 | Cost |
| Peter Claver Senior Housing Corporation | q | 213,651 | Cost |
| Brendan Senior Housing Corporation | l | 150,618 | Cost |
| Brendan Senior Housing Corporation | q | 205,287 | Cost |
| Goedert Senior Housing Corporation | l | 161,805 | Cost |
| Goedert Senior Housing Corporation | q | 231,800 | Cost |
| North Center Senior Housing NFP | l | 185,633 | Cost |
| North Center Senior Housing NFP | q | 285,358 | Cost |
| Northlake Senior Housing NFP | l | 159,635 | Cost |
| Northlake Senior Housing NFP | q | 289,400 | Cost |
| St Leo Assisted Housing NFP | l | 37,628 | Cost |
| St Leo Assisted Housing NFP | q | 52,218 | Cost |
| Catholic Bishop of Chicago | p | 3,901,472 | Cost |
| Palos Park Senior Housing NFP | l | 177,905 | Cost |
| Palos Park Senior Housing NFP | q | 318,037 | Cost |
| All Saints Senior Housing NFP | l | 98,578 | Cost |
| All Saints Senior Housing NFP | q | 143,550 | Cost |
| The Catholic Charities USA Employee Welf | p | 15,927,311 | Cost |
| Porta Coeli Senior Housing NFP | l | 194,622 | Cost |
| Porta Coeli Senior Housing NFP | q | 259,957 | Cost |
| House of the Good Shepherd | l | 102,187 | Cost |
| House of the Good Shepherd | q | 610,882 | Cost |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| Peace Corner | l | 31,107 | Cost |
| Peace Corner | q | 183,222 | Cost |
| St Leo Residence LP | q | 437,360 | Cost |
| Cortland Manor LLC | l | 145,414 | Cost |
| Cortland Manor LLC | q | 700,486 | Cost |