

# Return of Organization Exempt From Income Tax

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** 07/01, 2014, **and ending** 06/30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC			<b>D Employer identification number</b> 95-1690973	
	Doing business as			<b>E Telephone number</b> (213) 251-3400	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1531 JAMES M WOOD BLVD.				
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015-0095			<b>G Gross receipts \$</b> 34,996,960.	
<b>F Name and address of principal officer:</b> MONSIGNOR GREGORY A. COX 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015-0095			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.CATHOLICCHARITIESLA.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				<b>L Year of formation:</b> 1937	
				<b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CCLA PROVIDED 925,000 SERVICES TO OVER 100,000 CLIENTS AT 44 LOCATIONS IN LA, VENTURA & SANTA BARBARA COUNTIES REGARDLESS OF RACE, RELIGION, GENDER, AGE, OR DISABILITY.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	42.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	40.	
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	391.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	2,850.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	23,841,552.	29,973,306.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	3,235,782.	3,457,361.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,370,735.	208,858.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	592,094.	634,495.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,040,163.	34,274,020.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	184,000.	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,914,990.	15,135,471.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	47,421.	9,058.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 437,867.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,260,034.	17,589,338.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,406,445.	32,733,867.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,366,282.	1,540,153.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	66,845,547.	67,171,550.
	<b>21</b>	Total liabilities (Part X, line 26)	10,037,137.	9,592,044.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	56,808,410.	57,579,506.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MONSIGNOR GREGORY A. COX		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	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	

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] 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 \$ 5,046,163. including grants of \$ ) (Revenue \$ 2,497,649. ) IMMIGRATION AND REFUGEES -- SEE SCHEDULE O

4b (Code: ) (Expenses \$ 12,600,413. including grants of \$ ) (Revenue \$ 226,553. ) COMMUNITY CENTERS -- SEE SCHEDULE O

4c (Code: ) (Expenses \$ 7,150,224. including grants of \$ ) (Revenue \$ 461,762. ) ANGEL'S FLIGHT & OTHER HOMELESS SHELTERS -- SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,196,016. including grants of \$ ) (Revenue \$ 271,397. )

4e Total program service expenses 28,992,816.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about 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, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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, address, and telephone number of the person who possesses the organization's books and records: 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.

**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 CHAIR	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 EVP	40.00 0	X		X			28,830.	0	18,794.	
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00 0	X		X				0	0	0
(5) VINCENT F. MARTIN, JR. TREASURER	1.00 0	X		X				0	0	0
(6) LOLA MCALPIN-GRANT, ESQ. SECRETARY	1.00 0	X		X				0	0	0
(7) GUSTAVO "GARY" A. AMARAL TRUSTEE	.50 0	X						0	0	0
(8) YOLANDA BECERRA-JONES TRUSTEE	.50 0	X						0	0	0
(9) AFSHIN BEYZAEE, ESQ. TRUSTEE	.50 0	X						0	0	0
(10) CATHLEEN M. COBB TRUSTEE	.50 0	X						0	0	0
(11) TIMOTHY J. COLLINS TRUSTEE	.50 0	X						0	0	0
(12) RICHARD G. D'AMICO TRUSTEE	.50 0	X						0	0	0
(13) SUSAN D'AMICO TRUSTEE	.50 0	X						0	0	0
(14) GARY DARNELL TRUSTEE	.50 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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) ROBERT M. EBINER, ESQ. TRUSTEE	.50 0	X					0	0	0	
( 16) GREGORY L. EVANS, ESQ. TRUSTEE	.50 0	X					0	0	0	
( 17) BONIFACIO BONNY GARCIA, ESQ. TRUSTEE	.50 0	X					0	0	0	
( 18) HAROLD GREEN TRUSTEE	.50 0	X					0	0	0	
( 19) MARCIA WILSON HOBBS TRUSTEE	.50 0	X					0	0	0	
( 20) IVAN J. HOUSTON TRUSTEE	.50 0	X					0	0	0	
( 21) NANCY KAILEY TRUSTEE	.50 0	X					0	0	0	
( 22) GARY D. KRAUSS TRUSTEE	.50 0	X					0	0	0	
( 23) CHRIS KROES TRUSTEE	.50 0	X					0	0	0	
( 24) JOSEPH MAFFUCCI TRUSTEE	.50 0	X					0	0	0	
( 25) MICHAEL J. MALONEY, ESQ. TRUSTEE	.50 0	X					0	0	0	
<b>1b Sub-total</b>							28,830.	0	18,794.	
<b>c Total from continuation sheets to Part VII, Section A</b>							753,650.	0	104,973.	
<b>d Total (add lines 1b and 1c)</b>							782,480.	0	123,767.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 **▶** 3



