

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the **2013** calendar year, or tax year beginning **07/01, 2013**, and ending **06/30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC			D Employer identification number 95-1690973
	Doing Business As			E Telephone number (213) 251-3400
	Number and street (or P.O. box if mail is not delivered to street address) 1531 JAMES M WOOD BLVD.		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015-0095			G Gross receipts \$ 33,065,283.
F Name and address of principal officer: MONSIGNOR GREGORY A. COX 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015-0095			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: ▶ WWW.CATHOLICCHARITIESLA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1937	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CCLA PROVIDED 900,000+ SERVICES TO ALMOST 112,500 CLIENTS @ 44 LOCATIONS IN LA, VENTURA & SANTA BARBARA COUNTIES REGARDLESS OF RACE, RELIGION, GENDER, AGE, OR DISABILITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	42.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	377.
	6 Total number of volunteers (estimate if necessary)	6	2,300.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,999,146.	23,841,552.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,249,335.	3,235,782.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,422.	1,370,735.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,668.	592,094.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,000.	184,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,532,777.	13,914,990.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	58,923.	47,421.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 514,223.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,707,536.	16,260,034.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,585,236.	30,406,445.
19 Revenue less expenses. Subtract line 18 from line 12	-1,687,665.	-1,366,282.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	64,487,047.	66,845,547.
	22 Net assets or fund balances. Subtract line 21 from line 20.	8,338,512.	10,037,137.
		56,148,535.	56,808,410.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	MONSIGNOR GREGORY A. COX				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROSEMARIE BROWN				P01278077
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 213-627-1717	
Firm's address ▶ 515 S. FLOWER ST. 7TH FLOOR LOS ANGELES, CA 90071					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CCLA IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE, PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. CCLA OPERATES 20 CENTERS, 7 HOMELESS SHELTERS & 17 PROGRAM SITES.

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

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

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 \$ 4,055,555. including grants of \$) (Revenue \$ 2,344,522.) REFUGEE AND IMMIGRATION SERVICES -- SEE SCHEDULE O

4b (Code:) (Expenses \$ 11,816,648. including grants of \$ 184,000.) (Revenue \$ 216,658.) COMMUNITY CENTERS -- SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,738,665. including grants of \$) (Revenue \$ 412,218.) ANGEL'S FLIGHT & OTHER HOMELESS SHELTERS -- SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,020,748. including grants of \$) (Revenue \$ 262,384.)

4e Total program service expenses 26,631,616.

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 Section 501(c)(3) organizations. 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	
12 a 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
14 a 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	
20 a 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
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or 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
23 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	
24 a 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 25a.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. 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
25 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27 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
28 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):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 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
28 c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 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
34 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	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35 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>		
36 Section 501(c)(3) organizations. 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	
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (42), 1b (40), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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 or note to any line in this Part VII. X

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 0	X		X				0	0	0
(2) PAUL D. TOSETTI PRESIDENT	1.00 0	X		X				0	0	0
(3) REV. MSGR. GREGORY A. COX EXECUTIVE DIRECTOR EVP	40.00 0	X		X			29,036.	0	19,650.	0
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00 0	X		X			0	0	0	0
(5) VINCENT F. MARTIN, JR. TREASURER	1.00 0	X		X			0	0	0	0
(6) LOLA MCALPIN-GRANT, ESQ. SECRETARY	1.00 0	X		X			0	0	0	0
(7) GARY A. AMARAL TRUSTEE	1.00 0	X					0	0	0	0
(8) YOLANDA BECERRA-JONES TRUSTEE	1.00 0	X					0	0	0	0
(9) AFSHIN BEYZAEE, ESQ. TRUSTEE	1.00 0	X					0	0	0	0
(10) LUIS MARIA R. CALINGO TRUSTEE	1.00 0	X					0	0	0	0
(11) CATHLEEN M. COBB TRUSTEE	1.00 0	X					0	0	0	0
(12) TIMOTHY J. COLLINS TRUSTEE	1.00 0	X					0	0	0	0
(13) RICHARD G. D'AMICO TRUSTEE	1.00 0	X					0	0	0	0
(14) SUSAN D'AMICO TRUSTEE	1.00 0	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) GARY DARNELL ----- TRUSTEE	1.00 0	X					0	0	0	
(16) ROBERT M. EBINER, ESQ. ----- TRUSTEE	1.00 0	X					0	0	0	
(17) GREGORY L. EVANS, ESQ. ----- TRUSTEE	1.00 0	X					0	0	0	
(18) BONIFACIO BONNY GARCIA, ESQ. ----- TRUSTEE	1.00 0	X					0	0	0	
(19) HAROLD GREEN ----- TRUSTEE	1.00 0	X					0	0	0	
(20) MARCIA WILSON HOBBS ----- TRUSTEE	1.00 0	X					0	0	0	
(21) IVAN J. HOUSTON ----- TRUSTEE	1.00 0	X					0	0	0	
(22) NANCY KAILEY ----- TRUSTEE	1.00 0	X					0	0	0	
(23) GARY D. KRAUSS ----- TRUSTEE	1.00 0	X					0	0	0	
(24) CHRIS KROES ----- TRUSTEE	1.00 0	X					0	0	0	
(25) JOSEPH MAFFUCCI ----- TRUSTEE	1.00 0	X					0	0	0	
1b Sub-total							29,036.	0	19,650.	
c Total from continuation sheets to Part VII, Section A							631,887.	0	112,121.	
d Total (add lines 1b and 1c)							660,923.	0	131,771.	

