

# 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 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</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	<b>C Name of organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC Doing Business As			<b>D Employer identification number</b> 95-1690973	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (213) 251-3400	
	City, town or post office, state, and ZIP code LOS ANGELES, CA 90015-0095			<b>G Gross receipts \$</b> 33,666,120.	
	<b>F Name and address of principal officer:</b> MONSIGNOR GREGORY A. COX 1531 JAMES M. WOOD BLVD. 90015-0095 LOS ANGELES CA			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <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		<b>J Website:</b> WWW.CATHOLICCHARITIESLA.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1937		<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	41.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	39.	
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	415.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	2,596.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	25,988,295.	25,999,146.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,063,367.	2,249,335.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,207.	80,422.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	573,784.	568,668.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,903,653.	28,897,571.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,000.	286,000.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,701,140.	13,532,777.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	65,460.	58,923.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 473,814.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,143,205.	16,707,536.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,973,805.	30,585,236.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-70,152.	-1,687,665.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	63,018,977.	64,487,047.
	<b>21</b>	Total liabilities (Part X, line 26)	8,265,420.	8,338,512.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	54,753,557.	56,148,535.	

**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.

<b>Sign Here</b>	Signature of officer MONSIGNOR GREGORY A. COX Type or print name and title		EXECUTIVE OFFICER		Date
	Print/Type preparer's name GRANT THORNTON LLP		Preparer's signature		Date
<b>Paid Preparer Use Only</b>	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558		Check <input type="checkbox"/> if self-employed
	Firm's address ▶ ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111		Phone no. 415-986-3900		PTIN P01278077

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

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

4a (Code: ) (Expenses \$ 4,255,502. including grants of \$ ) (Revenue \$ 276,144. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 3,380,258. including grants of \$ ) (Revenue \$ 168,797. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 2,060,640. including grants of \$ ) (Revenue \$ )

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5  
(Expenses \$ 17,133,102. including grants of \$ 286,000. ) (Revenue \$ 1,804,394. )

4e Total program service expenses 26,829,502.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 4 columns: Question, Yes, No, and a column for numerical responses. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with 4 columns: Question, Yes, No, and a column for numerical responses. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(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			29,125.	0	21,654.	
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00	X		X			0	0	0	0
(5) LOLA MCALPIN-GRANT, ESQ. SECRETARY	1.00	X		X			0	0	0	0
(6) VINCENT F. MARTIN, JR. TREASURER	1.00	X		X			0	0	0	0
(7) YOLANDA BECERRA-JONES TRUSTEE	1.00	X					0	0	0	0
(8) CATHLEEN M. COBB TRUSTEE	1.00	X					0	0	0	0
(9) TIMOTHY J. COLLINS TRUSTEE	1.00	X					0	0	0	0
(10) RICHARD G. D'AMICO TRUSTEE	1.00	X					0	0	0	0
(11) SUSAN D'AMICO TRUSTEE	1.00	X					0	0	0	0
(12) ROBERT M. EBINER, ESQ. TRUSTEE	1.00	X					0	0	0	0
(13) GREGORY L. EVANS, ESQ. TRUSTEE	1.00	X					0	0	0	0
(14) BONIFACIO BONNY GARCIA, ESQ. TRUSTEE	1.00	X					0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) HAROLD GREEN TRUSTEE	1.00	X						0	0	0
( 16) STANLEY D. HAYDEN TRUSTEE	1.00	X						0	0	0
( 17) NANCY KAILEY TRUSTEE	1.00	X						0	0	0
( 18) GARY D. KRAUSS TRUSTEE	1.00	X						0	0	0
( 19) CHRIS KROES TRUSTEE	1.00	X						0	0	0
( 20) IVAN J. HOUSTON TRUSTEE	1.00	X						0	0	0
( 21) MICHAEL J. MALONEY, ESQ. TRUSTEE	1.00	X						0	0	0
( 22) JANET MAULHARDT TRUSTEE	1.00	X						0	0	0
( 23) LAWRENCE P. MCNEIL TRUSTEE	1.00	X						0	0	0
( 24) KENNETH J. MURPHY, ESQ. TRUSTEE	1.00	X						0	0	0
( 25) MONSIGNOR PADRAIC LOFTUS TRUSTEE	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .								29,125.	0	21,654.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								521,210.	0	90,761.
<b>d Total (add lines 1b and 1c)</b> . . . . .								550,335.	0	112,415.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **▶** 2



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) ANNE NOLAN TRUSTEE-CYPT	1.00	X					0	0	0	
( 27) MICHAEL D. O'BRIEN TRUSTEE	1.00	X					0	0	0	
( 28) DANIEL R. PEATE TRUSTEE-CYPT	1.00	X					0	0	0	
( 29) JON L. REWINSKI, ESQ. TRUSTEE	1.00	X					0	0	0	
( 30) VIKTOR RZETELJSKI TRUSTEE	1.00	X					0	0	0	
( 31) MARY BETH RZETELJSKI TRUSTEE	1.00	X					0	0	0	
( 32) FREDERICK K. SCHMITT TRUSTEE	1.00	X					0	0	0	
( 33) STACY M. SPROULL TRUSTEE-CYPT	1.00	X					0	0	0	
( 34) THOMAS P. SULLIVAN TRUSTEE-CYPT	1.00	X					0	0	0	
( 35) JOHN J. SWENSON, ESQ. TRUSTEE	1.00	X					0	0	0	
( 36) PETER J. VOGELSANG, M.D. TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

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

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

**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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) DAVID M. WALSH, ESQ. ----- TRUSTEE	1.00	X					0	0	0	
( 38) MARCIA WILSON HOBBS ----- TRUSTEE	1.00	X					0	0	0	
( 39) JOHN A. WHITE ----- TRUSTEE	1.00	X					0	0	0	
( 40) JOHN YANEZ ----- TRUSTEE	1.00	X					0	0	0	
( 41) SANDER C. ZAGZEBSKI, ESQ. ----- TRUSTEE	1.00	X					0	0	0	
( 42) GARY DARNELL ----- TRUSTEE	1.00	X					0	0	0	
( 43) MARSHA WILSON HOBBS ----- TRUSTEE	1.00	X					0	0	0	
( 44) LUIS MARIA R. CALINGO ----- TRUSTEE	1.00	X					0	0	0	
( 45) JOSEPH MAFFUCCI ----- TRUSTEE	1.00	X					0	0	0	
( 46) MICHAEL T PSOMAS ----- TRUSTEE	1.00	X					0	0	0	
( 47) REV. ALEXANDER SALAZAR ----- TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

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

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

**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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) RAYMOND T. BENNETT TRUSTEE	1.00	X					0	0	0	
( 49) YVONNE CHAVEZ-MEINZER TRUSTEE	1.00	X					0	0	0	
( 50) WILLIAM R. DAHLMAN TRUSTEE	1.00	X					0	0	0	
( 51) JAMES E. BATHKER CFO	40.00			X			156,206.	0	35,702.	
( 52) RONALD LOPEZ CAO	40.00					X	134,665.	0	31,406.	
( 53) ALEXANDRIA M. ARNOLD DIR DEVELOPMT & COMMUNICATIONS	40.00					X	126,980.	0	17,588.	
( 54) EDWARD NELSON DIR CQI	40.00					X	103,359.	0	6,065.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