**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) SEAN K. MCFERSON ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 27) JANET MAULHARDT ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 28) LAWRENCE P. MCNEIL (DECEASED) ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 29) KENNETH J. MURPHY, ESQ. ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 30) MICHAEL D. O'BRIEN ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 31) MICHAEL T PSOMAS ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 32) MARY BETH RZETELJSKI ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 33) VIKTOR RZETELJSKI ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 34) REV. ALEXANDER SALAZAR ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 35) FREDERICK K. SCHMITT ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 36) JOHN J. SWENSON, ESQ. ----- TRUSTEE	.50 ----- 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 ▶ 6

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) PETER J. VOGELSANG, M.D. ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 38) DAVID M. WALSH, ESQ. ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 39) JOHN A. WHITE ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 40) SANDER C. ZAGZEBSKI, ESQ. ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 41) JANET CRUZ SPARROW ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 42) STEVEN J. WOLT ----- TRUSTEE	.50 ----- 0	X						0	0	0
( 43) LUIS MARIA R. CALINGO ----- TRUSTEE - CYPT	.50 ----- 0	X						0	0	0
( 44) STANLEY D. HAYDEN (DECEASED) ----- TRUSTEE - CYPT	.50 ----- 0	X						0	0	0
( 45) JOHN YANEZ ----- TRUSTEE - CYPT	.50 ----- 0	X						0	0	0
( 46) JAMES E. BATHKER ----- CFO	40.00 ----- 0			X				156,424.	0	35,269.
( 47) ALEXANDRIA M. ARNOLD ----- DIR. DEVELOP & COMM	40.00 ----- 0					X		137,220.	0	21,786.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) DR. FRANK BOGNAR REGIONAL DIRECTOR	40.00 0					X	102,294.	0	22,361.	
( 49) RONALD LOPEZ CAO	40.00 0					X	142,061.	0	10,540.	
( 50) EDWARD NELSON CQI DIRECTOR	40.00 0					X	109,827.	0	7,532.	
( 51) LELAND RATLEFF HR DIRECTOR	40.00 0					X	105,824.	0	7,485.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	627,924.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,812,600.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	3,800,000.					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	11,552,942.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	12,179,840.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		9,111,090.					
	<b>h Total.</b> Add lines 1a-1f . . . . .		29,973,306.					
	<b>Program Service Revenue</b>							<b>Business Code</b>
<b>2a</b> LEGAL SERVICES FOR GOVERNMENT AGENCIES			541100	2,185,575.	2,185,575.			
<b>b</b> CITIZENSHIP SERVICE FEES			900099	312,074.	312,074.			
<b>c</b> YOUTH SPORTS LEAGUE & ADMISSIONS			713990	271,397.	271,397.			
<b>d</b> CHILD DAY CARE SERVICES			624410	266,198.	266,198.			
<b>e</b> SALES BY JOB TRAINEES			722513	136,898.	136,898.			
<b>f</b> All other program service revenue . . . . .				285,219.	285,219.			
<b>g Total.</b> Add lines 2a-2f . . . . .				3,457,361.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			78,002.			78,002.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real						
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		295,000.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		164,144.				
		<b>c</b> Gain or (loss) . . . . .		130,856.				
	<b>d</b> Net gain or (loss) . . . . .			130,856.			130,856.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,812,600.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		693,714.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	557,968.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				135,746.			135,745.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		29,722.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	828.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			28,894.			28,894.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> THRIFT STORE			453310	457,286.			457,286.	
	<b>b</b> CYO SALES		711210	8,006.	8,006.			
	<b>c</b> OTHER		900099	4,563.	4,563.			
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				469,855.				
<b>12 Total revenue.</b> See instructions . . . . .				34,274,020.	3,469,930.		830,783.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	227,759.		227,759.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	11,428,153.	9,587,958.	1,636,244.	203,951.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	467,952.	368,314.	87,401.	12,237.
9 Other employee benefits . . . . .	1,557,555.	1,291,338.	242,393.	23,824.
10 Payroll taxes . . . . .	1,454,052.	1,273,409.	164,272.	16,371.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	57,776.	55,283.	2,493.	
c Accounting . . . . .	193,254.	178,563.	12,556.	2,135.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	9,058.			9,058.
f Investment management fees . . . . .	32,923.		32,923.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	667,128.	613,448.	47,851.	5,829.
12 Advertising and promotion . . . . .	96,739.	63,521.	27,223.	5,995.
13 Office expenses . . . . .	1,033,885.	733,201.	180,920.	119,764.
14 Information technology . . . . .	590,005.	298,800.	275,332.	15,873.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,956,220.	1,766,183.	171,264.	18,773.
17 Travel . . . . .	17,254.	13,641.	3,613.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	102,517.	48,659.	53,510.	348.
20 Interest . . . . .	135,026.	132,200.	2,826.	
21 Payments to affiliates . . . . .	33,595.		33,595.	
22 Depreciation, depletion, and amortization . . . . .	646,950.	588,859.	58,091.	
23 Insurance . . . . .	409,449.	408,239.	514.	696.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY FOOD & SHELTER -----	9,023,216.	9,023,216.		
b PARTICIPANT PAYROLL & RELATE -----	1,648,990.	1,648,990.		
c DONATED THRIFT STORE GOODS -----	444,371.	444,371.		
d VEHICLES AND MILEAGE -----	325,878.	296,611.	29,267.	
e All other expenses -----	174,162.	158,012.	13,137.	3,013.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>32,733,867.</b>	<b>28,992,816.</b>	<b>3,303,184.</b>	<b>437,867.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,016,706.	<b>1</b>	1,416,821.
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	192,842.	<b>3</b>	0
	<b>4</b> Accounts receivable, net	3,927,119.	<b>4</b>	4,283,250.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	209,558.	<b>9</b>	233,132.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 23,878,005.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 8,223,349.	14,878,189.	<b>10c</b> 15,654,656.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	17,088,008.	<b>12</b>	18,426,386.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	29,533,125.	<b>15</b>	27,157,305.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	66,845,547.	<b>16</b>	67,171,550.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,781,808.	<b>17</b>	4,069,574.
	<b>18</b> Grants payable	1,200,000.	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	4,871,991.	<b>23</b>	5,004,191.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	183,338.	<b>25</b>	518,279.	
<b>26 Total liabilities.</b> Add lines 17 through 25	10,037,137.	<b>26</b>	9,592,044.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	20,574,989.	<b>27</b>	21,354,435.
	<b>28</b> Temporarily restricted net assets	35,482,308.	<b>28</b>	35,473,958.
	<b>29</b> Permanently restricted net assets	751,113.	<b>29</b>	751,113.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	56,808,410.	<b>33</b>	57,579,506.	
<b>34</b> Total liabilities and net assets/fund balances	66,845,547.	<b>34</b>	67,171,550.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,274,020.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,733,867.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,540,153.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	56,808,410.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	406,765.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,175,822.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	57,579,506.