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 **▶** 5

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

Section B. Independent Contractors

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

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 **▶** 5

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) MICHAEL J. MALONEY, ESQ. TRUSTEE	1.00 0	X					0	0	0	
(27) SEAN K. MCFERSON TRUSTEE	1.00 0	X					0	0	0	
(28) JANET MAULHARDT TRUSTEE	1.00 0	X					0	0	0	
(29) LAWRENCE P. MCNEIL TRUSTEE	1.00 0	X					0	0	0	
(30) KENNETH J. MURPHY, ESQ. TRUSTEE	1.00 0	X					0	0	0	
(31) MICHAEL D. O'BRIEN TRUSTEE	1.00 0	X					0	0	0	
(32) MICHAEL T PSOMAS TRUSTEE	1.00 0	X					0	0	0	
(33) MARY BETH RZETELJSKI TRUSTEE	1.00 0	X					0	0	0	
(34) VIKTOR RZETELJSKI TRUSTEE	1.00 0	X					0	0	0	
(35) REV. ALEXANDER SALAZAR TRUSTEE	1.00 0	X					0	0	0	
(36) FREDERICK K. SCHMITT TRUSTEE	1.00 0	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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) JOHN J. SWENSON, ESQ. TRUSTEE	1.00 0	X						0	0	0
(38) PETER J. VOGELSANG, M.D. TRUSTEE	1.00 0	X						0	0	0
(39) DAVID M. WALSH, ESQ. TRUSTEE	1.00 0	X						0	0	0
(40) JOHN A. WHITE TRUSTEE	1.00 0	X						0	0	0
(41) SANDER C. ZAGZEBSKI, ESQ. TRUSTEE	1.00 0	X						0	0	0
(42) STANLEY D. HAYDEN (DECEASED) TRUSTEE	1.00 0	X						0	0	0
(43) RAYMOND BENNETTE TRUSTEE - CYPT	1.00 0	X						0	0	0
(44) YVONNE CHAVEZ-MEINZER TRUSTEE - CYPT	1.00 0	X						0	0	0
(45) MONSIGNOR PADRAIC LOFTUS TRUSTEE - CYPT	1.00 0	X						0	0	0
(46) JOHN YANEZ TRUSTEE - CYPT	1.00 0	X						0	0	0
(47) JAMES E. BATHKER CFO	40.00 0			X				153,281.	0	40,392.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	574,274.					
	b Membership dues	1b						
	c Fundraising events	1c	1,766,585.					
	d Related organizations	1d	1,720,000.					
	e Government grants (contributions) . .	1e	10,958,898.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	8,821,795.					
	g Noncash contributions included in lines 1a-1f: \$		6,807,506.					
	h Total. Add lines 1a-1f			23,841,552.				
	Program Service Revenue	Business Code						
2a LEGAL SERVICES FOR GOVERNMENT AGENCIES			541100	1,959,392.	1,959,392.			
b DAY CARE TUITION			624410	240,080.	240,080.			
c YOUTH SPORTS LEAGUE & ADMISSIONS			713990	262,384.	262,384.			
d CITIZENSHIP SERVICE FEES			900099	379,733.	379,733.			
e SALES BY JOB TRAINEES			722210	121,912.	121,912.			
f All other program service revenue				272,281.	272,281.			
g Total. Add lines 2a-2f				3,235,782.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,190.			2,190.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)				0			
	7a Gross amount from sales of assets other than inventory	(i) Securities		3,114,800.				
		(ii) Other		1,694,836.				
		b Less: cost or other basis and sales expenses		2,294,266.	1,146,825.			
		c Gain or (loss)		820,534.	548,011.			
	d Net gain or (loss)				1,368,545.		1,368,545.	
	8a Gross income from fundraising events (not including \$ <u>1,766,585.</u> of contributions reported on line 1c). See Part IV, line 18	a		689,455.				
		b Less: direct expenses	b	581,195.				
c Net income or (loss) from fundraising events					108,260.		108,260.	
9a Gross income from gaming activities. See Part IV, line 19	a		40,598.					
	b Less: direct expenses	b	2,834.					
	c Net income or (loss) from gaming activities				37,764.		37,764.	
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code					
11a THRIFT STORE		453310	431,134.			431,134.		
b CYO SALES		711210	11,923.	11,923.				
c OTHER		900099	3,013.	3,013.				
d All other revenue								
e Total. Add lines 11a-11d				446,070.				
12 Total revenue. See instructions				29,040,163.	3,250,718.		1,947,893.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	184,000.	184,000.		
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	239,782.		239,782.	
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	10,429,523.	8,684,235.	1,536,071.	209,217.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	454,011.	360,200.	81,814.	11,997.
9 Other employee benefits	1,462,994.	1,207,970.	229,471.	25,553.
10 Payroll taxes	1,328,680.	1,165,729.	145,590.	17,361.
11 Fees for services (non-employees):				
a Management	0			
b Legal	135,168.	135,033.	135.	
c Accounting	188,647.	171,410.	14,665.	2,572.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	47,421.			47,421.
f Investment management fees	32,390.		32,390.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	624,313.	574,310.	49,871.	132.
12 Advertising and promotion	115,206.	53,158.	14,736.	47,312.
13 Office expenses	1,042,031.	705,153.	222,502.	114,376.
14 Information technology	648,868.	267,456.	363,626.	17,786.
15 Royalties	0			
16 Occupancy	1,840,962.	1,687,653.	134,536.	18,773.
17 Travel	12,527.	10,677.	1,850.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	99,269.	46,376.	51,865.	1,028.
20 Interest	132,200.	132,200.		
21 Payments to affiliates	33,899.		33,899.	
22 Depreciation, depletion, and amortization	617,311.	568,773.	48,538.	
23 Insurance	323,876.	323,181.		695.
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 -----	8,105,663.	8,105,663.		
b PARTICIPANT PAYROLL & RELATE -----	1,399,362.	1,399,362.		
c DONATED THRIFT STORE GOODS -----	424,840.	424,840.		
d VEHICLES AND MILEAGE -----	315,359.	286,146.	29,213.	
e All other expenses -----	168,143.	138,091.	30,052.	
25 Total functional expenses. Add lines 1 through 24e	30,406,445.	26,631,616.	3,260,606.	514,223.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	653,122.	1	1,016,706.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	233,120.	3	192,842.
	4 Accounts receivable, net	1,731,020.	4	3,927,119.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	359,709.	9	209,558.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,454,589.		
	b Less: accumulated depreciation	10b 7,576,400.	16,391,064.	10c 14,878,189.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	17,513,221.	12	17,088,008.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	27,605,791.	15	29,533,125.
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,487,047.	16	66,845,547.	
Liabilities	17 Accounts payable and accrued expenses	3,274,881.	17	3,781,808.
	18 Grants payable	0	18	1,200,000.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,739,791.	23	4,871,991.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	323,840.	25	183,338.
	26 Total liabilities. Add lines 17 through 25	8,338,512.	26	10,037,137.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,480,672.	27	20,574,989.
	28 Temporarily restricted net assets	35,916,750.	28	35,482,308.
	29 Permanently restricted net assets	751,113.	29	751,113.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	56,148,535.	33	56,808,410.	
34 Total liabilities and net assets/fund balances	64,487,047.	34	66,845,547.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,040,163.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,406,445.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,366,282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,148,535.
5	Net unrealized gains (losses) on investments	5	1,298,823.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	727,334.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,808,410.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-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?
 - (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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 99.39%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 99.08%; 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** 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).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number
95-1690973**Part I** Contributors (see instructions). 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 AVENUE NW ----- WASHINGTON, DC 20210 -----	\$ 2,821,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF HEALTH & HUMAN SERVICES ----- 200 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20201 -----	\$ 2,178,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	OPUS CARITATIS, INC. ----- 1531 JAMES M WOOD BLVD ----- LOS ANGELES, CA 90015 -----	\$ 1,720,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF HOUSING & URBAN DEVELOP ----- 451 7TH STREET ----- WASHINGTON, DC 20410 -----	\$ 1,214,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LOS ANGELES COUNTY ----- 3175 WEST 6TH STREET ----- LOS ANGELES, CA 90020 -----	\$ 1,153,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US DEPARTMENT OF HOMELAND SECURITY ----- 650 MASSACHUSETTS AVE NW ----- WASHINGTON, DC 20001 -----	\$ 761,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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 STATE ----- 2201 C STREET NW ----- WASHINGTON, DC 20520 -----	\$ 490,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US DEPARTMENT OF AGRICULTURE ----- 1400 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20250 -----	\$ 1,641,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	FOODBANK OF SANTA BARBARA COUNTY ----- 4554 HOLLISTER AVENUE ----- SANTA BARBARA, CA 93110 -----	\$ 1,314,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
8	FOOD INVENTORY ----- ----- -----	\$ 1,559,861.	VAR
9	FOOD INVENTORY ----- ----- -----	\$ 1,314,556.	VAR
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Employer identification number
95-1690973

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

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

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	36,667,863.	35,081,735.	35,369,907.	32,362,977.	30,415,721.
b Contributions	2,284,780.	3,893,989.	1,243,426.	2,254,306.	584,715.
c Net investment earnings, gains, and losses	1,191,306.	1,947,554.	985,996.	2,659,820.	3,752,630.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,910,528.	4,255,415.	2,517,594.	1,907,196.	2,390,089.
f Administrative expenses					
g End of year balance	36,233,421.	36,667,863.	35,081,735.	35,369,907.	32,362,977.

