

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  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
CATHOLIC CHARITIES OF 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) 251-3410

**G** Gross receipts \$ 68,425,670

**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 2019 (Part V, line 2a)	<b>5</b>	442
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,048
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	51,227,920	41,894,992
<b>9</b> Program service revenue (Part VIII, line 2g)	11,462,974	15,068,099
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,729,601	170,435
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	570,171	529,880
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,990,666	57,663,406

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,796	0
<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)	17,311,370	19,654,242
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,000	45,099
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 519,092		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28,541,008	30,778,923
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	45,882,174	50,478,264
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	19,108,492	7,185,142

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	100,552,864	323,361,345
<b>21</b> Total liabilities (Part X, line 26)	9,269,537	15,260,310
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	91,283,327	308,101,035

## 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: 2021-05-14  
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: 2021-05-13  
Check  if self-employed  
PTIN: P00650274  
Firm's name: ARMANINO LLP  
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 \$ 14,449,779 including grants of \$ ) (Revenue \$ 891,150 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 14,824,698 including grants of \$ ) (Revenue \$ 13,750,383 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 9,324,837 including grants of \$ ) (Revenue \$ 170,079 )  
See Additional Data

(Code: ) (Expenses \$ 7,360,850 including grants of \$ ) (Revenue \$ 256,487 )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 7,360,850 including grants of \$ ) (Revenue \$ 256,487 )

**4e Total program service expenses** ▶ 45,960,164

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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 main columns: Question, Yes, No. Rows include: 1a (37), 1b (36), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 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.
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: DAN O'BRIEN C/O CCLA 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015 (213) 251-3410







**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>	1,472,000		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	3,648,190		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	16,634,655		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	20,140,147		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>	8,863,040		
	<b>h Total.</b> Add lines 1a-1f . . . . .		41,894,992		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> CITIZENSHIP/IMMIGRAT.		900099	7,380,079	7,380,079	
	<b>b</b> LEGAL SERVICES		541100	7,051,986	7,051,986	
	<b>c</b> OTHER PROGRAM REVENUE		900099	266,759	266,759	
	<b>d</b> YOUTH SPORTS LEAGUE		713990	256,487	256,487	
	<b>e</b> DAYCARE TUITION		624410	112,788	112,788	
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .			15,068,099		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			111,713			111,713	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
			<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	10,217,781			
			<b>c</b> Gain or (loss)	<b>7c</b>	58,722			
			<b>d</b> Net gain or (loss) . . . . .			58,722		58,722
	<b>8a</b> Gross income from fundraising events (not including \$ 1,472,000 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			611,486			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	544,128			
			<b>c</b> Net income or (loss) from fundraising events . . . . .			67,358		67,358
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			13,750			
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	355			
			<b>c</b> Net income or (loss) from gaming activities . . . . .			13,395		13,395
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
			<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
			<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
<b>11a</b> THRIFT STORE SALES		453310	270,527			270,527		
<b>b</b> OTHER		900099	175,312			175,312		
<b>c</b> CYO SALES		711210	3,288			3,288		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			449,127					
<b>12 Total revenue.</b> See instructions . . . . .			57,663,406	15,068,099	0	700,315		

