

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
CATHOLIC CHARITIES OF LOS ANGELES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1531 JAMES M WOOD BLVD

City or town, state or province, country, and ZIP or foreign postal code  
LOS ANGELES, CA 90015

**D** Employer identification number  
95-1690973

**E** Telephone number  
(213) 251-3400

**G** Gross receipts \$ 93,545,979

**F** Name and address of principal officer:  
MONSIGNOR GREGORY A COX  
1531 JAMES M WOOD BLVD  
LOS ANGELES, CA 90015

**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.CATHOLICCHARITIESLA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1937

**M** State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
OPERATE 20 CENTERS, 7 SHELTERS & 16 PROGRAM SITES REMOVING BARRIERS TO SELF-SUFFICIENCY & WHOLENESS.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	37
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	36
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	392
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,684
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	36,433,137	51,227,920
<b>9</b> Program service revenue (Part VIII, line 2g)	11,332,117	11,462,974
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,375	1,729,601
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	539,046	570,171
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,727,675	64,990,666
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	53,576	27,796
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,161,464	17,311,370
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	52,000	2,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 521,721		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,441,611	28,541,008
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	43,708,651	45,882,174
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,019,024	19,108,492
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	77,150,814	100,552,864
<b>21</b> Total liabilities (Part X, line 26)	9,186,733	9,269,537
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	67,964,081	91,283,327

**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: \*\*\*\*\*  
Date: 2020-07-15  
MONSIGNOR GREGORY A COX EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ARMANINO LLP  
Preparer's signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check  if self-employed  
PTIN: P00650274  
Firm's EIN: ▶ 94-6214841  
Firm's address: ▶ 11766 WILSHIRE BLVD 9TH FLOOR  
LOS ANGELES, CA 90025  
Phone no. (310) 478-4148

**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 OF LOS ANGELES (CCLA) IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE, PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. CCLA OPERATES 20 CENTERS, 7 HOMELESS SHELTERS & 16 PROGRAM SITES WITH COMPASSION & PROFESSIONALISM FOR THOSE WHO COME TO IT PROVIDING A HOLISTIC COMBINATION OF SERVICES THAT REMOVE BARRIERS TO SELF-SUFFICIENCY & WHOLENESS.

**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 \$ 14,740,825 including grants of \$ 27,796 ) (Revenue \$ 434,230 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 11,761,652 including grants of \$ ) (Revenue \$ 10,565,439 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 7,586,807 including grants of \$ ) (Revenue \$ 123,722 )  
See Additional Data

(Code: ) (Expenses \$ 7,302,076 including grants of \$ ) (Revenue \$ 339,583 )

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES HAS SERVED OVER 100,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2019, AYES PROVIDED OVER 10,000 SERVICES TO OVER 2,600 UNDER-PRIVILEGED YOUTH AND YOUNG ADULTS SUCH AS JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY & CITY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, ROSS-DRESS-FOR-LESS, WALGREENS, WSS (WAREHOUSE SHOE SALE), FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.WITH FIELD OFFICES IN CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND USC. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES INCLUDING JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- NUMERACY GAINS. THESE JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS, REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION. IMPROVING THE FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND OPPORTUNITIES FOR THE ENTIRE COMMUNITYCYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH. IN FISCAL 2019, CYO SERVED OVER 840 YOUTH.IN ADDITION TO THE YOUTH, EACH YEAR CYO TRAINS COACHES AND PARENTS THROUGH THE "PLAY LIKE A CHAMPION" PROGRAM DEVELOPED BY THE CENTER FOR ETHICAL EDUCATION AT THE UNIVERSITY OF NOTRE DAME. CYO CONTINUES TO PROVIDE THE CHILDREN OF LOS ANGELES COUNTY- MANY OF WHOM ARE CONSIDERED "AT RISK" - WITH A QUALITY ATHLETIC PROGRAM THAT ENHANCES THEIR PHYSICAL AND MENTAL DEVELOPMENT AND MATURITY.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 7,302,076 including grants of \$ ) (Revenue \$ 339,583 )

**4e** Total program service expenses **▶** 41,391,360

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 23-38 covering various organizational requirements and schedules J through O.

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/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	392		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</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>		<b>3b</b>			
<b>4a</b> 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)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> 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? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	Yes		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>			
<b>b</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 . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> 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 . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (37); 1b Enter the number of voting members included in line 1a, above, who are independent (36); 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 The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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 The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 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. [X] Own website [X] Another's website [X] Upon request [ ] 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: SARAH ELDER C/O CCLA 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015 (213) 251-3400

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
See Additional Data Table										

Part VII <b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>									
(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			
See Additional Data Table									
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						859,927	0	168,923	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LA MORAGA COMMUNICATIONS 4088 JEFFERSON STREET RIVERSIDE, CA 92504	DESIGN & PRINTING	116,463