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 2.0730 %
- c Temporarily restricted endowment 97.9270 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,083,531.		2,083,531.
b Buildings		17,435,299.	6,316,227.	12,264,927.
c Leasehold improvements		936,406.	492,797.	390,575.
d Equipment		1,979,611.	1,885,332.	119,414.
e Other		19,742.		19,742.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,878,189.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STATE STREET FUNDS	17,088,008.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,088,008.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARAT	28,333,125.
(2) ASSETS HELD FOR DISPOSITION	1,200,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	29,533,125.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES AND GOVERNMENT REIMBURSABL	183,338.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	183,338.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	31,612,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 1,298,823.		
b	Donated services and use of facilities	2b 354,634.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 951,480.		
e	Add lines 2a through 2d		2e	2,604,937.
3	Subtract line 2e from line 1		3	29,007,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 32,390.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	32,390.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	29,040,163.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	30,952,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 354,634.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 224,146.		
e	Add lines 2a through 2d		2e	578,780.
3	Subtract line 2e from line 1		3	30,374,055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 32,390.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	32,390.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,406,445.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE RESTRICTED FUNDS ARE COMPOSED OF \$28,333,125 OF ANGEL'S FLIGHT'S BENEFICIAL INTEREST IN A SEPARATE ORGANIZATION, A PLEDGE OF \$192,842 FOR ST. MARGARET'S CENTER AND \$6,956,341 IN INVESTMENTS FOR PROGRAMS OF CATHOLIC CHARITIES INCLUDING: \$3,423,879 FOR ANGEL'S FLIGHT, \$1,062,865 FOR OTHER HOMELESS SHELTERS, \$528,072 FOR SAN FERNANDO REGION PROGRAMS, \$427,721 FOR DISASTER RELIEF, \$297,044 FOR VENTURA COUNTY PROGRAMS, \$220,357 FOR SANTA BARBARA COUNTY PROGRAMS, \$97,909 FOR BATTERED WOMEN, \$81,801 FOR ST. MARGARET'S CENTER PROGRAMS AND \$68,902 FOR YOUTH JOB TRAINING AS WELL AS \$452,480 FOR OTHER CATHOLIC CHARITIES PROGRAMS.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

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. AS REQUIRED BY U.S. GAAP, CATHOLIC CHARITIES HAS IDENTIFIED AND EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAIN OPEN AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED BENEFITS OR LIABILITIES TO BE RECORDED. THE OPEN TAX YEARS ARE THE YEARS ENDED JUNE

Part XIII Supplemental Information (continued)

30, 2011 THROUGH JUNE 30, 2014 FOR FEDERAL TAX PURPOSES AND THE YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2014 FOR CALIFORNIA TAX PURPOSES. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2014, NOR ARE THERE ANY MATERIAL CHANGES ANTICIPATED IN THE TWELVE MONTHS FOLLOWING JUNE 30, 2014. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS A TAX EXPENSE IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

SCHEDULE D, PART XI, LINE 2D

REVENUE ON FINANCIAL STATEMENTS BUT NOT ON RETURN

THE TOTAL OF \$951,480 IS COMPOSED OF: (1) FUNDRAISING EXPENSES OF \$221,313 AND RAFFLE EXPENSES OF \$2,834 (TOTAL \$224,146) WHICH WERE REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES UNDER US GAAP (GENERALLY ACCEPTED ACCOUNTING PRINCIPLES) BUT NETTED WITH REVENUE ON THE RETURN, AND (2) THE UNREALIZED INCREASE IN BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$727,334 WHICH IS REPORTED AS REVENUE UNDER GAAP ON THE FINANCIAL STATEMENTS, BUT IS NOT REPORTED ON THE RETURN UNDER IRS RULES.

SCHEDULE D, PART XII, LINE 2D

EXPENSES ON FINANCIAL STATEMENTS BUT NOT ON RETURN

THE TOTAL OF \$578,780 IS COMPOSED OF (1) FUNDRAISING AND GAMING EXPENSES OF \$224,146 REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES UNDER GAAP BUT NETTED WITH REVENUE ON THE RETURN UNDER IRS RULES AND (2) \$354,634 OF DONATED SERVICES 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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 & OTHER		X	428,307.	34,833.	393,474.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				428,307.	34,833.	393,474.

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 (add col. (a) through col. (c))
		DINNER & DANCE (event type)	DINNER & DANCE (event type)	54. (total number)	
Revenue	1 Gross receipts	569,377.	269,262.	1,617,401.	2,456,040.
	2 Less: Contributions	475,000.	200,000.	1,091,585.	1,766,585.
	3 Gross income (line 1 minus line 2).	94,377.	69,262.	525,816.	689,455.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	33,514.	31,910.	294,459.	359,883.
	8 Entertainment				
	9 Other direct expenses	37,847.	32,918.	150,547.	221,312.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				581,195.
	11 Net income summary. Subtract line 10 from line 3, column (d)				108,260.

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			40,598.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			2,834.	2,834.
	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)				2,834.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				37,764.	

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

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

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

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

b If "Yes," explain: _____

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

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

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

Name ▶ SARAH ELDER

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

- 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 ▶ \$ 36,538.

Part IV Supplemental Information. 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).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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 9018 BALBOA BLVD #551 NORTHRIDGE, CA 91325	45-3252737	501(C)(3)	184,000.				YOUTH AT RISK
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

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.

SCHEDULE I, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS

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)**

Compensation Information

OMB No. 1545-0047

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

Part I Questions Regarding Compensation

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 directors, trustees, and officers, including 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2013

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)	144,322.	0	8,959.	0	0	153,281.	0
	(ii)	0	0	0	0	0	0	0
2 ALEXANDRIA M. ARNOLD DIR DEVELOPMT & COMMUNICATIONS	(i)	131,534.	0	0	0	0	131,534.	0
	(ii)	0	0	0	0	0	0	0
3 RONALD LOPEZ CAO	(i)	138,650.	0	0	0	0	138,650.	0
	(ii)	0	0	0	0	0	0	0
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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		11,242.	FAIR MARKET VALUE
5 Clothing and household goods	X		1,417,116.	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		4,929,700.	FAIR MARKET VALUE
20 Drugs and medical supplies	X		1,112.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)			448,336.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2.

	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) (2013)

JSA

3E1298 1.000

84701E 700W

LOSANGELE-95-1690973

PAGE 40

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.

SCHEDULE M, PART I, LINE 32B

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

CATHOLIC CHARITIES USED "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		110,610.	FAIR MARKET VALUE
UTILITY VOUCHERS	X		315,256.	FAIR MARKET VALUE
CLIENT RENT	X		22,470.	FAIR MARKET VALUE
TOTALS			<u>448,336.</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

2013

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

FORM 990, PART III, LINE 4D

PROGRAM SERVICES

PROGRAM SERVICE EXPENSES: \$4,020,748

GRANTS AND ALLOCATIONS: \$0

REVENUE: \$262,384 YOUTH SERVICES

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBER HAVING A FAMILY RELATIONSHIP WITH ANOTHER BOARD MEMBER

OUT OF OUR 42 BOARD MEMBERS, WE HAVE TWO MARRIED COUPLES (MR. RICHARD
D'AMICO & MRS. SUSAN D'AMICO AND MR. VIKTOR RZETELJSKI & MRS. MARY BETH
RZETELJSKI) WHO SERVE ON THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION MEMBERS AND STOCKHOLDERS

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

FORM 990, PART VI, SECTION A, LINE 7A

ELECTION OF GOVERNING BODY MEMBERS BY MEMBERS

TRUSTEES, OTHER THAN THOSE SERVING BY VIRTUE OF BEING AN AUTHORIZED

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

REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

FORM 990, 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 AMENDEMENT 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 ASSETS OF THE CORPORATION AND 6) ANY SELF-DEALING TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO THE BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C

WRITTEN CONFLICT OF INTEREST POLICY

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

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 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.

FORM 990, 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 TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANTS' INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

FORM 990, PART VII, SECTION C, LINE 19
DISCLOSURE OF ORGANIZATION DOCUMENTS

OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FORM 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE ON GUIDE STAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL

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

ALSO PROVIDE A COPY OF THE FORM 990 AND OTHER DOCUMENTS UPON REQUEST.