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

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

**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 **▶**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	629,430.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,570,245.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	2,282,000.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	12,027,086.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	9,490,385.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		6,963,892.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			25,999,146.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> LEGAL SERVICES FOR GOVERNMENT AGENCIES . . . . .			541100	1,016,402.	1,016,402.			
<b>b</b> DAY CARE TUITION . . . . .			624410	249,522.	249,522.			
<b>c</b> YOUTH SPORTS LEAGUE & ADMISSIONS . . . . .			713990	276,145.	276,145.			
<b>d</b> CITIZENSHIP SERVICE FEES . . . . .			900099	332,167.	332,167.			
<b>e</b> SALES BY JOB TRAINEES . . . . .			722210	109,521.	109,521.			
<b>f</b> All other program service revenue . . . . .				265,578.	265,578.			
<b>g Total.</b> Add lines 2a-2f . . . . .				2,249,335.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,284.			3,284.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .		(i) Real					
		<b>b</b> Less: rental expenses . . . . .		(ii) Personal				
			<b>c</b> Rental income or (loss) . . . . .					
			<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		(ii) Other				
			<b>c</b> Gain or (loss) . . . . .					
			<b>d</b> Net gain or (loss) . . . . .			77,138.		77,138.
	<b>8a</b> Gross income from fundraising events (not including \$ 1,570,245. of contributions reported on line 1c). See Part IV, line 18 . . . . .		ATCH 7					
		<b>b</b> Less: direct expenses . . . . .			637,349.			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			548,489.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .				88,860.			88,860.
<b>b</b> Less: direct expenses . . . . .								
<b>c</b> Net income or (loss) from gaming activities . . . . .				33,052.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .				555.				
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			32,497.			32,497.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> THRIFT STORE . . . . .		453310	433,978.			433,978.		
<b>b</b> CYO SALES . . . . .		711210	11,069.	11,069.				
<b>c</b> OTHER . . . . .		900099	2,264.	2,264.				
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			447,311.					
<b>12 Total revenue.</b> See instructions . . . . .			28,897,571.	2,262,668.		635,757.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 United States. See Part IV, line 21 .	286,000.	286,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	408,757.		408,757.	
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 . . . . .	10,198,512.	8,585,908.	1,418,729.	193,875.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	387,030.	323,783.	53,073.	10,174.
9 Other employee benefits . . . . .	1,404,160.	1,187,470.	196,811.	19,879.
10 Payroll taxes . . . . .	1,134,318.	958,922.	159,570.	15,826.
11 Fees for services (non-employees):	0			
a Management . . . . .				
b Legal . . . . .	45,467.	45,347.	120.	
c Accounting . . . . .	215,232.	196,845.	15,821.	2,566.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	58,923.			58,923.
f Investment management fees . . . . .	32,014.		32,014.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	812,400.	746,979.	65,365.	56.
12 Advertising and promotion . . . . .	116,308.	47,945.	57,602.	10,761.
13 Office expenses . . . . .	1,055,465.	695,442.	229,378.	130,645.
14 Information technology . . . . .	545,165.	231,919.	302,745.	10,501.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,858,902.	1,662,528.	177,601.	18,773.
17 Travel . . . . .	6,877.	5,467.	1,410.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	101,214.	41,979.	58,335.	900.
20 Interest . . . . .	132,200.	132,200.		
21 Payments to affiliates . . . . .	38,450.		38,450.	
22 Depreciation, depletion, and amortization . . . . .	679,072.	630,229.	48,843.	
23 Insurance . . . . .	311,559.	310,785.	78.	696.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY FOOD & SHELTER -----	8,639,381.	8,639,381.		
b PARTICIPANT PAYROLL & RELATE -----	1,232,848.	1,232,848.		
c DONATED THRIFT STORE GOODS -----	440,917.	440,917.		
d OTHER SUPPLIES -----	177,901.	168,417.	9,244.	240.
e All other expenses -----	266,164.	258,191.	7,974.	-1.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	30,585,236.	26,829,502.	3,281,920.	473,814.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,552,288.	<b>1</b>	653,122.
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	271,814.	<b>3</b>	233,120.
	<b>4</b> Accounts receivable, net	2,607,412.	<b>4</b>	1,731,020.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	262,562.	<b>9</b>	359,709.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 24,291,937.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,900,873.	17,013,036.	<b>10c</b> 16,391,064.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	15,327,789.	<b>12</b>	17,513,221.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	25,984,076.	<b>15</b>	27,605,791.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	63,018,977.	<b>16</b>	64,487,047.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,438,339.	<b>17</b>	3,274,881.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	4,616,573.	<b>23</b>	4,739,791.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	210,508.	<b>25</b>	323,840.
	<b>26 Total liabilities.</b> Add lines 17 through 25	8,265,420.	<b>26</b>	8,338,512.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	19,671,822.	<b>27</b>	19,480,672.
	<b>28</b> Temporarily restricted net assets	34,330,622.	<b>28</b>	35,916,750.
	<b>29</b> Permanently restricted net assets	751,113.	<b>29</b>	751,113.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	54,753,557.	<b>33</b>	56,148,535.
	<b>34</b> Total liabilities and net assets/fund balances	63,018,977.	<b>34</b>	64,487,047.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	28,897,571.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,585,236.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,687,665.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	54,753,557.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,621,714.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,460,929.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	56,148,535.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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	
<b>3a</b> 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>b</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

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC	<b>Employer identification number</b> 95-1690973
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**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-Non-functionally integrated

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?

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,195,778.	22,341,527.	25,107,192.	25,988,294.	25,999,146.	123,631,937.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	24,195,778.	22,341,527.	25,107,192.	25,988,294.	25,999,146.	123,631,937.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						123,631,937.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	24,195,778.	22,341,527.	25,107,192.	25,988,294.	25,999,146.	123,631,937.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	386,222.	312,284.	291,875.	151,058.	3,284.	1,144,723.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						124,776,660.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	14,399,324.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.08 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.64 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2011.** 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 ►

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

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

**2012**

<b>Name of the organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC.	<b>Employer identification number</b> 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 33 1/3 % 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, total 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 total 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 Part I, 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).

<b>Name of organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC.	<b>Employer identification number</b> 95-1690973
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF LABOR ----- 200 CONSTITUTION AVE NW ----- WASHINGTON, DC 20210 -----	\$ 3,249,362.	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 HEALTH & HUMAN SERVICES ----- 200 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20201 -----	\$ 2,580,888.	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 -----	\$ 1,406,736.	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 M WOOD BLVD ----- LOS ANGELES, CA 90015 -----	\$ 2,282,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	US DEPT OF AGRICULTURE ----- 1400 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20250 -----	\$ 1,987,338.	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, CALIFORNIA ----- 3175 WEST 6TH STREET ----- LOS ANGELES, CA 90020 -----	\$ 926,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC.	<b>Employer identification number</b> 95-1690973
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	US DEPARTMENT OF AGRICULTURE ----- 1401 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20250 -----	\$ 83,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DEPARTMENT OF HOMELAND SECURITY ----- 650 MASSACHUSETTS AVE NW ----- WASHINGTON, DC 20001 -----	\$ 742,377.	Person <input checked="" 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.)
	----- ----- -----	\$ -----	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.)
	----- ----- -----	\$ -----	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). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	FOOD INVENTORY ----- ----- -----	\$ 1,987,338.	VAR
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization <b>CATHOLIC CHARITIES OF LOS ANGELES, INC.</b>	Employer identification number 95-1690973
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-1b and 2a-2b regarding art and historical treasures collections.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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?  Yes  No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,081,735.	35,369,907.	32,362,977.	30,415,721.	31,782,778.
b Contributions	3,893,989.	1,243,426.	2,254,306.	584,715.	2,874,313.
c Net investment earnings, gains, and losses	1,947,554.	985,996.	2,659,820.	3,752,630.	-2,977,620.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,255,415.	2,517,594.	1,907,196.	2,390,089.	1,263,750.
f Administrative expenses					
g End of year balance	36,667,863.	35,081,735.	35,369,907.	32,362,977.	30,415,721.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,822,666.		2,822,666.
b Buildings		18,581,154.	5,615,836.	12,965,316.
c Leasehold improvements		883,372.	480,268.	403,104.
d Equipment		2,004,745.	1,861,867.	199,978.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,391,064.

