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INSTRUCTIONS FOR FILING
CATHOLIC CHARITIES OF LOS ANGELES, INC.
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2011

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
ONE CALIFORNIA STREET, SUITE 2300
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2012. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions on back.**

2010

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Name and title of officer

REV MONSIGNOR GREGORY A COX, EXEC. DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>29156410.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

9	1	2	3	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

9	4	3	3	6	9	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC.			D Employer identification number 95-1690973
	Doing Business As			E Telephone number (213) 251-3400
	Number and street (or P.O. box if mail is not delivered to street address) 1531 JAMES M WOOD BLVD.		Room/suite	
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90015-0095			G Gross receipts \$ 34,291,908.
F Name and address of principal officer: MONSIGNOR GREGORY A. COX 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015-0095			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: ▶ WWW.CATHOLICCHARITIESLA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1937	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES 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.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	443.	
	6 Total number of volunteers (estimate if necessary)	6	936.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	22,341,527.	25,107,192.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,001,600.	2,166,959.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		685,811.	1,319,131.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		664,560.	563,128.	
		25,693,498.	29,156,410.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	25,000.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,295,018.	14,454,305.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	71,504.	51,994.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 457,299.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,383,407.	14,008,136.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,749,929.	28,539,435.		
19 Revenue less expenses. Subtract line 18 from line 12	-2,056,431.	616,975.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	58,673,826.	62,148,212.	
	22 Net assets or fund balances. Subtract line 21 from line 20.	8,356,678.	8,438,804.	
	50,317,148.	53,709,408.		

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			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOSEPH S. DE TRANE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00329386
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 415-986-3900	
	Firm's address ▶ ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111				
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 6,666,308. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 2,767,580. including grants of \$) (Revenue \$ 98,818.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 2,659,805. including grants of \$) (Revenue \$ 573,972.)

ATTACHMENT 4

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 12,818,076. including grants of \$ 25,000.) (Revenue \$ 1,593,781.)

4e Total program service expenses 24,911,769.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (41), 1b (40), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SARAH ELDER 1531 JAMES M. WOOD BLVD LOS ANGELES, CA 90015 213-251-3400