**Part XII Financial Statements and Reporting**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

<b>Name of the organization</b> CATHOLIC CHARITIES OF LOS ANGELES, INC	<b>Employer identification number</b> 95-1690973
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	25,107,192.	25,988,294.	25,999,146.	23,841,552.	29,973,306.	130,909,490.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	25,107,192.	25,988,294.	25,999,146.	23,841,552.	29,973,306.	130,909,490.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						130,909,490.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	25,107,192.	25,988,294.	25,999,146.	23,841,552.	29,973,306.	130,909,490.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	291,875.	151,058.	3,284.	2,190.	78,002.	526,409.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10. . . . .						131,435,899.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.60 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.39 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity ( <i>see instructions</i> ).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

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**Part VI** **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).

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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.

2014

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

Employer identification number

CATHOLIC CHARITIES OF LOS ANGELES, INC

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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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 held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014



**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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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	36,233,421.	36,667,863.	35,081,735.	35,369,907.	32,362,977.
b Contributions	4,116,381.	2,284,780.	3,893,989.	1,243,426.	2,254,306.
c Net investment earnings, gains, and losses	-1,058,155.	1,191,306.	1,947,554.	985,996.	2,659,820.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,066,577.	3,910,528.	4,255,415.	2,517,594.	1,907,196.
f Administrative expenses					
g End of year balance	36,225,070.	36,233,421.	36,667,863.	35,081,735.	35,369,907.

- 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  2.0735 %
  - c Temporarily restricted endowment  97.9265 %
- 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? | X   |    |
- 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		2,683,531.		2,683,531.
b Buildings		18,350,829.	5,050,606.	12,384,693.
c Leasehold improvements		723,546.	530,973.	405,433.
d Equipment		2,120,099.	1,798,612.	180,999.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,654,656.