**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 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	275,730		275,730	
<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 . . . . .	15,176,944	12,954,513	1,976,869	245,562
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	580,740	460,995	105,012	14,733
<b>9</b> Other employee benefits . . . . .	1,943,023	1,670,727	245,120	27,176
<b>10</b> Payroll taxes . . . . .	1,677,805	1,464,816	195,117	17,872
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	115,497	109,949	5,548	
<b>c</b> Accounting . . . . .	46,344	42,843	3,105	396
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	45,099			45,099
<b>f</b> Investment management fees . . . . .	42,353		42,353	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,709,779	10,656,109	45,884	7,786
<b>12</b> Advertising and promotion . . . . .	44,444	15,047	1,750	27,647
<b>13</b> Office expenses . . . . .	939,330	670,728	177,253	91,349
<b>14</b> Information technology . . . . .	539,516	301,725	221,889	15,902
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,932,246	2,510,924	396,494	24,828
<b>17</b> Travel . . . . .	6,260	3,875	2,385	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	87,738	52,961	34,777	
<b>20</b> Interest . . . . .	102,230	102,200	30	
<b>21</b> Payments to affiliates . . . . .	42,451	20	42,431	
<b>22</b> Depreciation, depletion, and amortization . . . . .	647,021	600,724	46,297	
<b>23</b> Insurance . . . . .	595,032	523,752	70,574	706
<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	10,259,720	10,259,670	50	
<b>b</b> PARTICIPANT PAYROLL	2,883,593	2,883,593		
<b>c</b> THRIFT STORE GOODS	283,433	283,433		
<b>d</b> OPERATING EXPENSES & OT	256,567	158,786	97,781	
<b>e</b> All other expenses	245,369	232,774	12,559	36
<b>25</b> Total functional expenses. Add lines 1 through 24e	50,478,264	45,960,164	3,999,008	519,092
<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 . . . . .	925,018	<b>1</b>	1,594,255
	<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 . . . . .	4,453,122	<b>4</b>	5,070,365
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	354,482	<b>9</b>	583,831
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 52,958,768		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,992,574	33,716,516	<b>10c</b> 41,966,194
	<b>11</b> Investments—publicly traded securities . . . . .	27,374,655	<b>11</b>	29,766,956
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	16,293	<b>12</b>	2,166,656
	<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 . . . . .	33,712,778	<b>15</b>	242,213,088
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	100,552,864	<b>16</b>	323,361,345	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,655,717	<b>17</b>	4,885,985
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,198,189	<b>23</b>	4,300,389
	<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	415,631	<b>25</b>	6,073,936
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,269,537	<b>26</b>	15,260,310
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	49,893,723	<b>27</b>	55,634,188
	<b>28</b> Net assets with donor restrictions . . . . .	41,389,604	<b>28</b>	252,466,847
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	91,283,327	<b>32</b>	308,101,035	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	100,552,864	<b>33</b>	323,361,345	

**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>	57,663,406
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	50,478,264
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,185,142
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	91,283,327
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,085,253
<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>	157,475,562
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	51,071,751
<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>	308,101,035

**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	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1690973

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

Form 990 (2019)

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**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 360,000 SERVICES WERE PROVIDED TO OVER 46,000 CLIENTS IN FISCAL 2020. 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, FOR MORE DETAILS PLEASE SEE SCHEDULE O.

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**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 FOR MORE DETAILS PLEASE SEE SCHEDULE O.

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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. FOR MORE DETAILS PLEASE SEE SCHEDULE O.

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**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 (THRU 08/19)	0.50 .....	X						0	0	0
HOGAN MICHAEL MIKE ..... TRUSTEE	0.50 .....	X						0	0	0
JARCHOW MARIBEL ..... TRUSTEE (THRU 12/19)	0.50 .....	X						0	0	0
KRAUSS GARY D ..... 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			
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
SPARROW JANET CRUZ ..... 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			
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	0.50 .....	X						0	0	0
SALAZAR REV ALEXANDER PT ..... TRUSTEE	0.50 .....	X						0	0	0
XOCHITL HERNANDEZ ..... TRUSTEE (AS OF 10/19)	0.50 .....	X						0	0	0
COX REV MSGR GREGORY A ..... EXEC VP	40.00 .....	X		X				53,167	0	26,230
O'BRIEN DANIEL ..... CFO	40.00 .....			X				135,373	0	45,605

**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 & COMMUNICATIO	40.00 .....					X		185,023	0	25,826
VAVOUDIS JOHNATHAN ..... IT	40.00 .....					X		132,609	0	22,519
RATLEFF LELAND ..... HR DIRECTOR	40.00 .....					X		132,870	0	10,894
NELSON EDWARD ..... CQI	40.00 .....					X		127,361	0	9,071
GRIMM DANIEL ..... REGIONAL DIRECTOR	40.00 .....					X		111,552	0	21,738

**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 instructions and the latest information.

OMB No. 1545-0047

**2019**

**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) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	31,534,900	31,947,270	36,433,137	51,227,920	41,894,992	193,038,219
<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</b>	<b>Total.</b> Add lines 1 through 3	31,534,900	31,947,270	36,433,137	51,227,920	41,894,992	193,038,219
<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). . . . .						17,767,464
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						175,270,755