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(1) ARCHBISHOP JOSE H. GOMEZ CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) PAUL D. TOSETTI PRESIDENT	1.00	X		X			0.	0.	0.	
(3) REV. MSGR. GREGORY A. COX EXECUTIVE DIRECTOR EVP	40.00	X		X			28,761.	0.	20,192.	
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(5) LOLA MCALPIN-GRANT, ESQ. SECRETARY	1.00	X		X			0.	0.	0.	
(6) VINCENT F. MARTIN, JR. TREASURER	1.00	X		X			0.	0.	0.	
(7) YOLANDA BECERRA-JONES TRUSTEE	1.00	X					0.	0.	0.	
(8) RAYMOND T. BENNETT TRUSTEE	1.00	X					0.	0.	0.	
(9) CATHLEEN M. COBB TRUSTEE	1.00	X					0.	0.	0.	
(10) TIMOTHY J. COLLINS TRUSTEE	1.00	X					0.	0.	0.	
(11) WILLIAM R. DAHLMAN TRUSTEE	1.00	X					0.	0.	0.	
(12) RICHARD G. D'AMICO TRUSTEE	1.00	X					0.	0.	0.	
(13) SUSAN D'AMICO TRUSTEE	1.00	X					0.	0.	0.	
(14) ROBERT M. EBINER, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(15) GREGORY L. EVANS, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(16) BONIFACIO BONNY GARCIA, ESQ TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) HAROLD GREEN TRUSTEE	1.00	X					0.	0.	0.	
(18) STANLEY D. HAYDEN TRUSTEE	1.00	X					0.	0.	0.	
(19) IVAN J. HOUSTON TRUSTEE	1.00	X					0.	0.	0.	
(20) GARY D. KRAUSS TRUSTEE	1.00	X					0.	0.	0.	
(21) CHRIS KROES TRUSTEE	1.00	X					0.	0.	0.	
(22) CARDINAL ROGER M MAHONY TRUSTEE-CYPT	1.00	X					0.	0.	0.	
(23) MICHAEL J. MALONEY, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(24) LAWRENCE P. MCNEIL TRUSTEE	1.00	X					0.	0.	0.	
(25) KENNETH J. MURPHY, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(26) ANNE NOLAN TRUSTEE	1.00	X					0.	0.	0.	
(27) MICHAEL D. O'BRIEN TRUSTEE	1.00	X					0.	0.	0.	
(28) MONSIGNOR PADRAIC LOFTUS TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							28,761.	0.	20,192.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 5							399,975.	0.	64,752.	
d Total (add lines 1b and 1c)							428,736.	0.	84,944.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	642,963.					
	b Membership dues	1b						
	c Fundraising events	1c	1,779,732.					
	d Related organizations	1d	2,100,000.					
	e Government grants (contributions) . .	1e	15,292,046.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,292,451.					
	g Noncash contributions included in lines 1a-1f: \$		1,801,183.					
	h Total. Add lines 1a-1f			25,107,192.				
	Program Service Revenue		Business Code					
2a LEGAL SERVICES FOR GOVERNMENT AGENCIES			541100	862,299.	862,299.			
b DAY CARE TUITION			624410	299,648.	299,648.			
c CITIZENSHIP SERVICE FEES			900099	292,578.	292,578.			
d YOUTH SPORTS LEAGUE & ADMISSIONS			713990	274,324.	274,324.			
e CLIENT RENT AT TRANSITIONAL SHELTERS			624200	97,043.	97,043.			
f All other program service revenue			900099	341,067.	341,067.			
g Total. Add lines 2a-2f				2,166,959.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			291,875.			291,875.	
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
			(i) Real	(ii) Personal				
	6a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
			(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory				5,509,266.			
	b Less: cost or other basis and sales expenses				4,482,010.			
	c Gain or (loss)				1,027,256.			
	d Net gain or (loss)				1,027,256.		1,027,256.	
	8a Gross income from fundraising events (not including \$ <u>1,779,732.</u> of contributions reported on line 1c). See Part IV, line 18	a	ATCH 7		667,728.			
	b Less: direct expenses	b			651,605.			
c Net income or (loss) from fundraising events		ATCH. 8.		16,123.		16,123.		
9a Gross income from gaming activities. See Part IV, line 19	a			35,066.				
b Less: direct expenses	b			1,883.				
c Net income or (loss) from gaming activities				33,183.		33,183.		
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue			Business Code					
11a THRIFT STORE			453310	414,210.		414,210.		
b CYO SALES			711210	16,490.	16,490.			
c OTHER			900099	83,122.	83,122.			
d All other revenue								
e Total. Add lines 11a-11d				513,822.				
12 Total revenue. See instructions				29,156,410.	2,266,571.	1,782,647.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	25,000.	25,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	231,320.		231,320.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,134,769.	9,515,585.	1,432,273.	186,911.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	476,866.	401,926.	63,725.	11,215.
9 Other employee benefits	1,395,023.	1,174,479.	205,455.	15,089.
10 Payroll taxes	1,216,327.	1,044,213.	156,293.	15,821.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	112,874.	103,760.	9,114.	
c Accounting	252,695.	233,462.	17,041.	2,192.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	51,994.			51,994.
f Investment management fees	27,099.		27,099.	
g Other	894,046.	784,311.	106,975.	2,760.
12 Advertising and promotion	0.			
13 Office expenses	777,529.	557,087.	82,026.	138,416.
14 Information technology	427,157.	159,452.	258,130.	9,575.
15 Royalties	0.			
16 Occupancy	2,014,046.	1,669,675.	325,598.	18,773.
17 Travel	8,990.	6,841.	2,149.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	126,152.	67,909.	57,490.	753.
20 Interest	102,200.	102,200.		
21 Payments to affiliates	31,661.		31,661.	
22 Depreciation, depletion, and amortization . . .	628,312.	596,956.	31,356.	
23 Insurance	293,409.	292,615.	98.	696.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EMERGENCY FOOD & SHELTER	3,574,307.	3,574,307.		
b PARTICIPANT PAYROLL & RELATE	3,439,568.	3,439,568.		
c DONATED THRIFT STORE GOODS	414,769.	414,769.		
d OTHER SUPPLIES	294,939.	285,568.	9,371.	
e VEHICLES & MILEAGE	283,253.	242,565.	40,688.	
f All other expenses	305,130.	219,521.	82,505.	3,104.
25 Total functional expenses. Add lines 1 through 24f	28,539,435.	24,911,769.	3,170,367.	457,299.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,211,740.	1	1,419,983.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	296,275.	3	308,924.
	4 Accounts receivable, net	3,320,985.	4	3,010,700.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	209,854.	9	334,673.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,128,378.		
	b Less: accumulated depreciation	10b 7,150,441.		
		15,055,344.	10c	14,977,937.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	15,588,613.	12	17,056,498.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	22,991,015.	15	25,039,497.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,673,826.	16	62,148,212.	
Liabilities	17 Accounts payable and accrued expenses	4,295,977.	17	4,147,396.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,427,850.	23	3,936,237.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	632,851.	25	355,171.
	26 Total liabilities. Add lines 17 through 25	8,356,678.	26	8,438,804.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,954,171.	27	18,339,501.
	28 Temporarily restricted net assets	31,611,864.	28	34,618,794.
	29 Permanently restricted net assets	751,113.	29	751,113.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	50,317,148.	33	53,709,408.	
34 Total liabilities and net assets/fund balances	58,673,826.	34	62,148,212.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,156,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,539,435.
3	Revenue less expenses. Subtract line 2 from line 1	3	616,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,317,148.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,775,285.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,709,408.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?	X	
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.	X	