**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	18,426,386.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	18,426,386.	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARAT	27,157,305.
(2) ASSETS HELD FOR DISPOSITION	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	27,157,305.

**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 REIMBU	518,279.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	518,279.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	34,039,491.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	406,766.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	360,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-968,372.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-201,606.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	34,241,097.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,923.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,923.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	34,274,020.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	33,268,394.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	360,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	207,450.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	567,450.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	32,700,944.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,923.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,923.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	32,733,867.

**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 \$27,157,304 OF ANGEL'S FLIGHT'S BENEFICIAL INTEREST IN A SEPARATE ORGANIZATION AND \$8,316,653 IN INVESTMENTS FOR PROGRAMS OF CATHOLIC CHARITIES INCLUDING: \$5,059,968 FOR ANGEL'S FLIGHT, \$1,141,344 FOR OTHER HOMELESS SHELTERS, \$482,280 FOR SAN FERNANDO REGION PROGRAMS, \$427,721 FOR DISASTER RELIEF, \$248,159 FOR VENTURA COUNTY PROGRAMS, \$77,825 FOR SANTA BARBARA COUNTY PROGRAMS, \$376,822 FOR COMMUNITY CENTER PROGRAMS, \$68,821 FOR YOUTH JOB TRAINING, AS WELL AS \$438,712 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 STATUTE 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 30, 2012 THROUGH JUNE 30, 2015 FOR FEDERAL TAX PURPOSES AND THE YEARS

**Part XIII Supplemental Information** (continued)

ENDED JUNE 30, 2011 THROUGH JUNE 30, 2015 FOR CALIFORNIA TAX PURPOSES.

THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2015, NOR ARE THERE ANY MATERIAL CHANGES ANTICIPATED IN THE TWELVE MONTHS FOLLOWING JUNE 30, 2015. 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 \$(968,372) IS COMPOSED OF: (1) FUNDRAISING EXPENSES OF \$206,621 AND RAFFLE EXPENSES OF \$829 FOR A TOTAL OF \$207,450 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 LOSS OF \$(1,175,822) 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 \$207,450 IS COMPOSED OF FUNDRAISING EXPENSES OF \$206,621 AND RAFFLE (GAMING) EXPENSES OF \$829 REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES BUT NETTED WITH REVENUE 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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,

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**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
		DINNER & DANCE	DINNER & DANCE	51.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	801,683.	255,106.	1,449,525.	2,506,314.
	<b>2</b> Less: Contributions . . . . .	680,000.	155,400.	977,200.	1,812,600.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	121,683.	99,706.	472,325.	693,714.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	35,744.	65,316.	250,287.	351,347.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	53,107.	22,912.	130,602.	206,621.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				557,968.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				135,746.

**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))
		<b>1</b> Gross revenue . . . . .			29,722.
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			829.	829.
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				829.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				28,893.	

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

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	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 ▶ \$ 26,750.

**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 provide any additional information (see instructions).



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC

Employer identification number

95-1690973

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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), 501(c)(4), and 501(c)(29) 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**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

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

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E. BATHKER CFO	(i)	147,372.	0	9,052.	11,420.	23,849.	191,693.	0
	(ii)	0	0	0	0	0	0	0
2 ALEXANDRIA M. ARNOLD DIR. DEVELOP & COMM	(i)	137,220.	0	0	9,883.	11,903.	159,006.	0
	(ii)	0	0	0	0	0	0	0
3 RONALD LOPEZ CAO	(i)	142,061.	0	0	10,540.	0	152,601.	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)							

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**Part III Supplemental Information**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**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](http://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		22,342.	FAIR MARKET VALUE
5 Clothing and household goods . . . . .	X		1,699,739.	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 . . . . .	X	1.	1,003,174.	FAIR MARKET VALUE
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X		5,902,938.	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .	X		2,493.	FAIR MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .			480,404.	
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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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	
32a 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) (2014)

JSA

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LOSANGELE-95-1690973

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**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		134,262.	FAIR MARKET VALUE
UTILITY VOUCHERS	X		321,414.	FAIR MARKET VALUE
CLIENT RENT	X		24,728.	FAIR MARKET VALUE
TOTALS			<u>480,404.</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

**2014**

**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: \$4,196,016

GRANTS AND ALLOCATIONS: \$0

REVENUE: \$271,397 YOUTH SERVICES

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBER HAVING A FAMILY RELATIONSHIP WITH ANOTHER BOARD MEMBER

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 BEING AN AUTHORIZED REGIONAL OR  
PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

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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 AMENDMENT OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT 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 ALL BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

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

WRITTEN CONFLICT OF INTEREST POLICY



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

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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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 IS THE \$(1,175,822) LOSS ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION.