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	31,534,900	31,947,270	36,433,137	51,227,920	41,894,992	193,038,219
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	69,795	50,543	132,444	230,055	111,713	594,550
<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.). . . . .	1,154,827	1,362,638	1,235,431	1,190,024	1,060,613	6,003,533
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						199,636,302
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	47,150,718

**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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	87.800 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	87.770 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<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>		
		<b>11a</b>	
		<b>11b</b>	
		<b>11c</b>	

**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>1</b>	
<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>		
		<b>2</b>	

**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>		
		<b>1</b>	

**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>1</b>	
<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>2</b>	
<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>		
		<b>3</b>	

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

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

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

<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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

## 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 2019 Open to Public Inspection

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

Name of the organization CATHOLIC CHARITIES OF 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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:
- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<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 . . . . .	2,043,278	1,921,039	1,783,176	1,593,157	1,595,362
<b>b</b> Contributions . . . . .				50,000	
<b>c</b> Net investment earnings, gains, and losses	127,832	138,093	154,568	155,981	32,278
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	4,454	15,854	16,705	15,962	34,483
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,166,656	2,043,278	1,921,039	1,783,176	1,593,157

- 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 ▶ 36.970 %
- c** Temporarily restricted endowment ▶ 63.030 %

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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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 . . . . .		27,312,269		27,312,269
<b>b</b> Buildings . . . . .		18,973,757	7,480,197	11,493,560
<b>c</b> Leasehold improvements		1,411,711	372,716	1,038,995
<b>d</b> Equipment . . . . .		4,246,604	3,139,661	1,106,943
<b>e</b> Other . . . . .		1,014,427		1,014,427
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				41,966,194

**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	242,213,088
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	242,213,088

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM GOVERNMENT FUNDERS	624,984
(3) REFUNDABLE ADVANCE	2,100,000
(4) PPP LOAN	3,348,952
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,073,936

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>	110,125,880
<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>	1,085,253
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	160,000
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	51,259,574
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	52,504,827
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	57,621,053
<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>	42,353
<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>	42,353
<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>	57,663,406

**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>	50,783,734
<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>	160,000
<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>	187,823
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	347,823
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	50,435,911
<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>	42,353
<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>	42,353
<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>	50,478,264

**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 PERP ETUITY. THE INCOME IS RECOGNIZED AS TEMPORARILY RESTRICTED AND USED FOR DESIGNATED PROGRAM S AS NEEDED. ALL INCOME EARNED SINCE THE FUNDS' DONATION DATE IS HELD AS TEMPORARILY RESTR ICTED UNLESS SPECIFICALLY EXPENDED.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 187,468. UNREALIZED GAIN ON BENEFICIAL INTEREST IN SEPARATE ORGANIZATION 51,071,751. RAFFLE EXPENSES 355.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 187,468. RAFFLE EXPENSES 355.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
CATHOLIC CHARITIES OF 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
HEATHER MASTERTON 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015	SPECIAL FUNDRAISING EVENTS		No	162,165	17,645	144,520
KRISTAN O'DONNELL 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015	SOLICITATION OF NON-GOVERNMENT GRANTS		No	103,000	21,000	82,000
<b>Total</b>				265,165	38,645	226,520

**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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<u>MISTLETOE BALL</u> (event type)	<u>GSC GALA</u> (event type)	<u>32</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	513,851	230,428	1,339,207	2,083,486
	<b>2</b> Less: Contributions . . . . .	445,000	143,000	884,000	1,472,000
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	68,851	87,428	455,207	611,486
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	55,732	60,920	240,008	356,660
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	5,840	14,916	166,712	187,468
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				544,128
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				67,358	

**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.

		(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 . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			355	355
<b>Revenue</b>	<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) . . . . . ▶				355
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d). . . . . ▶					13,395

**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 ▶ DAN O'BRIEN

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 ▶ DAN O'BRIEN

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

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 ▶ \$ \_\_\_\_\_

**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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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC	Employer identification number 95-1690973
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**Part I Questions Regarding Compensation**

	Yes	No
<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.		
<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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<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 on Line 1a?	<b>2</b>	Yes
<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.		
<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		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<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.	<b>7</b>	No
<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.	<b>8</b>	No
<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)?	<b>9</b>	





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

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

Return Reference	Explanation
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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