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,596,000		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	18,112,000		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	16,300,790		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	15,219,130		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		9,928,333		
	<b>h Total.</b> Add lines 1a-1f . . . . .		51,227,920		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> CITIZENSHIP/IMMIGRAT.		900099	7,406,484	7,406,484	
	<b>b</b> LEGAL SERVICES		541100	3,158,955	3,158,955	
	<b>c</b> OTHER PROGRAM REVENUE		900099	391,064	391,064	
	<b>d</b> YOUTH SPORTS LEAGUE		713990	339,584	339,584	
	<b>e</b> DAYCARE TUITION		624410	166,887	166,887	
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f . . . . .			11,462,974		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			230,055			230,055	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss) . . . . .			1,499,546			1,499,546
	<b>8a</b> Gross income from fundraising events (not including \$ 1,596,000 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		725,943			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			78,637			78,637
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		28,212			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			759			27,453
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> THRIFT STORE SALES		453310	391,945			391,945		
<b>b</b> OTHER		900099	66,573			66,573		
<b>c</b> CYO SALES		711210	5,563			5,563		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			464,081					
<b>12 Total revenue.</b> See Instructions. . . . .			64,990,666	11,462,974	0		2,299,772	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	22,796	22,796		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	267,147		267,147	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	13,446,234	11,192,677	1,996,047	257,510
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	534,477	416,745	102,633	15,099
<b>9</b> Other employee benefits . . . . .	1,576,058	1,327,690	219,655	28,713
<b>10</b> Payroll taxes . . . . .	1,487,454	1,271,004	197,422	19,028
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	332,427	325,469	6,958	
<b>c</b> Accounting . . . . .	46,008	41,280	4,260	468
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	2,000			2,000
<b>f</b> Investment management fees . . . . .	47,500		47,500	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	280,935	236,979	41,293	2,663
<b>12</b> Advertising and promotion . . . . .	47,694			47,694
<b>13</b> Office expenses . . . . .	943,375	691,820	158,053	93,502
<b>14</b> Information technology . . . . .	495,211	212,541	252,049	30,621
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,368,396	1,974,795	369,984	23,617
<b>17</b> Travel . . . . .	12,762	11,128	1,634	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	158,046	48,423	109,513	110
<b>20</b> Interest . . . . .	103,637	102,207	1,430	
<b>21</b> Payments to affiliates . . . . .	42,431		42,431	
<b>22</b> Depreciation, depletion, and amortization . . . . .	697,021	640,456	56,565	
<b>23</b> Insurance . . . . .	479,403	445,057	33,650	696
<b>24</b> 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.)				
<b>a</b> EMERGENCY AND FINANCIAL	10,872,868	10,872,825	43	
<b>b</b> PROGRAM SUBCONTRACTORS	7,807,585	7,807,585		
<b>c</b> PARTICIPANT PAYROLL	2,927,292	2,927,292		
<b>d</b> THRIFT STORE GOODS	402,310	402,310		
<b>e</b> All other expenses	476,107	415,281	60,826	
<b>25</b> Total functional expenses. Add lines 1 through 24e	45,882,174	41,391,360	3,969,093	521,721
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,814,614	<b>1</b>	925,018
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	3,836,569	<b>4</b>	4,453,122
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	824,747	<b>9</b>	354,482
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 44,062,065		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,345,549	14,831,842	<b>10c</b> 33,716,516
	<b>11</b> Investments—publicly traded securities . . . . .	26,323,842	<b>11</b>	27,374,655
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	16,679	<b>12</b>	16,293
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	29,502,521	<b>15</b>	33,712,778
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	77,150,814	<b>16</b>	100,552,864	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,205,101	<b>17</b>	4,655,717
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,095,989	<b>23</b>	4,198,189
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	885,643	<b>25</b>	415,631
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,186,733	<b>26</b>	9,269,537
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	27,472,421	<b>27</b>	49,893,723
	<b>28</b> Temporarily restricted net assets . . . . .	39,690,547	<b>28</b>	40,588,491
	<b>29</b> Permanently restricted net assets	801,113	<b>29</b>	801,113
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	67,964,081	<b>33</b>	91,283,327	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	77,150,814	<b>34</b>	100,552,864	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	64,990,666
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,882,174
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,108,492
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	67,964,081
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	497
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	4,210,257
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	91,283,327

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Software ID:****Software Version:****EIN:** 95-1690973**Name:** CATHOLIC CHARITIES OF LOS ANGELES INC

Form 990 (2018)