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 11, 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.)
- 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 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.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 97.76%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 93.87%; 16a 33 1/3% support test - 2010. 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 [X]; 16b 33 1/3% support test - 2009. 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 - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 17b 10%-facts-and-circumstances test - 2009. 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 IV 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 9 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (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

Table with 3 columns: Description, 2010, 2009. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2010, 2009. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2010. 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.

19b 33 1/3% support tests - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2010

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) () (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CATHOLIC CHARITIES OF LOS ANGELES, INC.**Employer identification number
95-1690973**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 4,811,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 4,627,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPT OF HOUSING & URBAN DEVELOPMENT 451 7TH STREET WASHINGTON, DC 20410	\$ 2,480,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	OPUS CARITATIS 1531 JAMES W WOOD BLVD LOS ANGELES, CA 90015	\$ 2,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	\$ 876,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LOS ANGELES COUNTY 3175 WEST 6TH STREET LOS ANGELES, CA 90020	\$ 924,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CATHOLIC CHARITIES OF LOS ANGELES, INC.**

Employer identification number
95-1690973

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	US DEPARTMENT OF HOMELAND SECURITY 301 7TH STREET SW #3621 WASHINGTON, DC 20407	\$ 664,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FAMILY TRUST C/O RCA 3424 WILSHIRE BLVD LOS ANGELES, CA 90010	\$ 570,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	\$ 69,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	US DEPARTMENT OF HOMELAND SECURITY 301 7TH STREET SW #3621 WASHINGTON, DC 20407	\$ 8,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CATHOLIC CHARITIES OF LOS ANGELES, INC.**

Employer identification number
95-1690973

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	FOOD INVENTORY _____ _____ _____	\$ 876,517.	VAR
10	FOOD INVENTORY _____ _____ _____	\$ 8,702.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for Yes/No questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various conservation easement details.

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

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collections, 2 for financial gain.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

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 XIV.

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, 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?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 2.0000 %
c Term endowment 98.0000 %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities. 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) STATE STREET FUNDS	17,056,498.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,056,498.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INT IN SEPARATE ORG	25,039,497.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	25,039,497.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES & GOVERNMENT REIMBURSABLE	355,171.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	355,171.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,156,410.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,539,435.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	616,975.
4	Net unrealized gains (losses) on investments	4	726,803.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,048,482.
9	Total adjustments (net). Add lines 4 through 8	9	2,775,285.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,392,260.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	32,111,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	726,803.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,255,562.
e	Add lines 2a through 2d	2e	2,982,365.
3	Subtract line 2e from line 1	3	29,129,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,099.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	27,099.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,156,410.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	28,719,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	207,080.
e	Add lines 2a through 2d	2e	207,080.
3	Subtract line 2e from line 1	3	28,512,336.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,099.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	27,099.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,539,435.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE RESTRICTED FUNDS ARE COMPOSED OF ANGEL'S FLIGHT BENEFICIAL INTEREST IN THE SEPARATE ORGANIZATION OF \$25,039,497 AND ANGEL'S FLIGHT INVESTMENTS OF \$4,719,272 AND INVESTMENTS FOR GOOD SHEPHERD CENTERS FOR CURRENT OPERATIONS - \$337,713 AND FOR FUTURE OPERATIONS - \$1,076,591. THERE ARE ADDITIONAL INVESTMENTS HELD FOR DISASTER RELIEF - \$427,721, FOR SANTA BARBARA PROGRAMS - \$163,710, FOR SANTA MARIA PROGRAMS - \$232,888, FOR SAN GABRIEL PROGRAMS - \$326,607 AND FOR BATTERED WOMEN - \$116,771. THE REMAINDER OF \$2,178,024 IS HELD AS INVESTMENTS FOR VARIOUS OTHER PROGRAMS OF CATHOLIC CHARITIES.