▶ **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.**

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		9,770	FAIR MARKET VALUE
5 Clothing and household goods . . . . .	X		1,407,485	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .	X	1	13,321	FAIR MARKET VALUE
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	24	6,942,951	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .	X	1	4,663	FAIR MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( UTILITY )	X	1	275,667	FAIR MARKET VALUE
25 Other ▶ ( <u>VOUCHERS</u> )	X	27	167,633	FAIR MARKET VALUE
26 Other ▶ ( TOYS & SPORTS )	X	3	25,721	FAIR MARKET VALUE
27 Other ▶ ( <u>EQUIPMENT</u> )	X	20	15,829	FAIR MARKET VALUE
28 Other ▶ ( TRANSPORTATION )	X			
28 Other ▶ ( <u>VOUCHERS</u> )	X			
28 Other ▶ ( <u>DIAPERS</u> )	X			

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

29

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

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.
PART I, LINE 32B:	CCLA USED "CHARITABLE ADULTS RIDE SERVICES" TO SELL DONATED VEHICLES.

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)**

Department of the Treasury

Internal Revenue Service  
Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

95-1690973

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 1 OF 2	<p>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-ORIENTED 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 1,600 VOLUNTEERS PROVIDED OVER 118,000 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 &amp; 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 \$3.5 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 &amp; FISHES FOOD PANTRY IN VAN NUYS, OFFERS FOOD AND POVERTY SERVICES TO CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS. IN FISCAL 2020, THE VAN NUYS CENTER PROVIDED OVER 3,900 SERVICES TO OVER 900 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 1,800 CLIENTS, PROVIDING THEM WITH OVER 14,000 SERVICES IN FISCAL 2020. 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 SERVICE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 1 OF 2	<p>ES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS. THE GUADALUPE COMMUNITY CENTER PROVIDED OVER 13,000 SERVICES TO OVER 1,800 CLIENTS IN FISCAL 2020. 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. THIS PROGRAM SERVED 138 WORKERS IN FISCAL 2020. 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 2020, BROWNSON HOUSE SERVED OVER 2,800 CLIENTS WITH OVER 17,800 SERVICES. IN ADDITION TO THE BASIC NEEDS PROGRAM, THE SAN JUAN DIEGO CENTER ALSO PROVIDES NUTRITION WORKSHOPS, RENTAL ASSISTANCE, BACK TO SCHOOL HAIRCUTS &amp; SUPPLIES, CHRISTMAS BASKETS, AND HELP IN APPLYING FOR CALFRESH. THIS CENTER IN EL MONTE PROVIDED OVER 7,200 SERVICES TO MORE THAN 2,800 CLIENTS IN FISCAL 2020. 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 2020, THE CENTER SERVED OVER 1,000 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 &amp; FORMULA, HYGIENE KITS, CASE MANAGEMENT, JOB FINDING SERVICES, MAIL SERVICES, AND RENTAL ASSISTANCE TO HOMELESS</p>

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PART III, LINE 4A 1 OF 2	<p>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 &amp; 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 2020, ALMOST 15,700 SERVICES WERE PROVIDED TO OVER 2,600 CLIENTS AT THE LONG BEACH COMMUNITY CENTER, WHILE APPROXIMATELY 18,000 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 LUNCHESES, 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 9,900 SERVICES TO ALMOST 600 CLIENTS IN FISCAL 2020. 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. APPROXIMATELY 55,000 SERVICES WERE PROVIDED BY THIS CENTER TO OVER 10,000 CLIENTS IN FISCAL 2020. EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL LA, PRIMARILY SERVES CHILDREN AND YOUTH THROUGH ITS CHILD CARE CENTER AND AN AFTER-SCHOOL TUTORING &amp; MENTORING PROGRAM. THE CHILD CARE PROGRAM AND THE MY CLUB PROGRAM PROVIDES ACADEMIC, RECREATIONAL, AND CULTURAL ACTIVITIES FOR YOUTH. IN VENETURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) OUT IN CAMARILLO OFFERS DIRECT ASSISTANCE TO SENIORS AS WELL AS ANSWERING INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRAL</p>