**Form 990, Part III, Line 4a:**

COMMUNITY CENTERS: CCLA'S COMMUNITY CENTERS AT 20 STRATEGICALLY LOCATED SITES, ARE A FIRST POINT OF HELP FOR PEOPLE IN NEED. THE CENTERS OFFER SUPPORTIVE SERVICES AIMED AT BREAKING CYCLES OF POVERTY AND HOMELESSNESS IN COMMUNITIES. EACH CENTER IS UNIQUE IN ITS APPROACH AND IN ITS DELIVERY OF HELP. OVER 398,000 SERVICES WERE PROVIDED TO OVER 48,000 CLIENTS IN FISCAL 2019. IN ADDITION TO EMERGENCY DISASTER SERVICES AND BASIC NEEDS SERVICES SUCH AS PROVIDING FOOD, CLOTHING, RENT, AND UTILITIES PAYMENTS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: JOB TRAINING, ENGLISH AS A SECOND LANGUAGE FINANCIAL LITERACY, GED PREPARATION, LEGAL ASSISTANCE, LINKAGES TO OTHER SOURCES OF SUPPORT, LITERACY SESSIONS, MEDICAL COUNSELING AND REFERRALS, MENTAL HEALTH TREATMENT AND REFERRALS, NUTRITION AND HEALTHY FOOD CLASSES, PARENTING WORKSHOPS, SUPPORT FOR SUBSTANCE ABUSE RECOVERY, TUTORING, SPECIAL SERVICES FOR SENIORS, DAY CARE AND ARTS PROGRAMS FOR CHILDREN. CCLA PROVIDES OVER 70 DIFFERENT TYPES OF SERVICES AS DEFINED BY THE CODING SYSTEM USED BY THE IRS. CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTATED PROCESS FOR ASSESSING THE NEED OF AN INDIVIDUAL OR FAMILY FOR SPECIFIC SERVICES AND ASSISTING THEM TO OBTAIN THOSE SERVICES. OUR VOLUNTEERS ARE THE HEART OF THE ORGANIZATION. CCLA'S OVER 1,700 VOLUNTEERS PROVIDED OVER 119,000 HOURS OF THEIR TIME. BECAUSE OF THEIR TIME AND ENERGY CCLA WAS ABLE TO REDUCE THE COST OF SERVICE DELIVERY, EXTEND OUR ALREADY STRETCHED SERVICES REACH AND INCREASE OUR CONTACT WITH THE GREATER COMMUNITY. ALL OF OUR CENTERS HAVE CLIENTS THAT VOLUNTEER TO HELP OTHERS. OUR VOLUNTEERS PROVIDE COMPASSIONATE SERVICE TO CLIENTS, CLERICAL SUPPORT TO OUR STAFF, AND FUNDRAISING & LEADERSHIP TO OUR ADVISORY BOARDS AND PROGRAMS. THEY FILL VARIOUS ROLES AS TEACHERS, TUTORS, MENTORS AND COMPANIONS TO OUR CLIENTS. THEY ORGANIZE EVENTS, COACH YOUTH SPORTS TEAMS AND DEVELOP NEW RESOURCES. THEY PROVIDE LOGISTICAL SUPPORT AND LOCATE, PROCURE, PREPARE AND DELIVER FOOD. THEY PROVIDE COMFORT TO OTHERS AND ADVOCATE FOR THE GREATER GOOD. ACCORDING TO THE INDEPENDENT SECTOR, THE MONETARY VALUE OF THEIR TIME WAS OVER \$3.8 MILLION DOLLARS. LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE DELIVER FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE MID-SAN FERNANDO VALLEY. THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, OFFERS FOOD AND POVERTY SERVICES TO CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS. IN FISCAL 2019, OVER 6,900 SERVICES WERE PROVIDED BY THE VAN NUYS CENTER TO OVER 1,200 CLIENTS. THE GLENDALE COMMUNITY CENTER HELPS FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES, IMMIGRANTS AND REFUGEES, AND THE WORKING POOR. PARTICIPANTS HAVE ACCESS TO JOB COUNSELING, RESUME BUILDING SERVICES, RENTAL ASSISTANCE, MOTEL VOUCHERS, ADVOCACY, AND FOOD AND DISTRIBUTION SERVICES. THE CENTER SERVED OVER 1,700 CLIENTS, PROVIDING THEM WITH OVER 14,000 SERVICES IN FISCAL 2019. GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPS INDIVIDUALS WITH BASIC NEEDS SERVICES SUCH AS FOOD, CLOTHING AND DIAPERS. THE CENTER ALSO HOSTS A MY CLUB FOR AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE WHICH OFFERS A MULTITUDE OF ENRICHMENT PROGRAMS INCLUDING ART, DANCE, MUSIC, CULTURAL HERITAGE PROGRAMS AND RECREATIONAL FACILITIES. THE ALL-DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS BENEFIT LOW-INCOME CHILDREN. THE OASIS PROGRAM BASED AT THE GUADALUPE COMMUNITY CENTER IN CANOGA PARK ASSISTS SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES WHO HELPED KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS. THE GUADALUPE COMMUNITY CENTER PROVIDED OVER 18,000 SERVICES TO OVER 2,200 CLIENTS IN FISCAL 2019. THE TEMPORARY SKILLED WORKERS PROGRAM IN BURBANK IS A COLLABORATIVE EFFORT BETWEEN THE CITY OF BURBANK, THE BURBANK POLICE DEPT., CCLA AND DAY LABORERS THAT MANAGE AND OPERATE A FIXED HIRING SITE WHERE PROSPECTIVE LABORERS CAN ASSEMBLE TO LAWFULLY SOLICIT TEMPORARY EMPLOYMENT WITHOUT CAUSING PROBLEMS FOR THE SURROUNDING COMMUNITY. A TOTAL OF 137 WORKERS WERE SERVED BY THIS PROGRAM IN FISCAL 2019. THE SAN GABRIEL REGION HAS TWO CENTERS THAT OPERATE THE SNAP-ED PROGRAM. THE PROGRAM IS SUPPORTED WITH FEDERAL FUNDING THROUGH CATHOLIC CHARITIES OF CALIFORNIA AND IS FOCUSED ON PROVIDING INFORMATION AND SKILLS TO PROMOTE HEALTHY EATING HABITS AND ACTIVE LIFESTYLES. A SIX-WEEK COURSE WITH AN EVIDENCE-BASED CURRICULUM PROVIDES THE FOUNDATION FOR HEALTH INFORMATION. THE STAFF, AS WELL AS THE CLIENTS, BENEFIT FROM THE EMPHASIS ON HEALTHY CHOICES. BROWNSON HOUSE (EAST LA), SAN JUAN DIEGO IN EL MONTE, AND THE POMONA COMMUNITY SERVICES CENTER DELIVER SERVICES SUCH AS THE BASIC NEEDS PROGRAM (FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION, AND UTILITIES SUBSIDIES) AND WORKSHOPS THAT FOCUS ON MENTAL WELLNESS, LIFE SKILLS TRAINING, AND REMOVING THE STIGMA OF MENTAL ILLNESS. ADDITIONALLY, AT BROWNSON HOUSE THERE ARE EXERCISE CLASSES FOR ADULTS, KARATE CLASSES FOR YOUTH, A SUMMER PROGRAM FOR CHILDREN AND EDUCATIONAL LECTURES DESIGNED FOR SENIORS SPECIFICALLY FOR THEM. HOLIDAYS ARE BRIGHTENED FOR LOW-INCOME CLIENTS BY DONATIONS OF THANKSGIVING, CHRISTMAS AND EASTER BASKETS. AT THE ANNUAL BACK-TO-SCHOOL PARTY, CHILDREN RECEIVE BACKPACKS FILLED WITH SCHOOL SUPPLIES. WHENEVER POSSIBLE, THE HOMELESS ARE INVOLVED IN THE DESIGNING THE PROGRAM SERVICES. IN FISCAL 2019, BROWNSON HOUSE SERVED OVER 2,500 CLIENTS WITH OVER 19,000 SERVICES. IN ADDITION TO THE BASIC NEEDS PROGRAM, THE SAN JUAN DIEGO CENTER PROVIDES ALSO PROVIDES NUTRITION WORKSHOPS, RENTAL ASSISTANCE, BACK TO SCHOOL HAIRCUTS & SUPPLIES, CHRISTMAS BASKETS, AND HELP IN APPLYING FOR CALFRESH. THIS CENTER IN EL MONTE PROVIDED OVER 16,000 SERVICES TO MORE THAN 4,000 CLIENTS IN FISCAL 2019. AT THE POMONA COMMUNITY SERVICES CENTER, IN THE CITY SPONSORED SOCIAL SERVICES BUILDING, CCLA ASSISTS CLIENTS WITH PROGRAMS SUCH AS HOMELESS PREVENTION, UTILITIES ASSISTANCE, AND CHRISTMAS ADOPT-A-FAMILY PROGRAM, AS WELL AS LINKAGES TO COMMUNITY RESOURCES AND RENTAL ASSISTANCE IN COLLABORATION WITH INLAND VALLEY HOPE PARTNERSHIP. IN FISCAL 2019, THE CENTER SERVED OVER 1,800 CLIENTS. IN THE SAN PEDRO REGION, THE LONG BEACH COMMUNITY CENTER AND PICO RIVERA FAMILY RESOURCE CENTER HELP NEEDY CLIENTS AND PROVIDE THEM WITH SERVICES SUCH AS FOOD, MOTEL AND TAXI VOUCHERS, CLOTHING, LINKAGES TO COMMUNITY UTILITY ASSISTANCE, BABY DIAPERS & FORMULA, HYGIENE KITS, CASE MANAGEMENT, JOB FINDING SERVICES, MAIL SERVICES, AND RENTAL ASSISTANCE TO HOMELESS FAMILIES. ASSISTANCE WITH APPLYING FOR FOOD STAMPS AND NAVIGATING THE NEW CALIFORNIA HEALTH INSURANCE SYSTEM IS ALSO OFFERED. ONCE A WEEK THE ST. MARY'S MOBILE HEALTH CLINIC COMES TO OFFER HEALTH SCREENINGS. THE LONG BEACH COMMUNITY CENTER OPERATES THE GATEWAY PROJECT, A FRIENDLY VISITOR PROGRAM, WHICH SUPPLIES GROCERIES, UTILITIES' ASSISTANCE, AND TAXI & VOUCHERS TO THE FRAIL ELDERLY. THE PROJECT PROVIDES CASE MANAGEMENT AND REFERRAL SERVICES FOR QUALIFIED LOW-INCOME CLIENTS WITH SPECIFIC NEEDS AND HARDSHIPS. IN FISCAL 2019, ALMOST 28,000 SERVICES WERE PROVIDED TO OVER 3,600 CLIENTS AT THE LONG BEACH COMMUNITY CENTER, WHILE APPROXIMATELY 14,000 SERVICES WERE PROVIDED TO ABOUT 900 CLIENTS AT THE PICO RIVERA FAMILY RESOURCE CENTER. ST. ROBERT'S CENTER IN VENICE, CA HAS A WEEKEND FOOD PROGRAM WHICH SUPPLIES HOMELESS AND LOW-INCOME PERSONS WITH LUNCHES, GROCERIES, CLOTHING AND HYGIENE ITEMS, AS WELL AS REFERRALS TO COMMUNITY RESOURCES. VOLUNTEERS ASSIST IN PREPARING SACK MEALS AND DISTRIBUTING OTHER BASIC NEEDS ITEMS WHEN MOST OTHER RESOURCE CENTERS ARE CLOSED. THE CENTER PROVIDED OVER 8,000 SERVICES TO ALMOST 600 CLIENTS IN FISCAL 2019. AT ST. MARGARET'S CENTER, WHICH COVERS THE LENNOX, INGLEWOOD AND HAWTHORNE AREAS, CHRONICALLY HOMELESS INDIVIDUALS AND THOSE WITH DISABILITIES ARE HELPED SECURE AND MAINTAIN PERMANENT HOUSING. THE FOOD OFFERED IS ONLY THE FIRST STEP IN EARNING THE TRUST OF OUR CLIENTS SO THEY WILL ACCEPT FURTHER HELP, SUCH AS SHELTER VOUCHERS, RENTAL AND UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. PROGRAMS DESIGNED FOR FAMILIES INCLUDE NUTRITIONAL EDUCATION AND EXERCISE, AS WELL AS FOOD, ARE PART OF A HOLISTIC PROGRAM THAT NOURISHES THE WHOLE FAMILY. AS AN EXAMPLE, AT ST. MARGARET'S CENTER A FULL-TIME NUTRITIONAL EDUCATOR AND PEER EDUCATORS OFFER GROUP CLASSES ON HEALTHY EATING, PHYSICAL ACTIVITY AND DISEASE PREVENTION TO THE COMMUNITY. IN ADDITION, THEY ALSO EDUCATE FOOD PANTRY RECIPIENTS ABOUT THE MOST ECONOMICAL WAY TO LIVE A HEALTHY LIFE. FREE WEEKLY YOGA AND AEROBICS CLASSES ARE ALSO OFFERED AT THE CENTER. IN ADDITION TO FAMILIES AND THE HOMELESS, ST. MARGARET'S CENTER ALSO HAS A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR SENIORS OR ELDERLY CLIENTS.