PERMANENTLY RESTRICTED FUNDS ARE HELD FOR OPERATIONS. INCOME GENERATED FROM PERMANENTLY RESTRICTED FUNDS IS CONSIDERED TEMPORARILY RESTRICTED. EACH YEAR THE BOARD OF TRUSTEES APPROVES EXPENDITURES FROM THESE EARNINGS BASED ON THE NEEDS OF THE ORGANIZATION AND THE INTENT OF THE DONORS.

ASC 740 FOOTNOTE

SCHEDULE D, PART X, LINE 2

CATHOLIC CHARITIES OPERATES AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION EXEMPT FROM INCOME TAXATION PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C) (3) ON ITS INCOME OTHER THAN UNRELATED BUSINESS INCOME AND HAS ALSO BEEN RECOGNIZED BY THE FRANCHISE TAX BOARD AS EXEMPT FROM STATE FRANCHISE OR INCOME TAX PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE SECTION

Part XIV Supplemental Information (continued)

23701(D) ON ITS INCOME OTHER THAN UNRELATED BUSINESS INCOME.

AS REQUIRED BY GAAP, CATHOLIC CHARITIES HAS IDENTIFIED AND EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAIN OPEN AND HAS DETERMINED THAT THERE IS NO MATERIAL UNRECOGNIZED BENEFIT OF LIABILITY TO BE RECORDED. THE OPEN TAX YEARS ARE THE YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2011 FOR FEDERAL TAX PURPOSES AND THE YEARS ENDED JUNE 30, 2007 THROUGH JUNE 30, 2011 FOR CALIFORNIA TAX PURPOSES. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2011. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS A TAX EXPENSE IN THE STATEMENTS OF ACTIVITIES.

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION INCLUDED IN FINANCIAL STATEMENTS BUT NOT IN RETURN.

REVENUE ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

THE TOTAL OF \$2,255,562 IS COMPOSED OF: FUNDRAISING EXPENSES OF \$205,197 AND RAFFLE EXPENSES OF \$1,883 (TOTAL \$207,080) WHICH WERE REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES BUT NETTED WITH REVENUE ON THE RETURN AND THE UNREALIZED INCREASE IN BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$2,048,482 WHICH WAS REPORTED AS REVENUE ON THE FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENTS, BUT IS NOT REPORTED ON THE RETURN.

EXPENSES ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING AND GAMING EXPENSES OF \$207,080 WERE REPORTED ON THE

FINANCIAL STATEMENTS AS EXPENSES BUT NETTED WITH REVENUE ON THE RETURN.

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

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

(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			
JOHN RAK JR. 1531 JAMES M. WOOD BLVD	DINNERS & DANCES		X	254,619.	51,994.	202,625.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				254,619.	51,994.	202,625.

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.

CA,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		ANGEL'S APPEAL	GOOD SHEPHERD	45.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	691,609.	351,382.	1,404,469.	2,447,460.
	2 Less: Charitable contributions	679,998.	240,314.	859,420.	1,779,732.
	3 Gross income (line 1 minus line 2).	11,611.	111,068.	545,049.	667,728.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,611.	106,403.	533,591.	651,605.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(651,605.)
	11 Net income summary. Combine line 3, column (d), and line 10				16,123.

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1 Gross revenue			35,066.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,883.	1,883.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(1,883.)	
8 Net gaming income summary. Combine line 1, column d, and line 7				33,183.	