**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	17,513,221.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,513,221.	

**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)		
<b>Total.</b> (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 INTEREST IN SEPARAT	27,605,791.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	27,605,791.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES	323,840.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	323,840.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	32,549,769.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,460,929.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	363,300.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,859,983.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,684,212.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,865,557.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,014.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,014.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	28,897,571.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	31,154,791.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	363,300.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	238,269.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	601,569.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,553,222.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,014.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,014.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	30,585,236.

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

SEE PAGE 5

**Part XIII** 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 (\$27,605,791) AND INVESTMENTS FOR: ANGEL'S FLIGHT (\$3,669,095), GOOD SHEPHERD CENTER (\$1,187,337), DISASTER RELIEF (\$427,721), SANTA BARBARA (\$108,595), SANTA MARIA PROGRAMS (\$208,655), SAN GABRIEL (\$177,139), SAN FERNANDO (\$423,040), VENTURA (\$347,277) AND FOR BATTERED WOMEN - \$116,771. THERE IS A PLEDGE OF \$233,120 FOR ST. MARGARET'S CENTER AND THE REMAINDER OF \$1,412,209 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 23701(D) ON ITS INCOME OTHER THAN UNRELATED BUSINESS INCOME.

**Part XIII Supplemental Information** (continued)

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, 2009 THROUGH JUNE 30, 2013 FOR FEDERAL TAX PURPOSES AND THE YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2013 FOR CALIFORNIA TAX PURPOSES. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2013. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS A TAX EXPENSE IN THE STATEMENTS OF ACTIVITIES.

REVENUE ON FINANCIAL STATEMENS BUT NOT ON RETURN

SCHEDULE D, PART XI, LINE 2D

THE TOTAL OF \$1,859,984 IS COMPOSED OF: FUNDRAISING EXPENSES OF \$237,714 AND RAFFLE EXPENSES OF \$555 (TOTAL \$238,269) WHICH WERE REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES UNDER US GAAP (GENERALLY ACCEPTED ACCOUNTING PRINCIPLES) BUT NETTED WITH REVENUE ON THE RETURN, THE UNREALIZED INCREASE IN BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$1,621,715 WHICH IS REPORTED AS REVENUE UNDER GAAP ON THE FINANCIAL STATEMENTS, BUT IS NOT REPORTED ON THE RETURN UNDER IRS RULES.

**Part XIII** Supplemental Information (continued)

EXPENSES ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING AND GAMING EXPENSES OF \$238,269 WERE REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES UNDER GAAP BUT NETTED WITH REVENUE ON THE RETURN UNDER IRS RULES AND \$363,300 OF DONATED SERVICES WAS REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS PER GAAP BUT NOT ON THE RETURN UNDER IRS RULES.

**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

**2012**

**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			
1 JOHN RAK, JR 1531 JAMES M. WOOD BLVD	DINNERS & DANCES		X	381,688.	36,427.	345,261.
2 COMMUNITY ENDEAVORS 218 EAST VILLANOVA DRIVE	DINNERS & AWARDS		X	97,880.	18,400.	79,480.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				479,568.	54,827.	424,741.

**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	
		CHRISTMAS GALA	SILENT ANGELS	53.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	243,729.	548,775.	1,415,090.	2,207,594.
	2	Less: Contributions . . . . .	158,988.	453,208.	958,049.	1,570,245.
	3	Gross income (line 1 minus line 2) . . . . .	84,741.	95,567.	457,041.	637,349.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	58,239.	45,504.	207,032.	310,775.
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	22,085.	41,719.	173,910.	237,714.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 548,489.)
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				88,860.

**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 . . . . .			33,052.
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .			555.	555.
	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) . . . . . ▶				( 555.)	
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				32,497.	

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 PURPOSE.  
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

- 15 a 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 ▶ \$ 29,747.

**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 DISTRIBUTION 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 DISTRIBUTION

SCHEDULE G, PART III, LINE 17B

THE \$29,747 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

**2012**

**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**

- 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
- 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. 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)	ANGEL'S NEST TLP 10962 WAGNER STREET, CULVER CITY	45-3252737	501(C)(3)	286,000.				YOUTH AT RISK
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2012)

**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, Part III, column (b), 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 YOUTH AT RISK. 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

**2012**

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input 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 checked="" 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? **4a**  **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  **X**
- 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? **5a**  **X**
- b** Any related organization? **5b**  **X**
- 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? **6a**  **X**
- b** Any related organization? **6b**  **X**
- 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 **7**  **X**

**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 **8**  **X**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		<b>X</b>

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

Schedule J (Form 990) 2012

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E. BATHKER CFO	(i)	150,786.	0	5,420.	9,047.	26,655.	191,908.	
	(ii)	0	0	0			0	
2 RONALD LOPEZ CAO	(i)	134,665.	0	0	8,336.	23,070.	166,071.	
	(ii)	0	0	0			0	
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**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		1,486,826.	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		5,081,664.	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		2.	395,402.	
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 . . . . .	<b>29</b>
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	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 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) (2012)

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

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

CATHOLIC CHARITIES USED "CARS FOR CAUSES" AND "CHARITABLE ADULTS RIGHTS

SERVICES" TO SELL DONATED VEHICLES.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
TRANSPORTATION VOUCHERS	X	1.	132,294.	FAIR MARKET VALUE
UTILITY VOUCHERS	X	1.	263,108.	FAIR MARKET VALUE
TOTALS		<u>2.</u>	<u>395,402.</u>	

**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

**2012**

**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 - REFUGEE AND IMMIGRATION SERVICES

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

IMMIGRATION SERVICES PROVIDED SERVICES TO 3,827 CLIENTS IN 2012-2013. AN EXAMPLE OF THEIR OUTREACH IS THE LARGE-SCALE CITIZENSHIP WORKSHOP IN NORTH HILLS WHERE OVER 100 RECEIVED NATURALIZATION AND APPLICATION SERVICES.

REFUGEE RESETTLEMENT (RRP) OFFERED AN ARRAY OF SERVICES SUCH AS ESL CLASSES, MENTORSHIPS, LIFE SKILLS ORIENTATIONS AND JOB READINESS WORKSHOPS TO HELP RECENTLY ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. MOST CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES WHICH IS PARTIALLY FUNDED BY THE DEPARTMENTS OF STATE AND HEALTH

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& HUMAN SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH FAMILY, FRIENDS, AND LOCAL GOVERNMENT ENTITIES.

IN 2012-13 RRP PROVIDED HELP TO 3,764 CLIENTS. CLIENTS ARE SERVED BY OUR STAFF MEMBERS WHO ARE ALL FORMER REFUGEES OR ASYLEES THEMSELVES.