**Form 990, Part III, Line 4b:**

IMMIGRATION AND REFUGEES - CCLA BEGAN PROVIDING IMMIGRATION ASSISTANCE AFTER WORLD WAR II WITH THE RESETTLEMENT OF HUNGARIAN REFUGEES IN LOS ANGELES. TODAY, REFUGEES COME FROM A MULTITUDE OF OTHER COUNTRIES INCLUDING: IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA. WE PROVIDE FOUR MAIN SERVICES: 1) EMPLOYMENT SUPPORT SERVICES (ESS), WHICH PROVIDE SERVICES SUCH AS CASE MANAGEMENT, JOB SERVICES AND LIFE-SKILLS WORKSHOPS; 2) REFUGEE RESETTLEMENT PROGRAM (RRP) OFFERED AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS AND ESL CLASSES TO REFUGEES; 3) IMMIGRATION SERVICES AND 4) ESPERANZA, WHICH PROVIDED LEGAL SERVICES SUCH AS SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN. OUR EMPLOYMENT SUPPORT PARTNERSHIP (ESP) FORMERLY CENTRAL INTAKE UNIT (CIU) PROVIDES ASSISTANCE TO REFUGEES, IMMIGRANTS AND OTHERS THROUGH DIFFERENT PROGRAMS SUCH AS THE REFUGEE EMPLOYMENT AND ACCULTURATION SERVICES (REAS), WHICH PROVIDES EMPLOYMENT READINESS THROUGH COMPREHENSIVE CASE MANAGEMENT TO REFUGEES WHO HAVE BEEN IN THE COUNTRY FOR LESS THAN FIVE YEARS AND RESIDE IN THE WEST SAN FERNANDO VALLEY AND GLENDALE/BURBANK AREAS OF LOS ANGELES COUNTY. THE HOME BASED CHILDCARE PROGRAM PROVIDES TRAINING (HBC) PROVIDES TRAINING IN PREPARATION FOR STATE LICENSING AND ASSISTANCE IN OPENING HOME BASED CHILDCARE BUSINESSES. THE TRANSITIONAL SUBSIDIZED EMPLOYMENT SERVICES (TSE) PROVIDES PLACEMENT OF CALWORKS PARTICIPANTS INTO SUBSIDIZED EMPLOYMENT FOLLOWED BY PLACEMENT IN UNSUBSIDIZED EMPLOYMENT. COMMUNITY BLOCK GRANTS (EMPLOYMENT SERVICES & EMERGENCY SERVICES) PROVIDES EMPLOYMENT READINESS AND SAFETY NET SERVICES. THE TRAFFICKING VICTIM ASSISTANCE PROGRAM (TVAP) PROVIDES WIDE-RANGING CASE MANAGEMENT SERVICES TO FOREIGN NATIONAL SURVIVORS OF TRAFFICKING. IN FISCAL 2019, ESP PROVIDED OVER 3,800 SERVICES TO OVER 600 CLIENTS. THE REFUGEE RESETTLEMENT PROGRAM (RRP) AIMS TO ASSIST RECENTLY ARRIVED REFUGEES AND RECENTLY GRANTED ASYLEES TO QUICKLY GAIN ECONOMIC SELF-SUFFICIENCY AND TO SMOOTHLY ADJUST TO LIFE IN A NEW CULTURE. RRP OFFERS AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS, ESL CLASSES, MENTORSHIPS, AND LIFE SKILLS ORIENTATIONS TO HELP RECENTLY ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. MOST CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES (USCCB) WHICH IS PARTIALLY FUNDED BY THE US DEPARTMENTS OF STATE AND HEALTH & HUMAN SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH LOCAL GOVERNMENT ENTITIES AND OTHERS. CLIENTS ARE SERVED BY OUR STAFF MEMBERS WHO ARE FORMER REFUGEES OR ASYLEES THEMSELVES. USCCB HALTED ITS FUNDING FOR THIS PROGRAM BY THE END OF DECEMBER 2018 DUE TO THE DECREASE IN INFLUX OF REFUGEES INTO THE COUNTRY. OVERALL, IN FISCAL 2019, THE RRP PROGRAM SERVED 141 CLIENTS. OUR IMMIGRATION SERVICES PROGRAMS PROVIDE SUPPORTIVE IMMIGRATION SERVICES TO CLIENTS WHILE OUR ESPERANZA PROGRAM GRANTS DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO DETAINED IMMIGRANTS, INCLUDING CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL WITHOUT THESE PROGRAMS. ADDITIONALLY, ESPERANZA GIVES FREE REPRESENTATION TO UNACCOMPANIED MINORS THROUGH VOLUNTEER ATTORNEY PRO-BONO WORK WHO WERE RELEASED FROM GOVERNMENT CUSTODY TO THEIR FAMILIES. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES. IN FISCAL 2019, OVER 1,300 CLIENTS WERE SERVED BY THE IMMIGRATION SERVICES WHILE ESPERANZA HELPED OVER 2,100 CLIENTS.