9 Enter the state(s) in which the organization operates gaming activities: CA,
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain:
 THERE IS NO LICENSE REQUIRED IN CALIFORNIA FOR RAFFLES, BUT 90% OF THE PROCEEDS FROM THE RAFFLE MUST BE USED FOR EXEMPT PURPOSES.
10 a 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 operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

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

Name ▶ SARAH ELDER

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 31,559.

Part IV Supplemental Information. Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

CHARITABLE DISTRIBUTIONS FROM GAMING PROCEEDS

SCHEDULE G, PART III, LINE 17A

THERE IS NO LICENSE REQUIRED IN CALIFORNIA FOR RAFFLES, BUT 90% OF THE PROCEEDS FROM THE RAFFLE MUST BE USED FOR EXEMPT PURPOSES.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

BREAKDOWN ON REQUIRED STATE DISTRIBUTIONS

SCHEDULE G, PART III, LINE 17B

THE \$31,559 OF REQUIRED DISTRIBUTIONS ARE 100% SOURCED TO CALIFORNIA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501 (C) (3)	25,000.				DISASTER RELIEF
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE GRANT REPORTED IS A CHARITABLE DONATION TO SUPPORT DISASTER RELIEF IN

HAITI. THE DONATION WAS APPROVED BY THE BOARD OF TRUSTEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E BATHKER	(i)	147,357.	0.	3,048.	9,183.	18,097.	177,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		669,544.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		886,601.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (UTILITIES)	X		245,038.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

CATHOLIC CHARITIES USE CARS FOR CAUSES TO SELL DONATED VEHICLES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

OTHER PROGRAM SERVICES

PART III, LINE 4D

ALLEVIATE HUNGER:

HUNGER HAS NO BOUNDARIES. IT AFFECTS EVERY COMMUNITY AND EXISTS
EVERYWHERE IN THE COUNTRY.

CATHOLIC CHARITIES' 25 FOOD PANTRIES ARE SITUATED IN MANY OF THE POOREST
NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREAT.

STRENGTHEN COMMUNITIES:

AT 19 STRATEGICALLY LOCATED SITES, CATHOLIC CHARITIES' COMMUNITY CENTERS
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, ALWAYS RESPONDING TO THE COMMUNITY'S NEEDS. IN
ADDITION TO PROVIDING FOOD, CLOTHING, RENT AND UTILITIES' STIPENDS, THE
CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: CHILD ABUSE
PREVENTION, ENGLISH AS A SECOND LANGUAGE, FINANCIAL LITERACY, GED,
PREPARATION HEALTHY MARRIAGE TOOLS, HOMELESS PREVENTION, JOB TRAINING,
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 AND MORE.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

PROTECT THE AGING:

CATHOLIC CHARITIES' PROGRAMS FOR THE ELDERLY PROVIDE COMPASSIONATE IN-HOME CARE. WITH FINANCIAL ASSISTANCE, NUTRITIOUS FOOD DELIVERY AND ACCESS TO COMMUNITY RESOURCES, SENIORS CAN LIVE DIGNIFIED AND INDEPENDENT LIVES.

REFUGEE AND IMMIGRATION SERVICES:

CATHOLIC CHARITIES BEGAN PROVIDING IMMIGRATION ASSISTANCE DURING WORLD WAR II, WHEN REFUGEES SOUGHT SAFETY ON AMERICAN SHORES. TODAY, MOST CLIENTS SEEKING IMMIGRATION SERVICES ARE COMING FROM IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA.

CATHOLIC CHARITIES' IMMIGRATION AND REFUGEE PROGRAMS HAVE INSISTED ON LEGALITY, RESPONSIBILITY AND INDEPENDENCE. SERVICES ARE STRUCTURED TO ASSIST NEWLY-ARRIVED IMMIGRANTS IN LEARNING ENGLISH, OBTAINING EDUCATION AND TRAINING FOR JOBS THAT WILL PROVIDE AT LEAST A LIVING WAGE. AMERICAN VALUES AND SOCIAL NORMS ARE TAUGHT, AS WELL. THESE PROGRAMS HAVE A PROVEN TRACK RECORD OF HELPING IMMIGRANTS BECOME PRODUCTIVE MEMBERS OF SOCIETY.