FORM 990, 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 TRUSTEES. HOWEVER, NOT ALL THE REQUESTED INFORMATION WAS PROVIDED.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

OTHER CHANGES IN NET ASSETS REFLECT THE UNREALIZED INCREASED VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$727,334 THAT IS REQUIRED TO BE RECOGNIZED IN OUR AUDITED FINANCIAL STATEMENTS UNDER GAAP, BUT IS EXCLUDED FROM REVENUES AND EXPENSES IN THE FORM 990.

FORM 990, PART III, LINE 4A

REFUGEE AND IMMIGRATION SERVICES

CATHOLIC CHARITIES OF LOS ANGELES ("CCLA") BEGAN PROVIDING IMMIGRATION ASSISTANCE DURING WORLD WAR II, WHEN HUNGARIAN REFUGEES SOUGHT SAFETY ON AMERICAN SHORES. TODAY, REFUGEE CLIENTS SEEKING IMMIGRATION SERVICES COME FROM IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA AS WELL AS A MULTITUDE OF OTHER COUNTRIES.

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

CCLA'S IMMIGRATION AND REFUGEE PROGRAMS PROMOTE LEGALITY AND ECONOMIC SELF-SUFFICIENCY. SERVICES ARE STRUCTURED TO ASSIST NEWLY-ARRIVED IMMIGRANTS IN TRAINING FOR, AND OBTAINING, JOBS THAT WILL PROVIDE AT LEAST A LIVING WAGE. SUPPORTIVE SERVICES THAT REMOVE BARRIERS TO EMPLOYMENT INCLUDE: ENGLISH LANGUAGE PREPARATION AND EDUCATIONAL ASSISTANCE AS WELL AS DOCUMENTING AND LEGALIZING IMMIGRATION STATUS FOR EMPLOYMENT. AMERICAN VALUES AND SOCIAL NORMS ARE TAUGHT AS WELL.

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) & HOME BASED CHILD CARE TRAINING PROGRAM (HBC) AND BY THE SOUTH BAY WORKFORCE INVESTMENT BOARD TO PROVIDE TRANSITIONAL SUBSIDIZED EMPLOYMENT SERVICES (TSE). THROUGH THE REP PROGRAM INDIVIDUALS ENTER THE WORKFORCE; UNDER THE HBC PROGRAM, REFUGEE WOMEN PREPARE TO OPEN THEIR OWN CHILD CARE BUSINESSES. CIU SERVED 972 CLIENTS WITH OVER 10,750 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).

IN 2013-2014, CIU'S CLIENTS' ACHIEVEMENTS INCLUDED: REP - 61% MAINTAINED THE REQUIRED LEVEL OF WORK PREPARATION ACTIVITY AND 33% MAINTAINED EMPLOYMENT; TSE - 94% INCREASED EARNINGS THROUGH PLACEMENT AT SUBSIDIZED WORKSITES AND 13% OBTAINED UNSUBSIDIZED EMPLOYMENT; HBC - 83% COMPLETED 100 HOURS OF INSTRUCTION. AND 95% WHO COMPLETED TRAINING OBTAINED A STATE CHILDCARE LICENSE MAKING THEM ELIGIBLE FOR HIGHER PAYING JOBS.

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

ADDITIONALLY, 10% OF PARTICIPANTS STARTED A HOME BASED CHILDCARE BUSINESS; 100% OF THE NEW ENTREPRENEURS INCREASED HOUSEHOLD INCOME.

THE REFUGEE RESETTLEMENT PROGRAM (RRP) AIMS TO ASSIST RECENTLY ARRIVED REFUGEES AND RECENTLY GRANTED ASYLEES TO QUICKLY GAIN ECONOMIC SELF-SUFFICIENCY AND TO SMOOTHLY ADJUST TO LIFE IN A NEW CULTURE. RRP OFFERS AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS, ESL CLASSES, MENTORSHIPS, AND LIFE SKILLS ORIENTATIONS TO HELP RECENTLY ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. MOST CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES WHICH IS PARTIALLY FUNDED BY THE US DEPARTMENTS OF STATE AND HEALTH & HUMAN SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH LOCAL GOVERNMENT ENTITIES AND OTHERS. CLIENTS ARE SERVED BY OUR STAFF MEMBERS WHO ARE FORMER REFUGEES OR ASYLEES THEMSELVES. IN 2013-14, RRP PROVIDED HELP TO 890 CLIENTS. OF THE NEW ARRIVALS, 45% REACHED ECONOMIC SELF-SUFFICIENCY IN THE FIRST 4 MONTHS AND 70% IN THE FIRST YEAR.

IN 2013-2014 OUR IMMIGRATION SERVICES PROVIDED SUPPORTIVE SERVICES WHILE OUR ESPERANZA PROGRAM PROVIDED LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO 260 DETAINED IMMIGRANTS, INCLUDING CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL WITHOUT THESE GOVERNMENT SUPPORTED PROGRAMS. ADDITIONALLY, ESPERANZA GAVE FREE REPRESENTATION TO 200 UNACCOMPANIED MINORS THROUGH VOLUNTEER ATTORNEY PRO-BONO WORK FOR

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

CHILDREN WHO WERE RELEASED FROM GOVERNMENT CUSTODY TO THEIR RELATIVES.

THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES.

FORM 990, PART III, LINE 4B

COMMUNITY CENTERS

NEARLY 20% OF ALL RESIDENTS IN LOS ANGELES COUNTY ARE DEFINED AS POOR.

CATHOLIC CHARITIES OF LOS ANGELES (CCLA)'S COMMUNITY CENTERS, AT 20 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 LOCAL 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 AND WHICH SECTION REFERENCES THE PROVISION OF THE SERVICES AFTER THE DESCRIPTION OF YOUTH SERVICES AT THE END OF PART IIID. SOME SERVICES, SUCH AS JOB PREPARATION/SERVICES (WHICH ARE PRIMARY SELF-SUFFICIENCY SERVICES) ARE UNIVERSAL AND FOUND IN EACH SECTION. THESE TYPES OF SERVICES ARE LABELED "ALL."

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

IN ADDITION TO EMERGENCY SERVICES SUCH AS PROVIDING FOOD, CLOTHING, RENT, UTILITIES PAYMENTS, AND STIPENDS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: JOB TRAINING, CHILD ABUSE PREVENTION, ENGLISH AS A SECOND LANGUAGE, FINANCIAL LITERACY, GED PREPARATION, HOMELESS PREVENTION, 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. ACCORDING TO FEEDING AMERICA THERE ARE MORE CHILDREN AT RISK FROM HUNGER IN LOS ANGELES COUNTY THAN ANY OTHER COUNTY IN THE NATION. AT OVER 643,000 CHILDREN, THERE ARE NEARLY DOUBLE THE CHILDREN AT RISK IN LA THAN IN THE NEXT MOST FOOD-INSECURE COUNTY. ALTHOUGH ASSISTANCE FROM FOOD BANKS AND AGENCIES LIKE CATHOLIC CHARITIES HAS INCREASED, RESEARCH SHOWS THAT 21% OF INDIVIDUALS NEEDING EMERGENCY

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

FOOD ASSISTANCE DID NOT RECEIVE IT.

LAST YEAR, CCLA PROVIDED ALMOST 323,000 FOOD SERVICES CONSISTING OF BAGS OF GROCERIES, SACK LUNCHES, PREPARED MEALS AND FOOD DISTRIBUTION TO LOW-INCOME INDIVIDUALS AND FAMILIES. CCLA'S 18 FOOD PANTRIES AND 3 MOBILE UNITS ARE SITUATED IN MANY OF THE POOREST NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREATEST.