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## Form 990, Part III, Line 4c:

THE SHELTER PROGRAMS OF CATHOLIC CHARITIES ARE AIMED AT ENDING HOMELESSNESS AND STABILIZING CLIENTS' LIVES THROUGH HOUSING, EMPLOYMENT AND SUPPORTIVE SERVICES. THEY ARE DESIGNED TO MOVE CLIENTS FROM "IN CRISIS" SITUATIONS TO A SAFE AND STABLE HOUSING. OF CATHOLIC CHARITIES' SEVEN EMERGENCY AND TRANSITIONAL HOUSING PROGRAMS, THREE ARE SOLELY FOR WOMEN AND WOMEN WITH CHILDREN. LANGUILLE EMERGENCY SHELTER, HAWKES TRANSITIONAL RESIDENCE AND FARLEY HOUSE, ALL PART OF GOOD SHEPHERD CENTER (GSC), A PROGRAM OF CATHOLIC CHARITIES, LOCATED IN THE ECHO PARK NEIGHBORHOOD OF LOS ANGELES. THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE, A TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA IS DESIGNED TO SERVE 2 FAMILY UNITS (A TOTAL OF 7 BEDS) AT A TIME. TWO EMERGENCY SHELTERS, PROJECT ACHIEVE FOR SINGLE MEN AND WOMEN AND THE ELIZABETH ANN SETON RESIDENCE FOR HOMELESS FAMILIES, DISABLED, AND OLDER ADULTS ARE LOCATED IN LONG BEACH, WHILE THE ANGEL'S FLIGHT SHELTER FOR HOMELESS, RUNAWAY, AND AT-RISK YOUTH IS IN DOWNTOWN LOS ANGELES. ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE AND ANGEL'S FLIGHT MY CLUB PROGRAMS ADDRESS AT RISK YOUTH. ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN. AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSE, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. THE SHELTER ALSO OPERATES A HOTLINE 24/7 CONCERNING SERVICES THAT ANGEL'S FLIGHT OR OTHER AGENCIES CAN PROVIDE TO RUNAWAY TEENS. IN FISCAL 2019, THE ANGEL'S FLIGHT SHELTER SERVED 105 YOUTH. ANGEL'S FLIGHT MY CLUB, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND PROVIDES A MEANS OF IDENTIFYING AND ASSISTING YOUTH WHO MAY NOT BE IDENTIFIED BY TRADITIONAL STREET OUTREACH. MY CLUB HAD A TOTAL OF 100 PARTICIPANTS WHO AVAILED THEMSELVES OF SERVICES AND ACTIVITIES THAT INCLUDED: TUTORING, COOKING WORKSHOPS, MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOPS, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND PARENTING SKILLS. ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTS CLIENTS FROM 16 TO 24 YEARS OF AGE WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING, PROVIDING APPROPRIATE INTERVIEW CLOTHING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS. ANGEL'S FLIGHT ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILDCARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILDCARE. THIS PAST YEAR, 211 CHILDREN AT TWO PAROCHIAL SCHOOL SITES AND ONE COMMUNITY CENTER WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN WHO ARE REFERRED THROUGH GOVERNMENT PROGRAMS FOR CHILDREN IN IMMIGRATION PROCEEDINGS AS FOR EITHER A HOME STUDY/POST RELEASE SERVICES OR FOR POST RELEASE SERVICES ONLY. WHEN THE CASE IS REFERRED AS A HOME STUDY, A FAMILY REUNIFICATION SPECIALIST (FRS) VISITS THE HOME AND AFTER A THOROUGH PROCESS MAKES A RECOMMENDATION ON WHETHER THE CHILD SHOULD BE RELEASED TO THE PROPOSED SPONSOR. AFTER THE CHILD HAS BEEN REMOVED FROM DETENTION, THE POST RELEASE SERVICES BEGIN. THE FRS MAINTAINS CONTACT WITH THE CHILD UNTIL THE CHILD'S IMMIGRATION CASE PROCEEDINGS HAVE BEEN COMPLETED, AND/OR THE CHILD TURNS 18. THE FRS PROVIDES THE FAMILY WITH REFERRALS TO RESOURCES SUCH AS MEDICAL, MENTAL HEALTH/DRUG PROGRAMS, AND PRO-BONO/LOW COST LEGAL REPRESENTATION FOR THE CHILD'S IMMIGRATION CASE TO MAKE SURE THAT THE CHILD'S NEEDS ARE BEING MET. IN FISCAL 2019, 134 CHILDREN WERE SERVED. THE ELIZABETH ANN SETON RESIDENCE (EASR) IS AN EMERGENCY SHELTER OF UP TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES, AND THE ELDERLY. THE GOAL IS TO MOVE PERSONS FROM "IN CRISIS" TO "SAFE AND STABLE" HOUSING. IT SERVED 87 CLIENTS IN FISCAL 2019. EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT CENTURY VILLAGES AT CABRILLO, CHILDCARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE. THE PROJECT ACHIEVE EMERGENCY SHELTER IS A 59-BED YEAR-ROUND SHELTER THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN 60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED. BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN FISCAL 2019, PROJECT ACHIEVE DELIVERED OVER 27,000 SERVICES TO OVER 194 CLIENTS. GOOD SHEPHERD CENTER FOR HOMELESS WOMEN (GSC) PROVIDES EMERGENCY SHELTER WITH DROP-IN AND MOBILE OUTREACH PROGRAMS; TRANSITIONAL RESIDENCES WITH SUPPORTIVE SERVICES, INCLUDING EMPLOYMENT SKILLS DEVELOPMENT AND CASE MANAGEMENT. CCLA OPENED THE FIRST GSC SHELTER, LANGUILLE EMERGENCY SHELTER, IN 1984. IT STILL PROVIDES UP TO 6 WEEKS OF SHELTER AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET. NEXT, CCLA OPENED THE HAWKES TRANSITIONAL RESIDENCE FOR HOMELESS WOMEN IN 1987. IN 1998 GSC OPENED THE FIRST OF THREE PHASES OF THE WOMEN'S VILLAGE AND THE HAWKES TRANSITIONAL RESIDENCE MOVED TO THE WOMEN'S VILLAGE AND EXPANDED TO SERVE 30 WOMEN. THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THIRD PHASE, SR. JULIA MARY FARLEY RESIDENCE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH THEIR CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER. THE GOOD SHEPHERD CENTER SHELTERS PROVIDED OVER 1,700 SERVICES TO ALMOST 250 WOMEN IN FISCAL 2019. MCGILL STREET HOUSE ALSO OPERATES A HOUSING REFERRAL SERVICE WHICH IS A BIG HELP TO MOST CLIENTS. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR UP TO ONE YEAR. IN FISCAL 2019, ABOUT 49 INDIVIDUALS STAYED AT THE MCGILL STREET HOUSE.