BOARD MEMBER HAVING A FAMILY RELATIONSHIP WITH ANOTHER BOARD MEMBER

PART VI, SECTION A, LINE 2

WE HAVE TWO MARRIED COUPLES, MR. RICHARD G D'AMICO & MRS. SUSAN D'AMICO AND MR. VIKTOR RZETELJSKI & MRS. MARY BETH RZETELJSKI WHO SERVE ON THE BOARD OF TRUSTEES.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ORGANIZATION MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 6

THE INCUMBENT ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES IS THE SOLE MEMBER OF THE CORPORATION.

ELECTION OF GOVERNING BODY MEMBERS BY MEMBERS

PART VI, SECTION A, LINE 7A

TRUSTEES, OTHER THAN THOSE SERVING BY VIRTUE OF BEING AN AUTHORIZED REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

MEMBER APPROVAL OF GOVERNING BODY DETERMINATION

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 OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OF 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 THE ASSETS OF THE CORPORATION AND, 6) ANY SELF-DEALING TRANSACTIONS.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF THE 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 THE BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

WRITTEN CONFLICT OF INTEREST POLICY

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 QUESTIONNAIRE BEFORE OR AT THE FIRST REGULARLY SCHEDULED MEETING OF THE BOARD OF TRUSTEES OF THAT YEAR. THE RESPONSES ARE TRACKED BY THE EXECUTIVE DIRECTOR'S OFFICE. THE NAMES OF ANY TRUSTEES WHO HAVE NOT SUBMITTED THEIR QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME ARE FORWARDED TO THE CORPORATE SECRETARY WHO CONTINUES TO PERSONALLY FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINES 15A & 15B

THE REVEREND MONSIGNOR GREGORY A COX'S COMPENSATION IS COMPARABLE TO OTHER RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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DIRECTOR COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANT'S INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

DISCLOSURE OF ORGANIZATION DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S 990 IS AVAILABLE ON GUIDE STAR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE 990 AND OTHER DOCUMENTS UPON REQUEST.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES IS COMPRISED OF UNREALIZED GAINS ON INVESTMENTS OF \$726,803 AND UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$2,048,482.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THROUGH THE POWER OF THE HOLY SPIRIT, CATHOLIC CHARITIES OF LOS ANGELES COMMITS TO SERVE THE VULNERABLE AND TO STRIVE FOR A JUST SOCIETY. TODAY THE AGENCY OPERATES 19 COMMUNITY CENTERS AND 7 HOMELESS SHELTERS. IN 2010-2011 CATHOLIC CHARITIES PROVIDED OVER 1,238,600 SERVICES TO MORE THAN 289,000 PEOPLE. SINCE 1919, PEOPLE

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THROUGHOUT LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES HAVE TURNED TO US WITH CHALLENGES SUCH AS UNEMPLOYMENT, HOMELESSNESS, HUNGER, POVERTY, AND COMMUNITY CONCERNS. ALL CATHOLIC CHARITIES PROGRAMS AND SERVICES ARE DELIVERED TO ALL IN NEED REGARDLESS OF RACE, RELIGION, GENDER, AGE OR DISABILITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

YOUTH EMPLOYMENT SERVICES (AYES) PROVIDES YOUNG PEOPLE FROM THE MOST ECONOMICALLY DEPRESSED NEIGHBORHOODS IN LOS ANGELES WITH PAID JOB EXPERIENCE, MENTORSHIP, TRAINING, EDUCATION, AND COUNSELING SO THAT THEY BECOME SELF-SUFFICIENT AND PRODUCTIVE. OUR GOAL IS TO ALLEVIATE SOME OF THE SERIOUS PROBLEMS FACING YOUTH, SUCH AS HIGH SCHOOL DROPOUT, ILLITERACY, CRIME, AND UNEMPLOYMENT. WE STRIVE TO ACHIEVE THIS THROUGH PARTNERSHIPS WITH EMPLOYERS, COMMUNITY ORGANIZATIONS, AND LOCAL EDUCATIONAL AGENCIES TO LEVERAGE LIMITED RESOURCES AND IMPART GREATER VALUE TO THE COMMUNITY AT LARGE AND THE YOUNG PEOPLE WE SERVE.