FORM 990, PART III, LINE 4A

REFUGEE AND IMMIGRATION SERVICES

CCLA BEGAN PROVIDING IMMIGRATION ASSISTANCE AFTER WORLD WAR II WITH THE RESETTLEMENT OF HUNGARIAN REFUGEES IN LOS ANGELES. TODAY, REFUGEE CLIENTS SEEKING IMMIGRATION SERVICES COME MULTITUDE OF OTHER COUNTRIES INCLUDING: FROM IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA. CCLA'S IMMIGRATION AND REFUGEE PROGRAMS FOCUS ON 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

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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EMPLOYMENT. AMERICAN VALUES AND SOCIAL NORMS ARE TAUGHT AS WELL.

OUR CENTRAL INTAKE UNIT (CIU) PROVIDED ASSISTANCE TO REFUGEES, IMMIGRANTS AND OTHERS THROUGH NINE DIFFERENT PROGRAMS. REP (REFUGEE EMPLOYMENT TRAINING PROGRAM) PROVIDES EMPLOYMENT READINESS THROUGH COMPREHENSIVE CASE MANAGEMENT TO REFUGEES WHO HAVE BEEN IN THE COUNTRY FOR LESS THAN FIVE YEARS AND RESIDE IN THE WEST SAN FERNANDO VALLEY AND GLENDALE/BURBANK AREAS OF LOS ANGELES COUNTY. THE HOME BASED CHILDCARE PROGRAM (HBC) PROVIDES TRAINING IN PREPARATION FOR STATE LICENSING AND ASSISTANCE IN OPENING HOME BASED CHILDCARE BUSINESSES. THE DIGNITY OF WORK PROGRAM (DOW) PROVIDES CASE MANAGEMENT AND EMPLOYMENT READINESS SERVICES TO VICTIMS OF HUMAN TRAFFICKING. TARGETED ASSISTANCE DISCRETIONARY GRANT SERVICES (TAD) PROVIDES EMPLOYMENT READINESS TO REFUGEES. TWO COMMUNITY BLOCK GRANTS (EMPLOYMENT SERVICES & EMERGENCY SERVICES) PROVIDED EMPLOYMENT READINESS AND SAFETY NET SERVICES. THE OLDER REFUGEE DISCRETIONARY GRANT PROGRAM PROVIDED SERVICES TO REFUGEES OVER 60 YEARS OF AGE AND THE SHARE OUR STRENGTH GRANT PROVIDED NUTRITIONAL EDUCATION.

CIU SERVED 958 CLIENTS WITH OVER 11,000 SERVICES SUCH AS CASE MANAGEMENT, JOB SERVICES AND LIFE-SKILLS WORKSHOPS. IN 2014-2015, CIU'S CLIENTS' ACHIEVEMENTS INCLUDED: REP - 60% MAINTAINED REQUIRED LEVEL OF WORK PREPARATION ACTIVITY AND 37% MAINTAINED EMPLOYMENT; TSE - THE PROGRAM EXCEEDED ITS RECRUITMENT GOALS AND 100% OF RECRUITMENT INCREASED EARNINGS THROUGH PLACEMENT AT SUBSIDIZED WORKSITES. HBC - 100% OF THE PARTICIPANTS

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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COMPLETED 100 HOURS OF INSTRUCTION AND 81% OBTAINED A STATE CHILDCARE LICENSE. WITHIN SIX MONTHS 38% 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 OFFERED 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 2014-15, RRP PROVIDED HELP TO 1,009 CLIENTS.

IN 2014-2015 OUR IMMIGRATION SERVICES PROVIDED SUPPORTIVE SERVICES TO OVER 2,000 CLIENTS WHILE OUR ESPERANZA PROGRAM GRANTED DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO 792 DETAINED IMMIGRANTS, INCLUDING CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL WITHOUT THESE PROGRAMS. ADDITIONALLY, ESPERANZA GAVE FREE

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REPRESENTATION TO UNACCOMPANIED MINORS THROUGH VOLUNTEER ATTORNEY PRO-BONO WORK WHO WERE RELEASED FROM GOVERNMENT CUSTODY TO THEIR FAMILIES. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES.

FORM 990, PART III, LINE 4B

COMMUNITY CENTERS

ACCORDING TO THE US CENSUS BUREAU'S 2014 DATA, 18.7% 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 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 TYPE OF SERVICES ARE LABELED

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

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.