**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			
GOMEZ ARCHBISHOP JOSE H CHAIRMAN	0.50	X		X				0	0	0
TOSSETTI PAUL D PRESIDENT	0.50	X		X				0	0	0
MONTOYA REV MSGR PAUL M VP	0.50	X		X				0	0	0
MARTIN JR VINCENT F TREASURER	0.50	X		X				0	0	0
MCALPIN-GRANT ESQ LOLA SECRETARY	0.50	X		X				0	0	0
AMARAL GUSTAVO GARY A TRUSTEE	0.50	X						0	0	0
BECERRA-JONES YOLANDA TRUSTEE	0.50	X						0	0	0
BEYZAEE ESQ AFSHIN TRUSTEE	0.50	X						0	0	0
COBB CATHLEEN M TRUSTEE	0.50	X						0	0	0
COLLINS TIMOTHY J TRUSTEE	0.50	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			
DAMICO RICHARD G ..... TRUSTEE	0.50 .....	X						0	0	0
DAMICO SUSAN ..... TRUSTEE	0.50 .....	X						0	0	0
DARNELL GARY ..... TRUSTEE	0.50 .....	X						0	0	0
DOMINGO-FORASTE DOUGLAS ..... TRUSTEE	0.50 .....	X						0	0	0
EVANS ESQ GREGORY L ..... TRUSTEE	0.50 .....	X						0	0	0
GARCIA ESQ BONIFACIO BONNY ..... TRUSTEE	0.50 .....	X						0	0	0
HILL BRIAN ..... TRUSTEE	0.50 .....	X						0	0	0
HOGAN MICHAEL MIKE ..... TRUSTEE	0.50 .....	X						0	0	0
HOUSTON IVAN J ..... TRUSTEE (THROUGH 6/2019)	0.50 .....	X						0	0	0
JARCHOW MARIBEL ..... TRUSTEE	0.50 .....	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			
KRAUSS GARY D ..... TRUSTEE	0.50 .....	X						0	0	0
LARSON STEPHEN G ..... TRUSTEE	0.50 .....	X						0	0	0
DAHLMAN WILLIAM ..... TRUSTEE	0.50 .....	X						0	0	0
LO COCO JAMES R ..... TRUSTEE	0.50 .....	X						0	0	0
MALONEY ESQ MICHAEL J ..... TRUSTEE	0.50 .....	X						0	0	0
MCFERSON SEAN K ..... TRUSTEE	0.50 .....	X						0	0	0
OBRIEN MICHAEL D ..... TRUSTEE	0.50 .....	X						0	0	0
PSOMAS MICHAEL T ..... TRUSTEE	0.50 .....	X						0	0	0
RZETELJSKI VIKTOR ..... TRUSTEE	0.50 .....	X						0	0	0
SCHMITT FREDERICK K ..... TRUSTEE	0.50 .....	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			
SPARROW JANET CRUZ ..... TRUSTEE	0.50 .....	X						0	0	0
VOGELSANG PETER J ..... TRUSTEE	0.50 .....	X						0	0	0
WALSH ESQ DAVID M ..... TRUSTEE	0.50 .....	X						0	0	0
WHITE JOHN A ..... TRUSTEE	0.50 .....	X						0	0	0
YOSHITAKE TODD ..... TRUSTEE	0.50 .....	X						0	0	0
ZAGZEBSKI ESQ SANDER C ..... TRUSTEE	0.50 .....	X						0	0	0
EBINER ESQ ROBERT M ..... TRUSTEE (THROUGH 2/2019)	0.50 .....	X						0	0	0
SALAZAR REV ALEXANDER PT ..... TRUSTEE (THROUGH 12/2018)	0.50 .....	X						0	0	0
COX REV MSGR GREGORY A ..... EXEC VP	40.00 .....	X		X				52,333	0	18,233
O'BRIEN DANIEL ..... CFO	40.00 .....			X				141,276	0	54,672

**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			
ARNOLD ALEXANDRIA ..... DEVELOPMENT & COMMUNICATION	40.00 .....					X		178,136	0	29,284
VAVOUDIS JOHNATHAN ..... IT	40.00 .....					X		131,778	0	19,902
RATLEFF LELAND ..... HR DIRECTOR	40.00 .....					X		127,950	0	10,417
NELSON EDWARD ..... CQI	40.00 .....					X		119,028	0	8,659
GRIMM DANIEL ..... REGIONAL DIRECTOR	40.00 .....					X		109,426	0	27,756

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
CATHOLIC CHARITIES OF LOS ANGELES INC

**Employer identification number**  
95-1690973

**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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	29,973,306	31,534,900	31,947,270	36,433,137	51,227,920	181,116,533
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	29,973,306	31,534,900	31,947,270	36,433,137	51,227,920	181,116,533
<b>5</b> 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). . . . .						16,297,625
<b>6 Public support.</b> Subtract line 5 from line 4.						164,818,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b> Amounts from line 4. . . . .	29,973,306	31,534,900	31,947,270	36,433,137	51,227,920	181,116,533
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	78,002	69,795	50,543	132,444	230,055	560,839
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	1,163,569	1,154,827	1,362,638	1,235,431	1,190,024	6,106,489
<b>11 Total support.</b> Add lines 7 through 10						187,783,861

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 35,552,549

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	87.770 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.780 %

**16a 33 1/3% support test—2018.** 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 . . . . .

**b 33 1/3% support test—2017.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2018.** 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 . . . . .