LANGUAGES USED TO HELP CLIENTS INCLUDED ARABIC, ARMENIAN, CAMBODIAN, CHINESE (MANDARIN AND CANTONESE), FARSI, FRENCH, GREEK, RUSSIAN, SPANISH, TURKISH AND VIETNAMESE.

OUR ESPERANZA PROGRAM GRANTED DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO DETAINED IMMIGRANTS, INCLUDING CHILDREN, WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL. ESPERANZA TRAVELS TO A VARIETY OF IMMIGRATION DETENTION CENTERS IN THE LA REGION, INCLUDING THE MIRA LOMA DETENTION CENTER IN LANCASTER, THE LA COUNTY MEN'S CENTRAL JAIL AND CRITTENTON SERVICES FOR CHILDREN AND FAMILIES IN FULLERTON, CA. LEGAL ASSISTANCE, ORIENTATIONS, ADVOCACY AND/OR EDUCATION WAS PROVIDED TO 5,420 MEN, WOMEN AND CHILDREN WHO WERE DETAINED. SUBSTANTIAL FUNDING COMES FROM THE GOVERNMENT. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF OUR CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES.

IN MAY 2013, ESPERANZA WAS ONE OF FOUR ORGANIZATIONS CHOSEN BY THE US DEPARTMENT OF JUSTICE TO PROVIDE LEGAL REPRESENTATION TO IMMIGRANTS WHO ARE MENTALLY ILL. THIS IS A PILOT FOR A NATIONAL PROGRAM. OVER 20

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VOLUNTEER ATTORNEYS, LAW STUDENTS, AND OTHER PROFESSIONALS PARTNERED WITH ESPERANZA TO PROVIDE HOPE, AND ADVANCE SOCIAL JUSTICE, TO THE COMMUNITIES' MOST VULNERABLE IMMIGRANTS.

OUR CENTRAL INTAKE UNIT (CIU) IS CONTRACTED BY THE COUNTY OF LA TO PROVIDE ASSISTANCE TO REFUGEES AND IMMIGRANTS THROUGH TWO PROGRAMS REFUGEE EMPLOYMENT TRAINING PROGRAM (REP) AND COMMUNITY SERVICES BLOCK GRANTS. CIU SERVED 3,130 CLIENTS WITH OVER 10,075 SERVICES SUCH AS CASE MANAGEMENT, JOB SERVICES AND LIFE-SKILLS WORKSHOPS. REFUGEES ARE REFERRED FOR CIU SERVICES FROM LA COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS). THROUGH THE REP PROGRAM 260 INDIVIDUALS ENTERED THE WORKFORCE. IN THE HOME BASED CHILD CARE TRAINING PROGRAM, 20 REFUGEE WOMEN PREPARED TO OPEN THEIR OWN CHILD CARE BUSINESSES. CIU SERVICES PROVIDED INCLUDE CREATING A FAMILY SELF SUFFICIENCY PLAN, EXPLAINING PARTICIPANT RIGHTS AND RESPONSIBILITIES, AND REFERRING TO CLIENTS TO OTHER APPROPRIATE SERVICES.

BOARD MEMBER HAVING A FAMILY RELATIONSHIP WITH ANOTHER BOARD MEMBER  
PART VI, SECTION A, LINE 2: BOARD MEMBER HAVING A FAMILY RELATIONSHIP WITH ANOTHER BOARD MEMBER

OUT OF OUR 41 BOARD MEMBERS, 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.

PART VI, SECTION A, LINE 6: ORGANIZATION MEMBERS AND STOCKHOLDERS

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

PART VI, SECTION A, LINE 7A: ELECTION OF GOVERNING BODY MEMBERS BY MEMBERS TRUSTEES, OTHER THAN THOSE SERVING BY VIRTUE OF BEING AN AUTHORIZED REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

PART VI, SECTION A, LINE 7B: MEMBER APPROVAL OF GOVERNING BODY DETERMINATION

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.

PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS

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

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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.

PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF INTEREST POLICY  
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.

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

PART VI, SECTION C, LINE 19: DISCLOSURE OF ORGANIZATION DOCUMENTS  
OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR 990 IS ALSO AVAILABLE ON GUIDE



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STAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE 990 AND OTHER DOCUMENTS UPON REQUEST.

PART VII, SECTION A: REASONABLE EFFORTS

CCLA HAS MADE REASONABLE EFFORTS AND EXERCISED DUE CARE AND DILIGENCE REQUESTING COMPENSATION INFORMATION FOR ITS CURRENT AND FORMER DIRECTORS. HOWEVER, NOT ALL OF THE REQUESTED INFORMATION WAS PROVIDED TO CCLA.

RECONCILIATION OF NET ASSETS

PART XI, LINE 9

"OTHER CHANGES" IN NET ASSETS OR FUND BALANCES IS COMPRISED OF THE UNREALIZED INCREASE IN VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$1,460,929 THAT IS REQUIRED TO BE RECOGNIZED IN OUR AUDITED FINANCIAL STATEMENTS BUT ARE EXCLUDED FROM REVENUES AND EXPENSES IN THE 990.

NTEE CODES

NATIONAL TAXONOMY OF EXEMPT ENTITIES

P20 HUMAN SERVICE ORGANIZATIONS

ARTS, CULTURE & HUMANITIES

A20 ARTS & CULTURE

A23 CULTURAL & ETHNIC AWARENESS

A24 FOLK ARTS

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A62 DANCE

A68 MUSIC

EDUCATION

B60 ADULT EDUCATION

B90 EDUCATIONAL SERVICES

B92 REMEDIAL READING & ENCOURAGEMENT

ANIMAL RELATED

D20 ANIMAL PROTECTION & WELFARE

HEALTH CARE

E70 PUBLIC HEALTH

E80 HEALTH (GENERAL & FINANCING)