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, AYE HAS SERVED OVER 75,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2011, AYES PROVIDED 2,800 LESS PRIVILEGED YOUTH WITH JOB TRAINING, EDUCATIONAL AND CAREER SERVICES. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH MANY

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ATTACHMENT 2 (CONT'D)

FIRMS SUCH AS BANK OF AMERICA, FEDEX-KINKO, AND THE AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA.

WITH FIELD OFFICES IN ANTELOPE VALLEY, DOWNTOWN LOS ANGELES, EAST LOS ANGELES, HOLLYWOOD AND SOUTH LOS ANGELES, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LOS ANGELES TRADE TECH COLLEGE, LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD), BRESEE FOUNDATION, COVENANT HOUSE, MARRIOTT FOUNDATION, AND THE UNIVERSITY OF SOUTHERN CALIFORNIA. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM. THESE PROGRAMS ARE VITAL IN HELPING YOUNG PEOPLE PREPARE FOR AMERICA'S FUTURE WORKFORCE. 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.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

OF THE 48,000 PEOPLE IN LOS ANGELES COUNTY WHO ARE HOMELESS, NEARLY 40% ARE WOMEN AND CHILDREN. GOOD SHEPHERD CENTER FOR HOMELESS WOMEN AND CHILDREN IS DEDICATED TO MEETING THE UNIQUE

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ATTACHMENT 3 (CONT'D)

NEEDS OF THIS VULNERABLE POPULATION. IN 1984, CATHOLIC CHARITIES OPENED GOOD SHEPHERD CENTER AS A 20-BED SHELTER. TODAY, SERVICES ARE PROVIDED TO OVER 726 WOMEN EACH YEAR THROUGH SEVERAL PROGRAMS.

LANGUILLE EMERGENCY SHELTER PROVIDES UP TO SIX WEEKS OF SHELTER AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREETS.

THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. PHASE I/HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. PHASE II/ANGEL GUARDIAN HOME, WHICH IS OPERATED BY A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. PHASE III/SISTER JULIA MARY FARLEY CENTER CONSISTS OF 21 TRANSITIONAL APARTMENTS, A COMPUTER LAB, A JOB-TRAINING AND CAREER CENTER, AND THE VILLAGE KITCHEN, WHICH COMBINES A CULINARY ARTS JOB TRAINING PROGRAM WITH A CAFE THAT IS OPEN TO THE PUBLIC.

ATTACHMENT 4

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ATTACHMENT 4 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ANGEL'S FLIGHT PROVIDES YOUTH AND YOUTH AT RISK WITH A VARIETY OF SERVICES.

AT ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, MOST OF WHOM ARE FLEEING ABUSIVE FAMILIES, FIND REFUGE. TEENS ARE WELCOMED WITH SHELTER, FOOD, CLOTHING, MENTAL HEALTH CARE, COUNSELING AND EDUCATION. THE PROGRAM INCLUDES A DROP-IN CENTER AND AN OUTREACH COMPONENT, REACHING AT LEAST 3,000 ADOLESCENTS EACH YEAR, WITH SERVICES FOCUSED ON EMOTIONAL HEALING, GROWTH AND EMPOWERMENT. SUBSTANCE ABUSE TREATMENT AND RECOVERY, MENTAL HEALTH COUNSELING, FOOD AND TOILETRIES, JOB SEARCH GUIDANCE, GANG PREVENTION AND INTERVENTION, TUTORING, ART, DANCE AND MUSIC INSTRUCTION ARE CENTRAL PROGRAM SERVICES.

ANOTHER COMPONENT IS ADESTE BEFORE-AND-AFTER-SCHOOL CARE. FOR MOST HARD WORKING, LOW-INCOME FAMILIES, THERE IS A SERIOUS LACK OF AFFORDABLE BEFORE-AND-AFTER SCHOOL PROGRAMS FOR THEIR CHILDREN. ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILD CARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILD CARE.

Name of the organization

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ATTACHMENT 4 (CONT'D)

THE PROGRAM HELPS ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. ADESTE'S PROGRAM FOCUSES ON STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER DEVELOPMENT, WHILE PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED IT.