**b 10%-facts-and-circumstances test—2017.** 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 . . . . .

**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 . . . . .

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6. . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**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.** . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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>		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1690973

**Name:** CATHOLIC CHARITIES OF LOS ANGELES INC

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
CATHOLIC CHARITIES OF LOS ANGELES INC

**Employer identification number**  
95-1690973

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	1,921,039	1,783,176	1,593,157	1,595,362	1,548,108
<b>b</b> Contributions . . . . .			50,000		
<b>c</b> Net investment earnings, gains, and losses . . . . .	138,093	154,568	155,981	32,278	60,805
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	15,854	16,705	15,962	34,483	13,551
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,043,278	1,921,039	1,783,176	1,593,157	1,595,362

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 39.210 %
  - c** Temporarily restricted endowment ▶ 60.790 %
- 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  |
|--|---------------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |
- 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
<b>1a</b> Land . . . . .		21,164,269		21,164,269
<b>b</b> Buildings . . . . .		16,792,814	7,088,090	9,704,724
<b>c</b> Leasehold improvements . . . . .		1,374,005	344,924	1,029,081
<b>d</b> Equipment . . . . .		4,079,331	2,912,535	1,166,796
<b>e</b> Other . . . . .		651,646		651,646
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				33,716,516

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**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)		
<b>Total.</b> (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) BENEFICIAL INTEREST IN SEPARATE ORGANIZATION	33,712,778
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 33,712,778

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ADVANCES FROM GOVERNMENT FUNDERS	415,631
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 415,631

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	69,546,787
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	497
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	200,000
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	4,403,124
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,603,621
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	64,943,166
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	47,500
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	47,500
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	64,990,666

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	46,227,541
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	200,000
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	192,867
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	392,867
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	45,834,674
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	47,500
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	47,500
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	45,882,174

**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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1690973

**Name:** CATHOLIC CHARITIES OF LOS ANGELES INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	CATHOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801,113 WHICH IS INVESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORARILY RESTRICTED AND USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNED SINCE THE FUNDS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLESS SPECIFICALLY EXPENDED.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 192,108. UNREALIZED GAIN ON BENEFICIAL INTEREST IN SEPARATE ORGANIZATION 4,210,257. RAFFLE EXPENSES 759.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 192,108. RAFFLE EXPENSES 759.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

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 LOS ANGELES INC

Employer identification number

95-1690973

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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)
		<b>MISTLETOE BALL</b> (event type)	<b>GSC GALA</b> (event type)	<b>49</b> (total number)	Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	495,245	266,725	1,559,973	2,321,943
	<b>2</b> Less: Contributions . . . . .	430,000	145,000	1,021,000	1,596,000
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	65,245	121,725	538,973	725,943
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	45,308	74,330	335,560	455,198
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	13,235	33,816	145,057	192,108
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				647,306
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				78,637	

**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))
		<b>1</b> Gross revenue . . . . .			28,212
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			759	759
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				759
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					27,453

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

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

**b** If "No," explain: THE ORGANIZATION REGISTERS AND REPORTS ITS RAFFLES WITH THE CALIFORNIA REGISTRY OF CHARITABLE TRUSTS, AS REQUIRED BY CALIFORNIA LAW.

**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:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	100.000 %

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

Name ▶ SARAH ELDER

Address ▶ 1531 JAMES M WOOD BLVD  
LOS ANGELES, CA 90015

**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 ▶ SARAH ELDER

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ TIME SPENT ON GAMING IS IMMATERIAL.

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 ▶ \$ 25,390

**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
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Note: To capture the full content of this document, 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number  
95-1690973

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 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. Part II can be duplicated if additional space is needed.

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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) SCHOLARSHIPS	6	8,552			
(2) UNINSURED LOSSES	10	14,244			
(2)					
(3)					
(4)					
(5)					
(6)					
(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
PART I, LINE 2:	THE GRANTS ARE REIMBURSEMENTS OF EXPENSES PREVIOUSLY INCURRED, WHICH ARE VERIFIED.

**Schedule J**  
(Form 990)

## Compensation Information

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number  
95-1690973

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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</p>	<b>1b</b>				
<p><b>2</b> 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 in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" 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			
<input type="checkbox"/> Compensation committee <input checked="" 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				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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 . . . . .</p>	<b>7</b>		No		
<p><b>8</b> 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 . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> O'BRIEN DANIEL CFO	(i)	140,724	0	552	0	54,672	195,948	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ARNOLD ALEXANDRIA DEVELOPMENT & COMMUNICATION	(i)	176,455	0	1,681	0	29,284	207,420	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> VAVOUDIS JOHNATHAN IT	(i)	131,250	0	528	0	19,902	151,680	0
	(ii)	0	0	0	0	0	0	0

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**Part III**   **Supplemental Information**

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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.

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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

▶ **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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

Name of the organization  
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number  
95-1690973

**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 . . . . .	X		3,706	FAIR MARKET VALUE
5 Clothing and household goods . . . . .	X		1,257,063	FAIR MARKET VALUE
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 . . . . .	X		7,652,991	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .	X		8,603	FAIR MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( DIAPERS )	X	0	459,106	FAIR MARKET VALUE
26 Other ▶ ( UTILITY VOUCHERS )	X	0	319,456	FAIR MARKET VALUE
27 Other ▶ ( TOYS & SPORTS EQUIPMENT )	X	0	138,956	FAIR MARKET VALUE
28 Other ▶ ( TRANSPORTATION VOUCHERS )	X	0	88,452	

**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 0

		Yes	No
<b>30a</b> 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 is not required to be used for exempt purposes for the entire holding period? . . . . .			No
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		Yes	
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization did not 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
PART I, LINE 32B:	CCLA USED "CHARITABLE ADULTS RIDE SERVICES" TO SELL DONATED VEHICLES.