E90 NURSING

E92 HOME HEALTH CARE

MENTAL HEALTH AND CRISIS INTERVENTION

F20 SUBSTANCE ABUSE DEPENDENCY, PREVENTION & TREATMENT

F21 SUBSTANCE ABUSE PREVENTION

F22 SUBSTANCE ABUSE TREATMENT

F40 HOT LINES & CRISIS INTERVENTION

F42 SEXUAL ASSAULT SERVICES

F60 COUNSELING

F70 MENTAL HEALTH DISORDERS

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## CRIME AND LEGAL RELATED

## I20 CRIME PREVENTION

I21 YOUTH VIOLENCE PREVENTION

## I70 PROTECTION AGAINST ABUSE

I72 CHILD ABUSE PREVENTION

I73 SEXUAL ABUSE PREVENTION

## I80 LEGAL SERVICES

I83 PUBLIC INTEREST LAW

## EMPLOYMENT

## J20 EMPLOYMENT PREPARATION &amp; PROCUREMENT

J21 VOCATIONAL COUNSELING

J22 JOB TRAINING

## FOOD, AGRICULTURE AND NUTRITION

## K30 FOOD PROGRAMS

K31 FOOD BANKS &amp; PANTRIES

K35 SOUP KITCHENS

## K40 NUTRITION

## K50 HOME ECONOMICS

## HOUSING &amp; SHELTER

## L30 HOUSING SEARCH ASSISTANCE

## L40 TEMPORARY HOUSING

L41 HOMELESS SHELTERS

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L80 HOUSING SUPPORT

L81 HOME IMPROVEMENT & REPAIRS

L82 HOUSING EXPENSE REDUCTION SUPPORT

RECREATION & SPORTS

N30 COMMUNITY RECREATIONAL FACILITIES

N60 AMATEUR SPORTS

N62 BASKETBALL

N63 BASEBALL & SOFTBALL

N64 SOCCER

N65 FOOTBALL

N66 RACQUET SPORTS

N68 WINTER SPORTS

N6A GOLF

N70 AMATEUR SPORTS COMPETITIONS

YOUTH DEVELOPMENT

O20 YOUTH CENTERS & CLUBS

O50 YOUTH DEVELOPMENT PROGRAMS

HUMAN SERVICES

P20 HUMAN SERVICE ORGANIZATIONS

P28 NEIGHBORHOOD CENTERS

P29 THRIFT SHOPS

P30 CHILDREN & YOUTH SERVICES

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P33 CHILD DAY CARE

P40 FAMILY SERVICES

P44 IN-HOME ASSISTANCE

P45 FAMILY SERVICES FOR ADOLESCENT PARENTS

P46 FAMILY COUNSELING

P47 PREGNANCY

P50 PERSONAL SOCIAL SERVICES

P51 FINANCIAL COUNSELING

P52 TRANSPORTATION ASSISTANCE

P58 GIFT DISTRIBUTION

P60 EMERGENCY ASSISTANCE

P62 VICTIMS' SERVICES

P80 CENTERS TO SUPPORT THE INDEPENDENCE OF SPECIFIC POPULATIONS

P83 WOMEN'S CENTERS

P84 ETHNIC & IMMIGRANT CENTERS

P85 HOMELESS CENTERS

CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY

R20 CIVIL RIGHTS

R21 IMMIGRANTS' RIGHTS

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. ACCREDITED BY THE COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES, CATHOLIC CHARITIES OPERATES PROGRAMS IN A

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ATTACHMENT 1 (CONT'D)

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

GEOGRAPHICAL AREA THAT COVERS OVER 8,500 SQUARE MILES AND ENCOMPASSES LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES. TODAY THE AGENCY OPERATES 22 FOOD PANTRIES, 18 COMMUNITY CENTERS AND 7 HOMELESS SHELTERS PROVIDING A HOLISTIC COMBINATION OF ACCREDITED SOCIAL SERVICES THAT REMOVE BARRIERS TO SELF SUFFICIENCY AND WHOLENESS. THE PROGRAMS, SUCH AS LIFE SKILLS EDUCATION, COUNSELING, AND IMMIGRATION SERVICES, ARE TAILORED FOR THE UNIQUE CIRCUMSTANCES OF THE PEOPLE WHO ARE SERVED, AND THE IMPACT IS REAL AND MEASURABLE.

IN FISCAL 2012-2013: CATHOLIC CHARITIES PROVIDED NEARLY 900,000 SERVICES TO MORE THAN A 125,000 INDIVIDUALS. SINCE 1919, PEOPLE THROUGHOUT LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES HAVE TURNED TO US WITH CHALLENGES SUCH AS UNEMPLOYMENT, HOMELESSNESS, HUNGER, POVERTY, AND COMMUNITY CONCERNS. ALMOST ONE HUNDRED YEARS LATER, CATHOLIC CHARITIES CONTINUES TO BE A FRIEND AND ADVOCATE FOR THOSE FACING ADVERSITY AND REMAINS STRONG IN ITS COMMITMENT TO PROVIDE HELP AND CREATE HOPE FOR THE NEEDY. YET WE DID NOT DO IT ALONE. WE WORKED IN COOPERATION WITH GOVERNMENT AGENCIES, RELIGIOUS ORGANIZATIONS, BUSINESSES, FOUNDATIONS, OTHER SOCIAL SERVICE AGENCIES AND THOUSANDS OF INDIVIDUAL SUPPORTERS.

ALL CATHOLIC CHARITIES PROGRAMS AND SERVICES ARE DELIVERED TO THOSE IN NEED REGARDLESS OF RACE, RELIGION, GENDER, AGE OR DISABILITY. CATHOLIC CHARITIES IS FAITH-BASED AND, PROFESSIONALLY AND COMPASSIONATELY, SERVES THOSE WHO COME TO ITS COMMUNITY CENTERS. THE AGENCY IS FOCUSED ON IMPROVING THE QUALITY OF LIFE FOR PEOPLE,

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REGARDLESS OF THEIR BACKGROUNDS. THE STAFF AND VOLUNTEERS OF CATHOLIC CHARITIES CULTIVATE A GENUINE PASSION OF MINISTERING TO THE NEEDS OF THE POOR AND VULNERABLE. MANY ARE MULTI-CULTURAL AND MULTILINGUAL, ALLOWING THE AGENCY TO EFFECTIVELY SUPPORT PERSONS OF EVERY RACE AND LANGUAGE IN OUR COMMUNITIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

## COMMUNITY CENTERS

NEARLY 20% OF ALL RESIDENTS IN LOS ANGELES, SANTA BARBARA AND VENTURA COUNTIES ARE DEFINED AS POOR (THE NATIONAL AVERAGE IS MUCH LOWER AT 12%). CATHOLIC CHARITIES OF LOS ANGELES (CCLA)'S COMMUNITY CENTERS, AT 18 STRATEGICALLY LOCATED SITES, ARE A FIRST POINT OF HELP FOR PEOPLE IN NEED. CCLA'S 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.

CCLA PROVIDES OVER 70 DIFFERENT TYPES OF SERVICES AS DEFINED BY THE NTEE (NATIONAL TAXONOMY OF EXEMPT ENTITIES) CODING SYSTEM USED BY THE IRS AND NON-PROFIT RATING AND STATISTICS GATHERERS. TO MAKE IT EASIER TO FIND US ON THE WEB, WE HAVE LISTED THE CODES & RELATED SERVICES AT THE END.

IN ADDITION TO EMERGENCY SERVICES SUCH AS PROVIDING FOOD,

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ATTACHMENT 2 (CONT'D)

CLOTHING, RENT, UTILITIES PAYMENTS, AND STIPENDS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: CHILD ABUSE PREVENTION, ENGLISH AS A SECOND LANGUAGE, FINANCIAL LITERACY, GED PREPARATION, 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, SPECIAL SERVICES FOR SENIORS, DAY CARE AND ARTS PROGRAMS FOR CHILDREN AND MORE. THE COMMUNITY CENTERS PROVIDE SERVICES TO THE HOMELESS AND HUNGRY INDIVIDUALS AND FAMILIES AND UNEMPLOYED AT-RISK ADULTS. AGES RANGE FROM INFANT TO ELDERLY. SOME PEOPLE ARE MENTALLY AND PHYSICALLY DISABLED AND UNEMPLOYABLE. SOME ARE VICTIMS OF CRIME OR DISASTER, SUCH AS EARTHQUAKE OR FIRE. CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTATED PROCESS FOR ASSESSING THE NEED OF AN INDIVIDUAL OR FAMILY FOR PARTICULAR SERVICES AND ASSISTING THEM TO OBTAIN THOSE SERVICES.