ST. ROBERT'S CENTER'S FOOD PANTRY IS OPEN ON THE WEEKENDS TO SERVE THE WORKING POOR AND HOMELESS. ST. ROBERT'S CENTER OFFERED OVER 5,600 SERVICES INCLUDING PREPARED MEALS AND SUPPLYING TOILETRIES, CLOTHING, AND FOOD TO HOMELESS AND LOW-INCOME PERSONS. AT THIS AND OTHER SITES, VOLUNTEERS MADE AVAILABLE THROUGH PARTNERSHIPS WITH OTHER NON-PROFITS, INCLUDING MANY 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 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 4,000 INDIVIDUALS. RENTAL ASSISTANCE AND UTILITIES SUBSIDIES WERE JUST TWO TYPES OF THE SERVICES OFFERED TO THOSE IN NEED. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND

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

ALBERTSONS, PROVIDED FOOD TO OVER 6,600 PEOPLE.

THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUED TO DELIVER ALMOST 32,200 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 PROVIDED FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE SAN FERNANDO VALLEY. THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, AN ALL-VOLUNTEER EFFORT, OFFERED FOOD AND OTHER POVERTY SERVICES TO OVER 4,100 CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS.

ST. MARY'S COMMUNITY CENTER ASSISTED OVER 11,500 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.

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 & MENTORING PROGRAM FOR YOUTHS AT RISK. THE CHILD CARE PROGRAM AND THE MY CLUB TUTORING & MENTORING PROGRAM PROVIDED

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

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 ASSISTANCE, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. LOCAL LOW-INCOME RESIDENTS WERE HELPED WITH THE ON-SITE APPLICATION ASSISTANCE FOR THE CALFRESH/FOOD STAMPS PROGRAM RUN BY LA COUNTY PERSONNEL. ST. MARGARET'S CENTER HOLDS A HUGE ANNUAL COMMUNITY CHRISTMAS PARTY FOR LOW INCOME RESIDENTS THAT IN 2013-14: HAD 1,040 CHILDREN TAKE PART IN GAMES & ENTERTAINMENT HELPED BY 489 VOLUNTEERS WITH OVER 1,000 CHILDREN'S PICTURES TAKEN WITH SANTA (COURTESY OF STAPLES EMPLOYEES), 3,500 MEALS PREPARED BY HOLLYWOOD PARK, 2080 NEW BOOKS AND GOODY BAGS SELECTED BY THE CHILDREN AND 6,240 YARDS OF HOLIDAY PAPER (OVER 62 FOOTBALL FIELDS) USED TO WRAP AN ADDITIONAL 3,120 GIFTS TAKEN HOME BY 752 PARENTS FOR THEIR CHILDREN ALONG WITH 440 GROCERY CERTIFICATES FOR THEIR HOLIDAY DINNERS WHICH WAS SUPPORTED BY OVER 1,000 GENEROUS DONORS.

AS ONE OF THE LARGEST POVERTY PROGRAMS IN THE CITY, THE GLENDALE COMMUNITY CENTER HELPED FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES, IMMIGRANTS & REFUGEES, AND THE WORKING POOR. OVER 2,100 PARTICIPANTS WERE PROVIDED JOB COUNSELING, RESUME BUILDING SERVICES, RENTAL ASSISTANCE, AND/OR MOTEL VOUCHERS.

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

GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPED OVER 4,200 INDIVIDUALS WITH ALMOST 26,000 BASIC NEEDS SERVICES SUCH AS FOOD, CLOTHING AND DIAPERS. THE CENTER ALSO HOSTS AN ANGEL'S FLIGHT MY CLUB (SEE ALSO ANGEL'S FLIGHT IN SECTION 4C) FOR AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE WHICH OFFERS A MULTITUDE OF ENRICHMENT PROGRAMS INCLUDING ART, DANCE, MUSIC, CULTURAL HERITAGE PROGRAMS AND RECREATIONAL FACILITIES. THE ALL-DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS BENEFIT LOW-INCOME CHILDREN.

THE 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 92 CLIENTS IN 2013-14.

IN 2013-2014 THE SAN GABRIEL REGION SERVED OVER 16,600 CLIENTS AND DELIVERED OVER ALMOST 67,500 SERVICES TO RESIDENTS OF COMMUNITIES FROM EAST LOS ANGELES TO THE POMONA VALLEY. A COLLABORATION WITH LOCAL PARISHES ESTABLISHED IN 2010 (CATHOLIC CHARITIES PARISH LIAISON PROGRAM - CCPAL) HAS EVOLVED INTO AN EFFECTIVE SERVICE DELIVERY MODEL THAT NOW INCLUDES 21 PARISHES PARTNERED WITH THREE COMMUNITY CENTERS - BROWNSON HOUSE (EAST LA), SAN JUAN DIEGO IN EL MONTE, AND THE POMONA COMMUNITY SERVICES CENTER TO DELIVER SERVICES INCLUDING SUCH BASIC NEEDS AS FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION VOUCHERS, AND UTILITIES

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

SUBSIDIES.

BROWNSON HOUSE SERVED ALMOST 6,400 CLIENTS INCLUDING HELPING 80 HOUSEHOLDS INCREASE THEIR INCOMES BY \$250 TO \$400/MONTH THROUGH CALFRESH. ADDITIONALLY 137 FAMILIES RECEIVED HELP WITH UTILITY BILLS AND OVER 750 FAMILIES RECEIVED TRANSPORTATION ASSISTANCE FOR IMPORTANT ENGAGEMENTS SUCH AS JOB INTERVIEWS AND MEDICAL APPOINTMENTS. AMONG THE OTHER DIVERSE ACTIVITIES, THE SAN GABRIEL VALLEY BEST BABIES COLLABORATIVE REFERRED TEENS AND WOMEN WITH HIGH RISK PREGNANCIES TO LIFE SKILLS CLASSES FOCUSING ON HEALTHY BIRTHS AND WEEKLY PARENTING CLASSES REWARDED FAMILIES WITH DIAPERS FROM LA DIAPER DRIVE FOR PARTICIPATING; A WOMEN'S SUPPORT GROUP CREATED JEWELRY AND ARTS AND CRAFTS ITEMS WHICH WERE SOLD TO RAISE SOME ADDITIONAL INCOME AND FOLKLORICO CLASSES TAUGHT CULTURAL ARTS WHILE PREVENTING GANG PARTICIPATION IN YOUTH.

AT THE SAN JUAN DIEGO CENTER OVER 8,300 CLIENTS WERE SERVED. HIGHLIGHTS INCLUDED 110 FAMILIES THAT INCREASED THEIR INCOME WITH CALFRESH BENEFITS, 935 HOUSEHOLDS THAT RECEIVED UTILITY ASSISTANCE AND 25 HOUSEHOLDS THAT RECEIVED EMERGENCY MOTEL SHELTER. AMONG THE MANY SPECIAL EVENTS WAS A BACK TO SCHOOL HAIRCUT AND SCHOOL SUPPLIES DAY THAT PROVIDED 50 K-12 CHILDREN WITH BACKPACKS, FREE HAIRCUTS, SCHOOL SUPPLIES, AND NEW SHOE CERTIFICATES.

IN POMONA THE CENTER IS FOCUSED ON HOMELESS PREVENTION. ALMOST 1,700 CLIENTS WERE SERVED UNDER A VARIETY OF PROGRAMS. AN EMERGENCY SOLUTIONS

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

GRANT PROVIDED 20 HOUSEHOLDS (71 INDIVIDUALS) WITH HOMELESS PREVENTION BY HELPING THEM MAINTAIN CURRENT HOUSING AND THEREBY AVOIDING EVICTION AND 21 HOUSEHOLDS (42 PEOPLE) RECEIVED MOVE-IN ASSISTANCE. ADDITIONALLY, A COLLABORATION WITH OTHER PARTNERS RESULTED IN 51 HOUSEHOLDS ASSISTED WITH RENT, 318 HOUSEHOLDS ASSISTED WITH UTILITIES AND 6 WITH EMERGENCY MOTEL VOUCHERS.