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

**Employer identification number**

95-1690973

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, 4A CONTINUED	<p>APPROXIMATELY 50,000 SERVICES WERE PROVIDED BY THIS CENTER TO OVER 10,000 CLIENTS IN FISCAL 2019. EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL LA, PRIMARIL Y SERVES CHILDREN AND YOUTH THROUGH ITS CHILD CARE CENTER AND AN AFTER-SCHOOL TUTORING &amp; M ENTORING PROGRAM. THE CHILD CARE PROGRAM AND THE MY CLUB PROGRAM PROVIDES ACADEMIC, RECREA TIONAL, AND CULTURAL ACTIVITIES FOR YOUTH. IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADU LT SERVICES INTERVENTION SYSTEM) OUT IN CAMARILLO OFFERS DIRECT ASSISTANCE TO SENIORS AS W ELL AS ANSWERING INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATI ON, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORG ANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE REASSURANCE CALLS AND TRANSPORTATION TO MED ICAL APPOINTMENTS THAT ENABLE OLDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UN NECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY. I N FISCAL 2019, OVER 4,800 SERVICES WERE PROVIDED TO MORE THAN 400 SENIORS WITH THIS PROGRA M. THE VENTURA COMMUNITY CENTER PROVIDES GROCERIES TO INDIVIDUALS AND FAMILIES AND ALSO SE RVES LUNCHES. IN ADDITION, THEY PROVIDE CASE MANAGEMENT, RENTAL ASSISTANCE AND UTILITY ASS ISTANCE. THE CENTER PARTNERS WITH LIFE CENTERS OF VENTURA COUNTY WHO PROVIDES NEW LOW-INCO ME MOTHERS WITH BABY CLOTHES, FORMULA, DIAPERS AND OTHER BASIC SUPPLIES. THE VENTURA CENTE R SERVED CLOSE TO 4,000 CLIENTS AND PROVIDED OVER 23,000 SERVICES IN FISCAL 2019. IN PARTN ERSHIP WITH THE CITY OF MOORPARK, THE RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HON OR A CATHOLIC CHARITIES EMPLOYEE) PROVIDES SEVERAL SERVICES TO CLIENTS. THE NEW SHOES FOR SCHOOL PROGRAM HELPS PUT NEW SHOES ON THE FEET OF CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. IN FISCAL 2019, THE MOORPARK CENTER PROVIDED OVER 33,000 SERVICES TO CLOSE TO 2,400 CLIENTS. FROM COMMUNITY CENTERS IN SANTA BARBARA AND CARPINTERIA SEVERAL TYPES OF SERVICES ARE RENDERED TO THE WORKING POOR. OVER 34,000 SERVICES WERE PROVIDED AT THESE CENTERS TO APPROXIMATELY 3,700 CLIENTS IN FISCAL 2019. CCLA'S LOMPOC COMMUNITY CENTER HELPS INDIVIDUA LS WITH RENTAL ASSISTANCE AND UTILITIES SUBSIDIES. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS GENEROUS RETAIL CH AINS SUCH AS STARBUCKS AND ALBERTSONS, PROVIDES FOOD PEOPLE IN THE COMMUNITY. IN FISCAL 20 19, THE CENTER PROVIDED 4,700 CLIENTS WITH OVER 81,000 SERVICES. THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUES TO DELIVER ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DIS TRIBUTION TO THE CLIENTS FROM SANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW CUYA MA VALLEY. OVER 35,000 SERVICES WERE PROVIDED TO ALMOST 4,500 CLIENTS IN THIS AREA IN FISC AL 2019. IN SANTA BARBARA COUN</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III, 4A CONTINUED	TY, GRANTS ALLOWED ALL COMMUNITY CENTERS TO OFFER FINANCIAL ASSISTANCE TO QUALIFYING, LOW- INCOME SENIOR PET OWNERS FOR EMERGENCY MEDICAL VETERINARY ASSISTANCE. ADDITIONALLY, IN LOM POC AND SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP PROVIDED QUALIFYING LOW-INCOME, OLDER A DULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THESE COMMUNITY CENTERS. THRIFT STORES: THRIF T STORES RUN BY CCLA AT THE GUADALUPE, VAN NUYS, SANTA BARBARA & SANTA MARIA CENTERS PROVI DE DIRECT ASSISTANCE BY ALLOWING LOW INCOME CLIENTS TO SHOP FOR A CERTAIN AMOUNT OF CLOTHI NG & HOUSEHOLD ITEMS FOR FREE AND TO PURCHASE GENTLY USED MERCHANDISE AT GREATLY DISCOUNTED PRICES. CATHOLIC CHARITIES USES A COMPREHENSIVE CONTINUOUS QUALITY IMPROVEMENT (CQI) PRO CESS TO ASSESS AND IMPROVE ORGANIZATIONAL PERFORMANCE, TO EVALUATE THE EFFECTIVENESS AND E FFICIENCY OF SERVICES PROVIDED, TO DETERMINE WHETHER THESE SERVICES MEET PRE-DETERMINED PE RFORMANCE EXPECTATIONS FOR POSITIVE CLIENT OUTCOMES, AND TO IDENTIFY AND CORRECT ORGANIZAT IONAL ISSUES AND OBSERVED DEFICIENCIES. THE PROCESS ALSO OFFERS CLIENTS ONGOING OPPORTUNIT IES TO EVALUATE AND COMMENT UPON THE SERVICES THEY RECEIVE, TO RECOMMEND CHANGES, AND TO I NDICATE SATISFACTION WITH THOSE SERVICES. DATA FROM THESE ACTIVITIES IS SYSTEMATICALLY COL LECTED, AGGREGATED AND SHARED REGULARLY WITH STAKEHOLDERS, INCLUDING CLIENTS, EMPLOYEES, V OLUNTEERS, CONSULTANTS, FUNDERS, ADVISORY BOARDS AND THE GOVERNING BODY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS MR. RICHARD D'AMICO AND MRS. SUSAN D'AMICO ARE MARRIED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE INCUMBENT ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES IS THE SOLE MEMBER OF THE CORPORATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES, OTHER THAN THOSE SERVING BY BEING AN AUTHORIZED REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS THE SOLE POWER TO APPROVE 1) THE ELECTION, APPOINTMENT OR REMOVAL OF ANY TRUSTEE OR OFFICER, 2) ANY ACTION, AMENDMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR BY-LAWS, 3) THE AMENDMENT OR REPEAL OF ANY AMENDMENT BY THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OR MERGER OR CONSOLIDATION OR A VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION PROCEEDINGS, 5) THE AUTHORIZATION OF A SALE, EXCHANGE MORTGAGING OR ENCUMBERING OF ANY REAL PROPERTY (WITH CERTAIN EXCEPTIONS) OR ADOPTION OF A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION, AND 6) ANY SELF-DEALING TRANSACTIONS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO ALL BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH CALENDAR YEAR, ALL TRUSTEES ARE REQUIRED TO SUBMIT A "CONFLICT OF INTEREST QUESTIONNAIRE." THEY ARE ASKED TO RETURN THE QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME TO THE CORPORATE SECRETARY WHO CONTINUES TO FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE REVEREND MONSIGNOR GREGORY A. COX'S SALARY IS COMPARABLE TO OTHER RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE DIRECTOR COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANTS' INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FORM 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE ON GUIDESTAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE FORM 990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	GAIN ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION 4,210,257.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CATHOLIC CHARITIES OF LOS ANGELES INC

**Employer identification number**

95-1690973

**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.

(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
<b>(1)</b> THE ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD  LOS ANGELES, CA 90010 95-1642382	RELIGIOUS	CA	501(C)(3)	LINE 1			No
<b>(2)</b> OPUS CARITATISINC 1531 JAMES M WOOD BLVD  LOS ANGELES, CA 90015 20-1021326	SUPPORTING	CA	501(C)(3)	LINE 12B, II		Yes	
<b>(3)</b> CATHOLIC CHARITIES COMMUNITY DEVELOPMENT CORPORATION PO BOX 15095  LOS ANGELES, CA 90015 95-4172572	COMMUNITY DEVELOPMENT	CA	501(C)(3)	LINE 11			No
<b>(4)</b> CATHOLIC COMMUNITY FOUNDATION OF LOS ANGELES 3440 WILSHIRE BLVD SUITE 530  LOS ANGELES, CA 90010 38-3941057	COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 7			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	

**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

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS	C	18,112,000	CASH

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>