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PART III, LINE 4A 2 OF 2	<p>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 MON ITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VI SITS, TELEPHONE REASSURANCE CALLS AND TRANSPORTATION TO MEDICAL APPOINTMENTS THAT ENABLE O LDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UNNECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY. IN FISCAL 2020, OVER 2,800 SERVI CES WERE PROVIDED TO MORE THAN 300 SENIORS WITH THIS PROGRAM. THE VENTURA COMMUNITY CENTER PROVIDES GROCERIES TO INDIVIDUALS AND FAMILIES AND SERVES LUNCHES. IN ADDITION, THEY PROVIDE CASE MANAGEMENT, RENTAL ASSISTANCE AND UTILITY ASSISTANCE. THE CENTER PARTNERS WITH LI FE CENTERS OF VENTURA COUNTY WHO PROVIDES NEW LOW-INCOME MOTHERS WITH BABY CLOTHES, FORMUL A, DIAPERS AND OTHER BASIC SUPPLIES. THE VENTURA CENTER SERVED CLOSE TO 3,600 CLIENTS AND PROVIDED OVER 24,000 SERVICES IN FISCAL 2020. IN PARTNERSHIP WITH THE CITY OF MOORPARK, TH E RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HONOR A CATHOLIC CHARITIES EMPLOYEE) PR OVIDES SEVERAL SERVICES TO CLIENTS. THE NEW SHOES FOR SCHOOL PROGRAM HELPS PUT NEW SHOES O N THE FEET OF CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. IN FISCAL 2020, THE MOORPARK C ENTER PROVIDED OVER 31,000 SERVICES TO CLOSE TO 2,500 CLIENTS. FROM COMMUNITY CENTERS IN S ANTA BARBARA AND CARPINTERIA SEVERAL TYPES OF SERVICES ARE RENDERED TO THE WORKING POOR. O VER 31,000 SERVICES WERE PROVIDED AT THESE CENTERS TO APPROXIMATELY 4,300 CLIENTS IN FISCA L 2020. CCLA'S LOMPOC COMMUNITY CENTER HELPS INDIVIDUALS WITH RENTAL ASSISTANCE AND UTILIT IES SUBSIDIES. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND ALBERTSON S, PROVIDES FOOD PEOPLE IN THE COMMUNITY. IN FISCAL 2020, THE CENTER SERVED NEARLY 4,700 C LIENTS WITH OVER 69,000 SERVICES. THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUES TO D ELIVER ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DISTRIBUTION TO THE CLIENTS FROM S ANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW CUYAMA VALLEY. OVER 29,800 SERVICES WERE PROVIDED TO ALMOST 4,000 CLIENTS IN THIS AREA IN FISCAL 2020. IN SANTA BARBARA COUNT Y, GRANTS ALLOWED ALL COMMUNITY CENTERS TO OFFER FINANCIAL ASSISTANCE TO QUALIFYING, LOW-I NCOME SENIOR PET OWNERS FOR EMERGENCY MEDICAL VETERINARY ASSISTANCE. ADDITIONALLY, IN LOMP OC AND SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP PROVIDED QUALIFYING LOW-INCOME, OLDER AD ULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THESE COMMUNITY CENTERS. THRIFT STORES: THRIFT STORES RUN BY CCLA AT THE GUADALUPE, VAN NUYS, SANTA BARBARA &amp; SANTA MARIA CENTERS PROVIDE DIRECT ASSISTANCE BY ALLOWING LOW INCOME CLIENTS TO SHOP FOR A CERTAIN AMOUNT OF CLOTHIN G &amp; HOUSEHOLD ITEMS FOR FREE AND TO PURCHASE GENTLY USED MERCHANDISE AT GREATLY DISCOUNTED PRICES. CATHOLIC CHARITIES US</p>