COMMUNITY CENTERS IN SANTA BARBARA AND CARPINTERIA RENDERED OVER 150,000 DIRECT SERVICES TO THE WORKING POOR. IN CONJUNCTION WITH THE VARIOUS HUMAN SERVICES PROGRAMS PROVIDED BY CCLA IN SANTA BARBARA COUNTY, VOUCHERS WERE ISSUED TO CLIENTS TO BE REDEEMED AT EITHER OF THE THRIFTY SHOPPER STORES IN SANTA BARBARA OR SANTA MARIA WHICH PROVIDED, AT NO COST, CLOTHING AND HOUSEHOLD ITEMS TO MORE THAN 3,200 CLIENTS. THERE ARE TWO ADDITIONAL THRIFT STORES, ONE IN GLENDALE AND THE OTHER AT GUADALUPE CENTER IN CANOGA PARK.

CCLA'S VENTURA COUNTY THREE COMMUNITY CENTERS PROVIDED OVER 120,000 DIRECT SERVICES TO ALMOST 15,000 INDIVIDUALS INCLUDING PROVIDING FOOD AND CASE MANAGEMENT SERVICES.

THE OXNARD COMMUNITY CENTER SERVED OVER ALMOST 5,000 PEOPLE PROVIDING GROCERIES, SACK LUNCHES, HOMELESS PREVENTION, JOB SERVICES AND CASE MANAGEMENT. IN 2013-2014, IN PARTNERSHIP WITH LIFE CENTERS OF VENTURA COUNTY, OXNARD PROVIDED NEW LOW-INCOME MOTHERS WITH BABY CLOTHES, FORMULA, DIAPERS AND OTHER BASIC SUPPLIES.

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

THE VENTURA CENTER SERVED OVER 5,000 INDIVIDUALS WITH ALMOST 34,000 BASIC SERVICES SUCH AS PROVIDING FOOD & CLOTHING AND RENTAL & UTILITIES ASSISTANCE.

IN PARTNERSHIP WITH THE CITY OF MOORPARK, THE RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HONOR A CATHOLIC CHARITIES EMPLOYEE) PROVIDED OVER 71,000 SERVICES TO OVER 4,000 CLIENTS INCLUDING PROVIDING NEW SHOES FOR CHILDREN BEFORE THE START OF SCHOOL.

PSYCHOLOGICAL SERVICES: CCLA PROVIDED PSYCHOLOGICAL COUNSELING SERVICES TO 364 CLIENTS AT THREE SITES: ST. MARGARET'S CENTER AND ST. ROBERT'S CENTER IN THE LOS ANGELES AREA AND IN SANTA BARBARA. 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. A NEW PROGRAM IN THE SAN GABRIEL VALLEY WORKS WITH PARISHES TO REMOVE THE STIGMA OF MENTAL ILLNESS AND EDUCATE SCHOOL AND PARISH STAFFS.

AGING: IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) OFFERED DIRECT ASSISTANCE TO OVER 675 SENIORS AS

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

WELL AS TELEPHONE ASSISTANCE PROVIDING ANSWERS TO CRITICAL PROBLEMS.

OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS. THE CLIENT AND CASE MANAGER WORK TOGETHER TOWARD RESOLVING THE CLIENT'S NEEDS AND GETTING THE 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 170 SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES WHO HELPED KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS.

AT BROWNSON HOUSE IN EAST LA, 35 OLDER ADULTS PARTICIPATED IN THE WEEKLY SENIOR RECREATIONAL CLUB SOCIALIZING AND ENJOYING EDUCATIONAL LECTURES ON TOPICS SUCH AS OSTEOPOROSIS, RETIREMENT PLANNING AND SOCIAL SECURITY BENEFITS. AT ST. MARGARET'S CENTER, A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR SENIORS SERVED 200 ELDERLY CLIENTS.

IN SANTA BARBARA COUNTY, GRANTS ALLOWED ALL COMMUNITY CENTERS TO OFFER

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

FINANCIAL ASSISTANCE TO QUALIFYING, LOW-INCOME SENIOR PET OWNERS FOR EMERGENCY MEDICAL VETERINARY ASSISTANCE. ADDITIONALLY, IN LOMPOC AND SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP PROVIDED QUALIFYING LOW-INCOME, OLDER ADULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THESE COMMUNITY CENTERS FOR COMPANION PETS.

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 ANY DEFICIENCIES. THE PROCESS ALSO OFFERS CLIENTS ONGOING OPPORTUNITIES TO EVALUATE AND COMMENT UPON THE SERVICES THEY RECEIVE, TO RECOMMEND CHANGES, AND TO INDICATE SATISFACTION OR DISSATISFACTION 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.

FORM 990, PART III, LINE 4C

ANGEL'S FLIGHT & OTHER HOMELESS SHELTERS

THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S (HUD) 2014 ANNUAL HOMELESS ASSESSMENT REPORT (AHAR) TO CONGRESS SHOWED THAT CALIFORNIA ACCOUNTED FOR MORE THAN 20% OF THE HOMELESS POPULATION IN 2013, THE LARGEST OF ANY STATE. THE SURVEY COUNTS HOMELESS INDIVIDUALS THAT ARE

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

PART OF A FAMILY, HOMELESS CHILDREN AND YOUTH (BOTH THOSE WITH THEIR FAMILIES AND THOSE THAT ARE UNACCOMPANIED), AND HOMELESS INDIVIDUALS. OF ALL THE STATES, CALIFORNIA ALSO HAD THE HIGHEST RATE OF UNSHELTERED HOMELESS, BOTH IN TOTAL NUMBERS AND AS A PERCENTAGE OF THE HOMELESS POPULATION.

ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER AND ANGEL'S FLIGHT SAFE PASSAGES PROGRAM PROVIDE SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS AND UNACCOMPANIED MINORS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE AND ANGEL'S FLIGHT MY CLUB HAS NUMEROUS PROGRAMS THAT ADDRESS THE PROBLEMS OF YOUTH AT RISK.

THE JANUARY 2014 HUD HOMELESS COUNT SHOWED THAT CALIFORNIA HAD THE LARGEST NUMBER UNACCOMPANIED HOMELESS CHILDREN AND YOUTH IN THE COUNTRY AT 30% OF THE NATION'S TOTAL. WITHIN CALIFORNIA, LOS ANGELES HAD THE LARGEST NUMBER OF THESE CHILDREN AND YOUTH AT 10% OF THE NATIONAL TOTAL. MORE THAN 75% OF THESE CHILDREN AND YOUTH WERE UNSHELTERED, WHICH MEANS SLEEPING OUTSIDE, GENERALLY ON THE STREETS.

AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD (MOST OF WHOM ARE FLEEING ABUSE ON THE STREETS), 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 OR ALTERNATE HOUSING. THE STAFF AT THE SHELTER ADDRESS THE

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

YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. THE SHELTER ALSO OPERATES A HOTLINE 24/7 CONCERNING SERVICES THAT ANGEL'S FLIGHT OR OTHER AGENCIES CAN PROVIDE TO RUNAWAY TEENS.

ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN WHO ARE REFERRED THROUGH GOVERNMENT PROGRAMS FOR CHILDREN IN IMMIGRATION PROCEEDINGS FOR A HOME STUDY OR POST RELEASE SERVICES. WHEN THE CASE IS REFERRED AS A HOME STUDY, A FAMILY REUNIFICATION SPECIALIST (FRS) VISITS THE HOME AND, AFTER A THOROUGH PROCESS, MAKES A RECOMMENDATION ON WHETHER THE CHILD SHOULD BE RELEASED TO THE PROPOSED SPONSOR. AFTER THE CHILD HAS BEEN REMOVED FROM DETENTION, THE POST RELEASE SERVICES BEGIN. THE FRS MAINTAINS CONTACT WITH THE CHILD UNTIL THE CHILD'S IMMIGRATION CASE PROCEEDINGS HAVE BEEN COMPLETED, AND/OR THE CHILD TURNS 18. THE FAMILY REUNIFICATION SPECIALIST PROVIDES THE FAMILY WITH REFERRALS TO RESOURCES SUCH AS MEDICAL, MENTAL HEALTH/DRUG PROGRAMS, AND PRO-BONO/LOW COST LEGAL REPRESENTATION FOR THE CHILD'S IMMIGRATION CASE TO MAKE SURE THAT THE CHILD'S NEEDS ARE BEING MET. IN 2013-14, 67 CHILDREN WERE SERVED.