THE THIRD COMPONENT, CATHOLIC YOUTH ORGANIZATION (CYO), OFFERS BASKETBALL, GOLF, SOCCER, VOLLEYBALL, CHEER & SONG AND TRACK & FIELD FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES. LAST YEAR, OVER 24,000 YOUNGSTERS ACTIVELY PARTICIPATED IN THE PROGRAM, LEARNING LIFE-LONG VALUES AND CHALLENGING THEMSELVES ON THEIR PATHS OF PERSONAL GROWTH. 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. PLAYING SPORTS THROUGH CYO CHANGES THE COURSE OF MANY LIVES AND CREATES HEALTHIER COMMUNITIES.

ATTACHMENT 5

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 DANIEL R. PEATE TRUSTEE	1.00	X						0.	0.	0.
30 JON L. REWINSKI, ESQ. TRUSTEE	1.00	X						0.	0.	0.
31 JACQUES G RIGAUD										

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			<u>ATTACHMENT 5 (CONT'D)</u>			
	TRUSTEE-CYPT	1.00	X	0.	0.	0.
32	VIKTOR RZETELJSKI					
	TRUSTEE	1.00	X	0.	0.	0.
33	MARY BETH RZETELJSKI					
	TRUSTEE	1.00	X	0.	0.	0.
34	BISHOP ALEXANDER SALAZAR					
	TRUSTEE	1.00	X	0.	0.	0.
35	FREDERICK K. SCHMITT					
	TRUSTEE	1.00	X	0.	0.	0.
36	STACY M. SPROULL					
	TRUSTEE	1.00	X	0.	0.	0.
37	THOMAS P. SULLIVAN					
	TRUSTEE	1.00	X	0.	0.	0.
38	JOHN J. SWENSON, ESQ.					
	TRUSTEE	1.00	X	0.	0.	0.
39	MARIE THORPE					
	TRUSTEE-CYPT	1.00	X	0.	0.	0.
40	FRANK E VELASCO					
	TRUSTEE-CYPT	1.00	X	0.	0.	0.
41	PETER J. VOGELSANG, M.D.					
	TRUSTEE	1.00	X	0.	0.	0.
42	DAVID M. WALSH, ESQ.					
	TRUSTEE	1.00	X	0.	0.	0.
43	JOHN A. WHITE					
	TRUSTEE	1.00	X	0.	0.	0.
44	JOHN YANEZ					
	TRUSTEE	1.00	X	0.	0.	0.
45	SANDER C. ZAGZEBSKI, ESQ.					
	TRUSTEE	1.00	X	0.	0.	0.
46	JAMES E BATHKER					
	CFO	40.00	X	150,405.	0.	27,280.
47	RONALD LOPEZ					
	CAO	40.00	X	127,186.	0.	22,212.
48	ALEXANDRIA M. ARNOLD					
	DIR DEVELOPMT & COMMUNICATIONS	40.00	X	122,384.	0.	15,260.

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON 515 S. FLOWER STREET LOS ANGELES, CA 90071	AUDITING	173,342.
MONIQUE LAMORE MORAGA 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015	DESIGN & PRINTING	169,538.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LA UAW TRAINING & EDUCATION 11010 ARTESIA BLVD CERRITOS, CA 90703	CLIENT TRAINING	146,943.
BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004	CLIENT TRAINING	114,566.
ARBOR EDUCATION & TRAINING 5301 WHITTIER BLVD LOS ANGELES, CA 90022	CLIENT TRAINING	112,883.
TOTAL COMPENSATION		717,272.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ANGEL'S APPEAL	679,998.
GOOD SHEPHERD GALA	240,314.
OTHER EVENTS	859,420.
TOTAL	1,779,732.

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
ANGEL'S APPEAL	11,611.	11,611.	0.
GOOD SHEPHERD GALA	111,069.	106,403.	4,666.
OTHER EVENTS	545,048.	533,591.	11,457.
TOTALS	667,728.	651,605.	16,123.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) ROMAN CATHOLIC ARCHDIOCESE OF LA 95-1642382 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010	RELIGIOUS	CA	501 (C) (3)	01	N/A		X
(2) OPUS CARITATIS, INC 20-1021326 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	SUPPORTING	CA	501 (C) (3)	11	N/A		X
(3) CATHOLIC CHARITIES COMM DEVELOPMENT CORP 95-4172572 PO BOX 15095 LOS ANGELES, CA 90015	COM. DEVELOP	CA	501 (C) (3)	9	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS, INC.	C	2,100,000.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