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<b>Return Reference</b>	<b>Explanation</b>
PART III, LINE 4A 2 OF 2	ES A COMPREHENSIVE CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS TO ASSESS AND IMPROVE ORGANIZATIONAL PERFORMANCE, TO EVALUATE THE EFFECTIVENESS AND EFFICIENCY OF SERVICES PROVIDED, TO DETERMINE WHETHER THESE SERVICES MEET PRE-DETERMINED PERFORMANCE EXPECTATIONS FOR POSITIVE CLIENT OUTCOMES, AND TO IDENTIFY AND CORRECT ORGANIZATIONAL ISSUES AND OBSERVED DEFICIENCIES. THE PROCESS ALSO OFFERS CLIENTS ONGOING OPPORTUNITIES TO EVALUATE AND COMMENT UPON THE SERVICES THEY RECEIVE, TO RECOMMEND CHANGES, AND TO INDICATE SATISFACTION WITH THOSE SERVICES. DATA FROM THESE ACTIVITIES IS SYSTEMATICALLY COLLECTED, AGGREGATED AND SHARED REGULARLY WITH STAKEHOLDERS, INCLUDING CLIENTS, EMPLOYEES, VOLUNTEERS, CONSULTANTS, FUNDERS, ADVISORY BOARDS AND THE GOVERNING BODY.

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PART III, LINE 4B 1 OF 1	<p>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 &amp; 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 2020, ESP PROVIDED OVER 3,900 SERVICES TO OVER 380 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 DEPARTMENT OF STATE AND HEALTH &amp; 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. BECAUSE OF THE LAPSE OF FUNDING ZERO CLIENTS WERE SERVED IN FY 2020. 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 2020, OVER 2,400 CLIENTS WERE SERVED BY THE IMMIGRATION SERVICES WHILE ES</p>

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<b>Return Reference</b>	<b>Explanation</b>
PART III, LINE 4B 1 OF 1	PERANZA HELPED OVER 1,500 CLIENTS.

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<p>PART III, LINE 4C 1 OF 2</p>	<p>TWO EMERGENCY SHELTERS, PROJECT ACHIEVE FOR SINGLE MEN AND WOMEN AND THE ELIZABETH ANN SET ON 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, OUT REACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER &amp; 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 2020, THE ANGEL'S FLIGHT SHELTER SERVED 71 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 119 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, 160 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 APP</p>

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PART III, LINE 4C 1 OF 2	<p>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 2020, 121 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 81 CLIENTS IN FISCAL 2020. 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, CHILD CARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE. THE PROJECT 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 F</p>