HUNGER HAS NO BOUNDARIES; IT AFFECTS EVERY COMMUNITY AND EXISTS EVERYWHERE IN THE COUNTRY. RESEARCH SHOWS THAT 1.7 MILLION PEOPLE IN LA COUNTY CURRENTLY CONFRONT FOOD INSECURITY AND OVER 640,000 CHILDREN FACE HUNGER. FOOD ASSISTANCE FROM FOOD BANKS AND AGENCIES LIKE CATHOLIC CHARITIES HAS INCREASED BUT THERE IS STILL AN ESTIMATED YEARLY GAP BETWEEN SUPPLY AND DEMAND OF 1.3 MILLION POUNDS OF FOOD IN LA COUNTY. SANTA BARBARA COUNTY AND VENTURA



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ATTACHMENT 2 (CONT'D)

COUNTIES HAVE ALSO WITNESSED AN INCREASE IN NEED.

LAST YEAR, CCLA PROVIDED OVER 350,000 FOOD SERVICES CONSISTING OF BAGS OF GROCERIES, SACK LUNCHES, PREPARED MEALS AND FOOD DISTRIBUTION TO LOW-INCOME INDIVIDUALS AND FAMILIES. CCLA'S 22 FOOD PANTRIES ARE SITUATED IN MANY OF THE POOREST NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREATEST.

FOR EXAMPLE, ST. ROBERT'S CENTER IS THE ONLY FOOD PROGRAM ON THE WESTSIDE OF LA THAT IS OPEN ON WEEKENDS. ST. ROBERT'S CENTER OFFERED OVER 5,000 SERVICES INCLUDING PREPARED MEALS AND SUPPLYING TOILETRIES, CLOTHING, AND FOOD TO HOMELESS AND LOW-INCOME PERSONS. VOLUNTEERS, MADE AVAILABLE THROUGH PARTNERSHIPS WITH SIX LOCAL CATHOLIC PARISHES, ASSISTED IN PREPARING SANDWICHES AND DISTRIBUTING OTHER BASIC NEEDS ITEMS.

IN SOUTH LA, ST. MICHAEL'S CHURCH PARTNERED WITH CCLA TO PROVIDE SUPPLEMENTAL FOOD TO THE NEEDY RESIDENTS OF THE AREAS AROUND THE PARISH. FOOD DISTRIBUTION WAS HANDLED BY A GROUP OF DEDICATED CHURCH VOLUNTEERS. APPROXIMATELY 450 FAMILIES BENEFITTED FROM THE PROGRAM.

CCLA'S LOMPOC COMMUNITY CENTER HELPED OVER 5,600 INDIVIDUALS. RENTAL ASSISTANCE AND UTILITIES SUBSIDIES WERE JUST TWO TYPES OF THE OVER 17,300 SERVICES OFFERED TO THOSE IN NEED.

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ATTACHMENT 2 (CONT'D)

THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND ALBERTSONS, DELIVERED FOOD TO OVER 6,000 PEOPLE AND OVER 38,000 SERVICES.

THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUED TO DELIVER 38,672 ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DISTRIBUTION TO THE PEOPLE OF SANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW CUYAMA VALLEY.

LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE DELIVERED FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE MID-SAN FERNANDO VALLEY. THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, AN ALL VOLUNTEER EFFORT, OFFERED FOOD AND POVERTY SERVICES TO 4,652 CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS.

IN THE EAST HOLLYWOOD AREA, ST. MARY'S COMMUNITY CENTER ASSISTED OVER 9,000 CLIENTS WITH THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING, EMERGENCY SHELTER AND LINKAGE TO COMMUNITY RESOURCES. SACK LUNCHES WERE ALSO PREPARED FOR THE HOMELESS WHO CAME TO THE CENTER. A PARTNERSHIP WITH QUEENS CARE AND CHRISTIAN LEGAL AID ENABLED CLIENTS TO RECEIVE BASIC MEDICAL CARE AND LEGAL CONSULTATIONS.

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ATTACHMENT 2 (CONT'D)

EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL LA, PRIMARILY SERVED CHILDREN AND YOUTH THROUGH ITS CHILD CARE CENTER AND AN AFTER-SCHOOL TUTORING & GANG-PREVENTION MENTORING PROGRAM FOR MIDDLE AND SENIOR HIGH SCHOOL STUDENTS. THE CHILD CARE PROGRAM SERVED 53 CHILDREN AND THE TUTORING & MENTORING PROGRAM PROVIDED ACADEMIC, RECREATIONAL, AND CULTURAL ACTIVITIES FOR OVER 400 YOUTH.

ST. MARGARET'S COMMUNITY CENTER, WHICH COVERS THE LENNOX, INGLEWOOD AND HAWTHORNE AREAS, ASSISTED ALMOST 12,000 INDIVIDUALS WITH SERVICES SUCH AS EMERGENCY FOOD, SHELTER VOUCHERS, RENTAL AND UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. LOCAL LOW-INCOME RESIDENTS ALSO AVAILED OF THE ON-SITE APPLICATION ASSISTANCE FOR THE CALFRESH/FOOD STAMPS PROGRAM RUN BY LA COUNTY PERSONNEL.

AS ONE OF THE LARGEST POVERTY PROGRAMS IN THE CITY, THE GLENDALE COMMUNITY CENTER OFFERED AFTER-SCHOOL PROGRAMS FOR CHILDREN AND ALSO HELPED FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES IMMIGRANTS AND REFUGEES, AND THE WORKING POOR. PARTICIPANTS HAD ACCESS TO JOB COUNSELING, RESUME BUILDING SERVICES, RENTAL ASSISTANCE, MOTEL VOUCHERS, ADVOCACY, AND AFTER-SCHOOL SERVICES.

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ATTACHMENT 2 (CONT'D)

GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPED ALMOST 9,000 INDIVIDUALS WITH OVER 21,600 SERVICES INCLUDING AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE. THE ALL DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS BENEFIT LOW-INCOME CHILDREN. THE CENTER ALSO HAS A FOOD PANTRY AND PROGRAMS TO ASSIST IMMIGRANTS AND REFUGEES.

THE TEMPORARY SKILLED WORKERS PROGRAM IN BURBANK MANAGES AND OPERATES A FIXED HIRING SITE WHERE PROSPECTIVE LABORERS CAN ASSEMBLE TO LAWFULLY SOLICIT TEMPORARY EMPLOYMENT WITHOUT CAUSING PROBLEMS FOR THE SURROUNDING COMMUNITY. IT IS A COLLABORATIVE EFFORT BETWEEN THE CITY OF BURBANK, THE BURBANK POLICE DEPT. AND CCLA. THE PROGRAM SERVED 163 CLIENTS IN 2012-13.

IN 2012-2013 THE SAN GABRIEL REGION SERVED OVER 13,566 CLIENTS AND DELIVERED OVER 33,000 SERVICES TO RESIDENTS OF COMMUNITIES FROM EAST LOS ANGELES TO THE POMONA VALLEY. THREE COMMUNITY CENTERS - BROWNSON HOUSE, SAN JUAN DIEGO IN EL MONTE, AND THE POMONA COMMUNITY SERVICES CENTER DELIVERED SERVICES SUCH AS THE BASIC NEEDS PROGRAM (FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION, AND UTILITIES SUBSIDIES) THE SAN GABRIEL VALLEY BEST BABIES COLLABORATIVE (REFERRED TEENS AND WOMEN WITH HIGH RISK PREGNANCIES TO LIFE SKILLS CLASSES FOCUSING ON HEALTHY BIRTHS) AND HEALTHY WEEKLY ACTIVITIES INCLUDING A SUPPORT GROUP FOR STAY-AT-HOME WOMEN, EDUCATION WORKSHOPS, ARTS AND CRAFTS AND EXERCISE CLASSES,

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ATTACHMENT 2 (CONT'D)

OPEN TO ALL AGES. HIGHLIGHTS INCLUDE 115 FAMILIES THAT INCREASED THEIR INCOME WITH CALFRESH BENEFITS, 563 HOUSEHOLDS THAT RECEIVED UTILITY ASSISTANCE AND 25 HOUSEHOLDS THAT RECEIVED EMERGENCY MOTEL SHELTER.