ANGEL'S FLIGHT MY CLUB OFFERS A SAFE PLACE FOR YOUTH 6 - 24 YEARS OF AGE IN SEVERAL HIGH-RISK LOCATIONS: SOUTH CENTRAL LA, CANOGA PARK AT

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

GUADALUPE CENTER AND CENTRAL LA AT EL SANTO NINO. MY CLUB OF SOUTH CENTRAL LA ALSO EDUCATES OTHER NON-PROFIT AGENCIES THAT ALSO WORK WITH YOUTH ABOUT THE DANGERS OF RUNAWAYS AND HOW TO IDENTIFY THOSE WHO MAY BE VULNERABLE. MY CLUB SOUTH CENTRAL HAD 99 PARTICIPANTS WHO WERE PROVIDED WITH SERVICES AND ACTIVITIES THAT INCLUDED: TUTORING, COOKING WORKSHOPS, MUSIC & ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOPS, LIFE SKILLS EDUCATION, SPORTS & RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS TRAINING.

ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTED 63 CLIENTS FROM 16 TO 24 YEARS OF AGE WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT; TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING AND JOB SEARCHING ARE PROVIDED. 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. IN 2013-14, 31 CLIENTS SECURED EMPLOYMENT.

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, 342 CHILDREN AT ONE PUBLIC SCHOOL, ONE COMMUNITY CENTER, AND TWO PAROCHIAL SCHOOL SITES 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. AT BROWNSON HOUSE AND AT EL SANTO NINO, A SUMMER CAMP WAS ALSO OFFERED WITH 32 CHILDREN PARTICIPATING IN SAN GABRIEL. ADESTE'S PROGRAM FOCUSES ON

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

STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER DEVELOPMENT, WHILE PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED IT.

THE ELIZABETH ANN SETON RESIDENCE AND THE PROJECT ACHIEVE SHELTER ARE TWO EMERGENCY SHELTERS IN LONG BEACH.

ACCORDING TO THE 2014 HUD AHAR STUDY, CALIFORNIA HAD 11% OF ALL HOMELESS FAMILIES, SURPASSED ONLY BY NEW YORK WITH 22%. 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 374 CLIENTS IN 2013-14. EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE AND 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 PROVIDED.

ACCORDING TO THE HUD AHAR, CALIFORNIA ACCOUNTED FOR 25% OF THE NATION'S HOMELESS INDIVIDUALS, WITH 8% OF THE NATION'S TOTAL INDIVIDUAL HOMELESS

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

POPULATION LIVING IN LOS ANGELES COUNTY. 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 WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED.

BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN 2013-14, PROJECT ACHIEVE DELIVERED OVER 58,000 SERVICES TO 452 CLIENTS LAST YEAR.

GOOD SHEPHERD CENTER

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

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

INCLUDE HOT SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET. IN 2013-14, LANGUILLE PROVIDED OVER 33,500 SERVICES TO 169 CLIENTS IN THE SHELTER AND OVER 12,700 SERVICES THROUGH ITS DROP-IN AND OUTREACH PROGRAMS TO 1,001 CLIENTS.

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. SINCE THEN, THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, WHICH NOW CONSISTS OF THREE DISTINCT PROGRAMS THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. WHILE LANGUILLE OFFERS EMERGENCY HOUSING, HAWKES TRANSITIONAL RESIDENCE AND FARLEY HOUSE OFFER TRANSITIONAL HOUSING. HAWKES OFFERS SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN AND FARLEY HOUSE OFFERS EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER ALSO USED BY HAWKES. EMPLOYMENT TRAINING IS ENHANCED BY THE VILLAGE KITCHEN, AN ON-SITE CULINARY ARTS JOB TRAINING PROGRAM FOR GOOD SHEPHERD RESIDENTS THAT OPERATES A CAFE THAT IS OPEN TO THE PUBLIC. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. GOOD SHEPHERD CENTERS TRANSITIONAL SHELTERS, HAWKES AND FARLEY HOUSE PROVIDED OVER 60,000 SERVICES FOR 82 CLIENTS IN 2013-14.

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

THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE, IS A TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA DESIGNED TO SERVE 2 FAMILY UNITS AT A TIME. MCGILL HOUSE ALSO OPERATES A HOUSING REFERRAL SERVICE WHICH HELPED 509 CLIENTS. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR UP TO ONE YEAR. FIVE FAMILIES (14 PEOPLE) WERE SERVED IN THE PAST YEAR. OF THE 3 FAMILIES WHO EXITED THE PROGRAM IN 2013-14, ALL OBTAINED PERMANENT HOUSING. FIVE FAMILIES (14 PEOPLE) WERE SERVED IN THE PAST YEAR. OF THE 3 FAMILIES WHO EXITED THE PROGRAM IN 2013-14, ALL OBTAINED PERMANENT HOUSING.

FORM 990, PART III, LINE 4D

YOUTH SERVICES

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING AND PLACEMENT PROGRAMS SINCE 1965 WHEN THE ARCHDIOCESE OF LOS ANGELES WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO START A PROGRAM TO PARTICIPATE IN THE WAR ON POVERTY. IN 2000 THE ARCHDIOCESE FORMALLY TRANSFERRED THE PROGRAM TO CCLA. SINCE INCEPTION, AYES HAS SERVED OVER 91,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2014, AYES PROVIDED SERVICES TO 1,465 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 JOBS PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF

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

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.

WITH FIELD OFFICES IN CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND USC. THESE PARTNERSHIPS ALLOW AYES TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES WHICH INCLUDE JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- MATH 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.

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

CYO (CATHOLIC YOUTH ORGANIZATION) OFFERS AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES ATTENDING CATHOLIC SCHOOLS IN LA COUNTY. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. LAST YEAR, OVER 6,100 YOUTH ACTIVELY PARTICIPATED IN THE PROGRAM. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAD FUN, BUILT CONFIDENCE, ACQUIRED SKILLS AND COORDINATION, AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH.

IN ADDITION TO THE YOUTH, EACH YEAR CYO TRAINS COACHES AND PARENTS THROUGH THE "PLAY LIKE A CHAMPION" PROGRAM DEVELOPED BY THE CENTER FOR ETHICAL EDUCATION AT THE UNIVERSITY OF NOTRE DAME. IN 2013-14 APPROXIMATELY 1,500 COACHES AND PARENTS GRADUATED FROM THE PROGRAM. CYO CONTINUES TO PROVIDE THE CHILDREN OF LOS ANGELES COUNTY- MANY OF WHOM ARE CONSIDERED "AT RISK" - WITH A QUALITY ATHLETIC PROGRAM THAT ENHANCES THEIR PHYSICAL AND MENTAL DEVELOPMENT AND MATURITY.

NTEE CODES

(NATIONAL TAXONOMY OF EXEMPT ENTITIES)

OUR SERVICES HAVE BEEN DIVIDED INTO THE FOUR SEPARATE SECTIONS PROVIDED ON THE 990 FORM AS FOLLOWS: PART IIIA - REFUGEE AND IMMIGRATION SERVICES, PART IIIB - COMMUNITY SERVICES, PART IIIC- ANGEL'S FLIGHT AND OTHER

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

HOMELESS SHELTERS AND PART IIID - YOUTH SERVICES. AFTER EACH TAXONOMIC
CATEGORY THE RELEVANT SECTION (OR SECTIONS) IS REFERENCED.