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PART III, LINE 4C 1 OF 2	<p>ISCAL 2020, PROJECT ACHIEVE DELIVERED OVER 38,000 SERVICES TO OVER 90 CLIENTS. GOOD SHEPHE RD CENTER FOR HOMELESS WOMEN (GSC) PROVIDES EMERGENCY SHELTER WITH DROP-IN AND MOBILE OUTR EACH PROGRAMS; TRANSITIONAL RESIDENCES WITH SUPPORTIVE SERVICES, INCLUDING EMPLOYMENT SKIL LS DEVELOPMENT END 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 SE RVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LI VING 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 HAWK ES 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 DISTINC T PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. H AWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMER LY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDIC ATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE CORPORATION, P ROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THI RD 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 SHELTE RS PROVIDED OVER 900 SERVICES TO ALMOST 105 WOMEN IN FISCAL 2020. GOOD SHEPHERD SHELTER (G SS) IS A TRANSITIONAL FACILITY, WHICH PROVIDES INDIVIDUALIZED, COMPREHENSIVE, TRAUMA-INFOR MED CARE FOR MOTHERS AND CHILDREN TO HELP THEM HEAL FROM THE DEVASTATING EFFECTS OF SURVIV ING DOMESTIC VIOLENCE. THE SHELTER WAS ACQUIRED BY CCLA IN OCTOBER 2019 AND ITS PROGRAMS A RE DESIGNED TO HEAL FAMILIES AND GIVE THEM THE TOOLS THEY NEED TO LEAD STABLE, VIOLENCE-FR EE LIVES, THUS BREAKING THE INTER-GENERATIONAL CYCLE OF DOMESTIC VIOLENCE. GOOD SHEPHERD S HELTER'S FOCUS IS ON MOTHERS WITH YOUNG CHILDREN WHO ARE READY TO COMMIT TO OUR COMPREHENS IVE PROGRAM DESIGNED TO PROMOTE HEALING, INDEPENDENCE AND A PATHWAY TO THE FULFILLMENT OF THEIR DREAMS. TRAUMA-INFORMED SERVICES ARE COMPRISED OF A TEN-MONTH PROGRAM THAT OFFERS TH E FOLLOWING COMPONENTS TO CREATE A HOLISTIC ENVIRONMENT FOR HEALING. THE SERVICES INCLUDE TRANSITIONAL, RENT-FREE HOUSING IN INDIVIDUAL APARTMENT UNITS, CASE MANAGEMENT, THERAPY, A K-5 ELEMENTARY SCHOOL ON-SITE WITH TRANSFERABLE CREDITS, AN ADULT LEARNING CENTER, LEGAL ASSISTANCE, A CHILD WATCH PROGRAM FOR CHILDREN AGES 0 TO 4 YEARS, SPIRITUAL SUPPORT AND AN AFTER CARE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III, LINE 4C 2 OF 2	<p>PROGRAM TO SUPPORT MOTHERS AND CHILDREN LONG AFTER THEY HAVE COMPLETED THE PROGRAM AND MOVED INTO HOMES OF THEIR OWN. THE ADULT LEARNING CENTER OFFERS A WIDE ARRAY OF CLASSES INCLUDING PARENTING, JOB SKILLS TRAINING, TYPING, RESUME BUILDING, AND A WINDOW BETWEEN WORLDS WHICH IS AN ART-THERAPY PROGRAM DESIGNED FOR BOTH THE MOTHERS AND THE CHILDREN, TO CHANNEL THEIR TRAUMA INTO A PIECE OF ART. THE CHILDREN ARE ALSO PROVIDED WITH COUNSELING AND MANY TRAUMA-INFORMED ACTIVITIES DESIGNED TO QUIET THEIR MINDS AND BODIES ALL WHILE ENGAGING IN PLAYTIME. JOBE TRANSITIONAL LIVING PROGRAM ACQUIRED BY CCLA IN OCTOBER 2019 IS DESIGNED TO SUPPORT TRANSITIONAL AGED YOUTH (TAY) AND/OR HOMELESS YOUTH, AGES 18-25 YEARS OLD, WHO HAVE EXPERIENCE THE FOSTER CARE SYSTEM AND/OR HAVE STRUGGLED WITH HOMELESSNESS. JOBE TLP PROVIDES AN OPPORTUNITY FOR YOUNG MEN AND WOMEN TO THRIVE IN A SAFE AND STABLE ENVIRONMENT WHILE THEY PURSUE THEIR EDUCATIONAL AND VOCATIONAL DREAMS. RESIDENTS OF JOBE TLP WILL RECEIVE ASSISTANCE AND GUIDANCE FROM THE PROGRAM DIRECTOR, CASE MANAGER, AND COUNSELORS. WHAT MAKES JOBE TRULY, ONE-OF-A-KIND IS THAT IT INTENDS TO GIVE THE RESIDENTS A TRUE SENSE OF FAMILY AND SUPPORT. 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 2020, ABOUT 104 INDIVIDUALS STAYED AT THE MCGILL STREET HOUSE.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 4D, 1 OF 1	<p>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 132,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2020, AYES PROVIDED OVER 10,100 SERVICES TO OVER 2,900 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 &amp; 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 R, 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 COMMUNITY CYO (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 &amp; 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 2020, CYO SERVED OVER 9,600 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 TH</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III, LINE 4D, 1 OF 1	E 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.

**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

Return Reference	Explanation
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

Return Reference	Explanation
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**

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

Return Reference	Explanation
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 IX, LINE 11G	PROGRAM SUBCONTRACTOR: PROGRAM SERVICE EXPENSES 10,316,904. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,316,904. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 339,205. MANAGEMENT AND GENERAL EXPENSES 45,884. FUNDRAISING EXPENSES 7,786. TOTAL EXPENSES 392,875.

**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 51,071,751.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 8:	THE AUDITED FINANCIAL STATEMENTS CHANGED FROM COST BASIS REPORTING ON THEIR INVESTMENT ASSETS TO REPORTING THEM BASED ON CURRENT FAIR MARKET VALUE. THIS CHANGE RESULTED IN AN INCREASE TO THE NET ASSETS OR FUND BALANCE OF \$157,475,562. THIS CHANGE WAS REPORTED AS A PRIOR PERIOD ADJUSTMENT ON THE AUDITED FINANCIAL STATEMENTS, AND HAS ALSO BEEN REPORTED AS A PRIOR PERIOD ADJUSTMENT ON THE TAX RETURNS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](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	3,648,190	CASH



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

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

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