IN POMONA AN EMERGENCY SOLUTIONS GRANT PROVIDED 37 HOUSEHOLDS (114 INDIVIDUALS) WITH HOMELESS PREVENTION BY HELPING THEM MAINTAIN CURRENT HOUSING AND THEREBY AVOIDING EVICTION AND 18 HOUSEHOLDS (66 PEOPLE) RECEIVED MOVE-IN ASSISTANCE.

IN COMMUNITY CENTERS IN SANTA BARBARA, CARPINTERIA AND ISLA VISTA, OVER 54,000 SERVICES WERE RENDERED TO THE WORKING POOR. OF THE OVER 4,000 UNDUPLICATED CLIENTS SERVED, APPROXIMATELY 88% QUALIFIED AS "LOW INCOME" UNDER FEDERAL POVERTY GUIDELINES.

CCLA'S THRIFTY SHOPPER STORES IN SANTA BARBARA AND SANTA MARIA PROVIDED, AT NO COST, CLOTHING AND HOUSEHOLD ITEMS TO MORE THAN 3,000 FAMILIES. IN CONJUNCTION WITH THE VARIOUS HUMAN SERVICES PROGRAMS PROVIDED BY CCLA IN SANTA BARBARA COUNTY, VOUCHERS WERE ISSUED TO CLIENTS TO BE REDEEMED AT ANY OF THE THRIFTY SHOPPER STORES. THERE ARE TWO ADDITIONAL THRIFT STORES, ONE IN GLENDALE AND THE OTHER AT GUADALUPE CENTER IN CANOGA PARK.

CCLA'S VENTURA COUNTY COMMUNITY CENTERS PROVIDED DIRECT SERVICES TO APPROXIMATELY 12,600 INDIVIDUALS AND ANOTHER ESTIMATED 14,000

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ATTACHMENT 2 (CONT'D)

WERE HELPED WITH INFORMATION AND REFERRAL CONTACTS. INCLUDING INFORMATION & REFERRAL, CCLA'S COMMUNITY CENTERS IN MOORPARK, OXNARD, THOUSAND OAKS AND VENTURA DELIVERED OVER 115,900 SERVICES INCLUDING CASE MANAGEMENT AND FOOD DELIVERY.

THE OXNARD COMMUNITY CENTER SERVED OVER 7,500 PEOPLE AND PROVIDED GROCERIES TO ALMOST 4,000 INDIVIDUALS AND SERVED AN ESTIMATED 6,500 LUNCHES. THE OXNARD CLIENT RESOURCE COORDINATOR AND SUPPORT STAFF HELPED APPROXIMATELY 50 HOUSEHOLDS PER MONTH WITH CASE WORK INTERVENTION, HOMELESS PREVENTION AND JOB PLACEMENT, ASSISTING OVER 180 ADULTS TO FIND EMPLOYMENT.

IN PARTNERSHIP WITH THE CITY OF MOORPARK THE MOORPARK COMMUNITY CENTER PROVIDED ALMOST 60,000 SERVICES. THE NEW SHOES FOR SCHOOL PROGRAM HELPED PUT NEW SHOES ON THE FEET OF 204 CHILDREN FOR THE BEGINNING OF SCHOOL.

CCLA PROVIDED PSYCHOLOGICAL COUNSELING SERVICES IN VENICE AND SANTA BARBARA TO OVER 400 CLIENTS. CLINICAL STAFF INCLUDES LICENSED MARRIAGE AND FAMILY THERAPISTS. SERVICES ADDRESS A BROAD RANGE OF CLIENT ISSUES SUCH AS BEHAVIOR PROBLEMS, SCHOOL PROBLEMS, CHILD ABUSE, PARENT/CHILD CONFLICT, DEPRESSION, FAMILY VIOLENCE, ANGER, ANXIETY, STRESS, BEREAVEMENT AND OTHER ISSUES. THE PROGRAM ALSO SERVES TWO SPECIALIZED POPULATIONS: VICTIMS OF CRIME AND VICTIMS OF DOMESTIC VIOLENCE.

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ATTACHMENT 2 (CONT'D)

IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) OFFERED DIRECT ASSISTANCE TO OVER 400 SENIORS AS WELL AS ANSWERING OVER 4,000 INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE REASSURANCE CALLS AND TRANSPORTATION TO MEDICAL APPOINTMENTS THAT ENABLE OLDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UNNECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY.

THE OASIS PROGRAM BASED AT GUADALUPE COMMUNITY CENTER IN CANOGA PARK ASSISTED OVER 150 SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES. ONE-HUNDRED AND ONE VOLUNTEERS HELPED TO KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS.

AT BROWNSON HOUSE IN EAST LA, 35 OLDER ADULTS PARTICIPATED IN THE WEEKLY SENIOR RECREATIONAL CLUB PLAYING LOTERIA AND ENJOYING EDUCATIONAL LECTURES ON TOPICS SUCH AS OSTEOPOROSIS, RETIREMENT

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ATTACHMENT 2 (CONT'D)

PLANNING AND SOCIAL SECURITY BENEFITS.

IN LOMPOC AND SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP ALLOWED QUALIFYING LOW-INCOME, OLDER ADULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THE CCLA'S COMMUNITY CENTERS. IN ADDITION, THE WAGGING DOG TALES PROJECT OFFERED FINANCIAL ASSISTANCE TO QUALIFYING, LOW-INCOME SENIOR PET OWNERS FOR DOG-ONLY, EMERGENCY MEDICAL VETERINARY ASSISTANCE.

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

ATTACHMENT 3



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ATTACHMENT 3 (CONT'D)

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

## HOMELESS SHELTERS

THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S (HUD) 2013 ANNUAL HOMELESS ASSESSMENT REPORT (AHAR) TO CONGRESS SHOWED THAT CALIFORNIA ACCOUNTED FOR MORE THAN 22% OF THE HOMELESS POPULATION IN 2013. OF ALL THE HOMELESS, NEARLY 20% WERE EITHER IN LOS ANGELES (9%) OR NEW YORK CITY (11%). AMONG MAJOR CITIES, LOS ANGELES EXPERIENCED THE LARGEST INCREASE. THIS WAS IN DRAMATIC CONTRAST TO THE REST OF THE NATION WHERE HOMELESSNESS FELL 6%.

THE ELIZABETH ANN SETON RESIDENCE AND THE PROJECT ACHIEVE SHELTER ARE TWO EMERGENCY SHELTERS IN LONG BEACH. THE ELIZABETH ANN SETON RESIDENCE (EASR) IS AN EMERGENCY SHELTER OF UP TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES, AND THE ELDERLY. THE GOAL IS TO MOVE PERSONS FROM "IN CRISIS" TO "SAFE AND STABLE" HOUSING. IT SERVED 360 CLIENTS IN 2012-13.

EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB

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ATTACHMENT 3 (CONT'D)

PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT CENTURY VILLAGES AT CABRILLO, CHILD CARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE.

THE PROJECT ACHIEVE EMERGENCY SHELTER IS A 59 BED YEAR ROUND SHELTER THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN 60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED.

BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED

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ATTACHMENT 3 (CONT'D)

BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN 2012-13, PROJECT ACHIEVE DELIVERED OVER 61,000 SERVICES TO 435 CLIENTS LAST YEAR.

CCLA OPENED THE FIRST GOOD SHEPHERD CENTER (GSC) SHELTER, LANGUILLE EMERGENCY SHELTER, IN 1984. IT STILL PROVIDES UP TO 6 WEEKS OF SHELTER AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET.

NEXT CCLA OPENED THE HAWKES TRANSITIONAL RESIDENCE FOR HOMELESS WOMEN IN 1987. IN 1998 GSC OPENED THE FIRST OF THREE PHASES OF THE WOMEN'S VILLAGE AND THE HAWKES TRANSITIONAL RESIDENCE MOVED TO THE WOMEN'S VILLAGE AND EXPANDED TO SERVE 30 WOMEN. THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE,

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ATTACHMENT 3 (CONT'D)

ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED BY A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THIRD PHASE, FARLEY HOUSE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER AND THE VILLAGE KITCHEN, AN ON-SITE CULINARY ARTS JOB TRAINING PROGRAM WITH A CAFE THAT IS OPEN TO THE PUBLIC. GOOD SHEPHERD CENTERS PROVIDED EMERGENCY SHELTER FOR 209 WOMEN AND TRANSITIONAL RESIDENCES FOR 93 WOMEN. IN 2012-2013, 78 FAMILIES OBTAINED PERMANENT HOUSING AND 76 WOMEN SECURED EMPLOYMENT.

THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE IS A 7-BED TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR UP TO ONE YEAR. ALL FOUR FAMILIES (13 PEOPLE) SERVED IN THE PAST YEAR OBTAINED PERMANENT HOUSING AND THREE CLIENTS SECURED EMPLOYMENT AND INCREASED THEIR INCOMES.

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ATTACHMENT 3 (CONT'D)

ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE AND ANGEL'S FLIGHT OUTREACH ADDRESSES RUNAWAY AND AT RISK YOUTH 10-17. IN 2012-2013, THE SHELTER AND OUTREACH PROGRAMS SERVED OVER 1,200 BOYS AND GIRLS.

THE JANUARY 2013 HUD HOMELESS COUNT SHOWED THAT LOS ANGELES HAD THE LARGEST NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND YOUTH IN THE COUNTRY (6,018), MORE THAN DOUBLE THE 3,500 OF THE NEXT LARGEST GROUP WHICH WAS IN NEW YORK CITY (2,570). AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSIVE FAMILIES, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL

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ATTACHMENT 3 (CONT'D)

DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS.

ANGEL'S FLIGHT OUTREACH PROVIDES OUTREACH AND INTERVENTION.

MOBILE/STREET OUTREACH INVOLVES STAFF GOING INTO THE STREETS TO MAKE CONTACT WITH YOUTH TO OFFER BASIC SURVIVAL NEEDS SUCH AS FOOD, CLOTHING AND BLANKETS TO RUNAWAY AND HOMELESS YOUTH AND EDUCATE THEM ON THE SERVICES THAT ARE AVAILABLE. ANGEL'S FLIGHT ATTEMPTS TO GET THESE YOUTH OFF THE STREET AND INTO SAFER LIVING SITUATIONS. SCHOOL/COMMUNITY OUTREACH INVOLVES COMMUNITY OUTREACH WORKERS MAKING CONTACTS WITH SCHOOLS AND COMMUNITY AGENCIES IN NEED OF SERVICES FOR RUNAWAY/HOMELESS YOUTH. PRESENTATIONS AND SMALL GROUP DISCUSSIONS ARE PROVIDED TO EDUCATE YOUTH, AS WELL AS THE GENERAL COMMUNITY, ABOUT THE DANGERS OF THE STREET. CCLA PROVIDES THESE SERVICES THROUGHOUT LA COUNTY WITH A SPECIFIC EMPHASIS ON THE HOLLYWOOD, DOWNTOWN AND VENICE AREAS, DUE TO THE LARGE CONCENTRATION OF HOMELESS/RUNAWAY YOUTH IN THOSE AREAS.

ANGEL'S FLIGHT MY CLUB, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND ALSO EDUCATES YOUTH SERVING AGENCIES AND THEIR STAFF ABOUT THE DANGERS OF RUNAWAYS AND HOW TO IDENTIFY THOSE VULNERABLE. OUR CURRENT SERVICES AND ACTIVITIES INCLUDE: TUTORING, COOKING WORKSHOPS,

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ATTACHMENT 3 (CONT'D)

MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOP, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND PARENTING SKILLS. OUR PROGRAM WAS CITED AS "BEST PRACTICE" BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTED OVER 60 CLIENTS WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS.

ANGEL'S FLIGHT ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILD CARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILD CARE. THIS PAST YEAR, OVER 280 CHILDREN AT TWO PAROCHIAL SCHOOL SITES, ONE COMMUNITY CENTER, AND ONE PUBLIC SCHOOL WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. ADESTE'S PROGRAM FOCUSES ON STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER

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ATTACHMENT 3 (CONT'D)

DEVELOPMENT, WHILE PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED IT.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

## YOUTH SERVICES

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES HAS SERVED OVER 80,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2013, AYES PROVIDED 13,168 SERVICES TO LESS PRIVILEGED YOUTH AND YOUNG ADULTS SUCH AS JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INVESTMENT (WIA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.



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ATTACHMENT 4 (CONT'D)

WITH FIELD OFFICES IN CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND THE USC. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES INCLUDE JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- NUMERACY GAINS. THESE JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS, REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION. IMPROVING THE FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND OPPORTUNITIES FOR THE ENTIRE COMMUNITY. THE COMBINED WIA, COMMUNITY SERVICES BLOCK GRANT AND SUMMER JOBS PROGRAM SERVED 1,446 YOUTH AND YOUNG ADULTS.

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ATTACHMENT 4 (CONT'D)

CYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. LAST YEAR, ALMOST 20,000 YOUTH AND COACHES ACTIVELY PARTICIPATED IN THE PROGRAM. 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. THE PROGRAM FOSTERS THE DEVELOPMENT OF SELF-ESTEEM, HONOR, RESPONSIBILITY AND CAMARADERIE AMONG THE YOUTH PARTICIPANTS.

THIS YEAR CYO LAUNCHED THE SPORT DEVELOPMENT FUND TO HELP 13 LOW-INCOME SCHOOLS ESTABLISH SPORTS PROGRAMS. THE FUND WILL COVER UNIFORMS, EQUIPMENT AND OTHER EXPENSES.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
REFUGEE AND IMMIGRATION SERVICES	286,000.	17,133,102.	1,804,394.
TOTALS	<u>286,000.</u>	<u>17,133,102.</u>	<u>1,804,394.</u>

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ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LOS ANGELES UNITED SCHOOL DISTRICT 333 BEAUDRY AVENUE, 7TH FLOOR LOS ANGELES, CA	CLIENT ED & TRAINING	350,231.
GRANT THORNTON, LLP 515 SOUTH FLOWER STREET, 7TH FLOOR LOS ANGELES, CA	AUDIT SERVICES	117,722.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	1,570,245.
TOTAL	<u>1,570,245.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(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, 35b, or 36.)

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related 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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS, INC.	C	2,282,000.	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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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

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

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