P20 HUMAN SERVICE ORGANIZATIONS (THIS IS OUR ALL-ENCOMPASSING CODE)

ARTS, CULTURE& HUMANITIES

A20 ARTS & CULTURE (COMMUNITY CENTERS, HOMELESS SHELTERS):

A23 CULTURAL & ETHNIC AWARENESS
A24 FOLK ARTS
A62 DANCE
A68 MUSIC

EDUCATION

B60 ADULT EDUCATION (ALL)
B90 EDUCATIONAL SERVICES
B92 REMEDIAL READING & ENCOURAGEMENT (ALL)

ANIMAL RELATED

D20 ANIMAL PROTECTION & WELFARE (COMMUNITY CENTERS)

HEALTH CARE

E70 PUBLIC HEALTH (COMMUNITY CENTERS)
E80 HEALTH (COMMUNITY CENTERS)
E90 NURSING
E92 HOME HEALTH CARE (COMMUNITY CENTERS)

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

MENTAL HEALTH AND CRISIS INTERVENTION

F20 SUBSTANCE ABUSE DEPENDENCY, PREVENTION & TREATMENT

F21 SUBSTANCE ABUSE PREVENTION (COMMUNITY CENTERS)

F22 SUBSTANCE ABUSE TREATMENT (COMMUNITY CENTERS)

F40 HOT LINES & CRISIS INTERVENTION (ANGEL'S FLIGHT)

F60 COUNSELING (COMMUNITY CENTERS, ANGEL'S FLIGHT)

F70 MENTAL HEALTH DISORDERS (COMMUNITY CENTERS)

CRIME AND LEGAL RELATED

I20 CRIME PREVENTION

I21 YOUTH VIOLENCE PREVENTION (CENTERS, YOUTH SERVICES, ANGEL'S
FLIGHT)

I70 PROTECTION AGAINST ABUSE

I72 CHILD ABUSE PREVENTION(CENTERS, YOUTH SERVICES, ANGEL'S
FLIGHT)

I80 LEGAL SERVICES

I83 PUBLIC INTEREST LAW (REFUGEE & IMMIGRATION, CENTERS, ANGEL'S
FLIGHT)

EMPLOYMENT

J20 EMPLOYMENT PREPARATION & PROCUREMENT (ALL)

J21 VOCATIONAL COUNSELING (ALL)

J22 JOB TRAINING (ALL)

FOOD, AGRICULTURE AND NUTRITION

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

K30 FOOD PROGRAMS

K31 FOOD BANKS & PANTRIES (COMMUNITY CENTERS, SHELTERS)

K35 SOUP KITCHENS (COMMUNITY CENTERS, HOMELESS SHELTERS)

K40 NUTRITION (COMMUNITY CENTERS, HOMELESS SHELTERS)

K50 HOME ECONOMICS (COMMUNITY CENTERS, HOMELESS SHELTERS)

HOUSING & SHELTER

L30 HOUSING SEARCH ASSISTANCE (CENTERS, SHELTERS, & IMMIGRATION)

L40 TEMPORARY HOUSING

L41 HOMELESS SHELTERS (HOMELESS SHELTERS)

L80 HOUSING SUPPORT

L81 HOME IMPROVEMENT & REPAIRS (COMMUNITY CENTERS)

L82 HOUSING EXPENSE REDUCTION SUPPORT (COMMUNITY CENTERS)

RECREATION & SPORTS

N30 COMMUNITY RECREATIONAL FACILITIES (COMMUNITY CENTERS)

N60 AMATEUR SPORTS (YOUTH SERVICES)

N62 BASKETBALL

N63 BASEBALL & SOFTBALL

N64 SOCCER

N65 FOOTBALL

N66 RACQUET SPORTS

N68 WINTER SPORTS

N6A GOLF

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

N70 AMATEUR SPORTS COMPETITIONS (YOUTH SERVICES)

YOUTH DEVELOPMENT

O20 YOUTH CENTERS & CLUBS (COMMUNITY CENTERS, ANGEL'S FLIGHT)

O50 YOUTH DEVELOPMENT PROGRAMS (CENTERS, ANGEL'S FLIGHT, YOUTH)

HUMAN SERVICES

P20 HUMAN SERVICE ORGANIZATIONS

P28 NEIGHBORHOOD CENTERS (COMMUNITY CENTERS)

P29 THRIFT SHOPS (COMMUNITY CENTERS)

P30 CHILDREN & YOUTH SERVICES

P33 CHILD DAY CARE (ANGEL'S FLIGHT)

P40 FAMILY SERVICES (COMMUNITY CENTERS, SHELTERS)

P44 IN-HOME ASSISTANCE

P45 FAMILY SERVICES FOR ADOLESCENT PARENTS

P46 FAMILY COUNSELING

P47 PREGNANCY

P50 PERSONAL SOCIAL SERVICES

P51 FINANCIAL COUNSELING (COMMUNITY CENTERS, SHELTERS)

P52 TRANSPORTATION ASSISTANCE (ALL)

P58 GIFT DISTRIBUTION (COMMUNITY CENTERS, SHELTERS)

P60 EMERGENCY ASSISTANCE

P62 VICTIMS' SERVICES (ALL)

P80 CENTERS TO SUPPORT THE INDEPENDENCE OF SPECIFIC POPULATIONS

P83 WOMEN'S CENTERS (COMMUNITY CENTERS)

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

P84 ETHNIC & IMMIGRANT CENTERS (COMMUNITY CENTERS)

P85 HOMELESS CENTERS (HOMELESS SHELTERS)

CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY

R20 CIVIL RIGHTS

R21 IMMIGRANTS' RIGHTS (REFUGEE & IMMIGRATION)

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON, LLP 515 SOUTH FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 90071	AUDITING	197,941.
LA MORAGA COMMUNICATIONS 4088 JEFFERSON STREET RIVERSIDE, CA 92504	DESIGN & PRINTING	161,006.
COALITION FOR RESPONSIBLE COMMUNITY DEV 3101 SOUTH GRAND AVENUE LOS ANGELES, CA 90007	CLIENT TRAINING	141,936.
POWER MANAGEMENT LA VERNE, CA 91750	IT CONSULTING	131,690.
GUARDIAN-APPLETON PO BOX 677458 DALLAS, TX 75267	SECURITY SERVICES	103,813.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	1,766,585.
TOTAL	<u>1,766,585.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ROMAN CATHOLIC ARCHDIOCESE OF LA 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010 95-1642382	RELIGIOUS	CA	501(C)(3)	01	N/A		X
(2) OPUS CARITATIS, INC 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015 20-1021326	SUPPORTING	CA	501(C)(3)	11	N/A		X
(3) CATHOLIC CHARITIES COMM DEVELOPMENT CORP PO BOX 15095 LOS ANGELES, CA 90015 95-4172572	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) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS, INC.	C	1,720,000.	CASH
(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) -----													

Part VII **Supplemental Information**

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

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR	California e-file Return Authorization for Exempt Organizations	FORM
2013		8453-EO

Exempt Organization name CATHOLIC CHARITIES OF LOS ANGELES, INC	Identifying number 95-1690973
---	---

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	33,065,283.
2	Total gross income (Form 199, line 8)	2	29,624,192.
3	Total expenses and disbursements (Form 199, Line 9),	3	30,990,474.

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____ 7 Type of account: Checking Savings
 6 Account number _____

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here _____ 05/15/2015 **EXECUTIVE DIRECTOR**
 Signature of Officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01278077
	Firm's name (or yours if self-employed) and address	GRANT THORNTON LLP			FEIN 36-6055558
		515 S. FLOWER ST. 7TH FLOOR LOS ANGELES CA			ZIP Code 90071

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	FEIN		
				ZIP Code