OUR VOLUNTEERS ARE THE HEART OF THE ORGANIZATION. CCLA'S OVER 2,850 VOLUNTEERS PROVIDED OVER 205,000 HOURS OF THEIR TIME. BECAUSE OF THEIR TIME AND ENERGY, CCLA WAS ABLE TO REDUCE THE COST OF SERVICE DELIVERY, EXTEND OUR ALREADY STRETCHED SERVICES REACH AND INCREASE OUR CONTACT WITH THE GREATER COMMUNITY. OUR VOLUNTEERS PROVIDED COMPASSIONATE SERVICE TO CLIENTS, CLERICAL SUPPORT TO OUR STAFF, AND FUNDRAISING & LEADERSHIP TO

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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OUR ADVISORY BOARDS AND PROGRAMS. THEY FILLED VARIOUS ROLES AS TEACHERS, TUTORS, MENTORS AND COMPANIONS TO OUR CLIENTS. THEY ORGANIZED EVENTS, COACHED YOUTH SPORTS TEAMS AND DEVELOPED NEW RESOURCES. THEY PROVIDED LOGISTICAL SUPPORT AND LOCATED, PROCURED, PREPARED AND DELIVERED FOOD. THEY PROVIDED COMFORT TO OTHERS AND ADVOCATED FOR THE GREATER GOOD. ACCORDING TO THE INDEPENDENT SECTOR, THE MONETARY VALUE OF THEIR TIME WAS OVER \$5.5 MILLION DOLLARS.

ACCORDING TO THE LATEST STATISTICS FROM FEEDING AMERICA THERE ARE MORE FOOD INSECURE PEOPLE IN LOS ANGELES COUNTY THAN ANY OTHER COUNTY IN THE NATION, PUTTING LA IN THE SAME TOP SPOT AS THE PREVIOUS YEAR'S SURVEY. AND AGAIN, THERE ARE MORE FOOD INSECURE CHILDREN IN LOS ANGELES COUNTY THAN ANY OTHER COUNTY IN THE NATION. AT OVER 590,000 CHILDREN, THE NUMBER OF AT RISK CHILDREN HAS FALLEN; BUT AT A RATE OF 24.9%, ALMOST 1 IN 4 CHILDREN IS STILL AT RISK FROM HUNGER. ALTHOUGH ASSISTANCE FROM FOOD BANKS AND AGENCIES LIKE CATHOLIC CHARITIES HAS INCREASED, RESEARCH SHOWS THAT A SIGNIFICANT PERCENT OF INDIVIDUALS NEEDING EMERGENCY FOOD ASSISTANCE DID NOT RECEIVE IT. WHILE CITY OF LOS ANGELES WAS UNABLE TO PROVIDE A CURRENT PERCENTAGE OF INDIVIDUALS WITH UNMET FOOD NEEDS, SANTA BARBARA'S GAP WAS 30 PERCENT.

LAST YEAR, NOT INCLUDING SHELTER MEALS, CCLA PROVIDED OVER 415,000 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

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREATEST.

NATIONALLY, THE US CONFERENCE OF MAYOR HAS ESTIMATED THAT 56% OF THE FOOD INSECURE WERE IN FAMILIES, 20.5% WERE ELDERLY AND 7% WERE HOMELESS. CATHOLIC CHARITIES HAS DEVELOPED PROGRAMS TO MEET THE NEEDS OF EACH OF THESE DIFFERENT POPULATIONS.

AN EXAMPLE OF PROGRAMS THAT BENEFIT THE HOMELESS IS A ST. ROBERT'S CENTER WEEKEND PROGRAM. VOLUNTEERS, MADE AVAILABLE THROUGH PARTNERSHIPS WITH SIX LOCAL CATHOLIC PARISHES, ASSISTED IN PREPARING SACK MEALS AND DISTRIBUTING OTHER BASIC NEEDS ITEMS WHEN MOST OTHER RESOURCE CENTERS ARE CLOSED. ST. ROBERT'S CENTER OFFERED ALMOST 12,000 SERVICES, PRIMARILY TO THE HOMELESS, INCLUDING PREPARING ALMOST 7,300 COLD MEALS, AND DISTRIBUTING OVER 2,500 HYGIENE KITS & 1,600 CLOTHING ITEMS AS WELL AS DISTRIBUTING FOOD & DIAPERS TO LOW-INCOME NON-HOMELESS CLIENTS.

ANOTHER EXAMPLE IS THE CES (COORDINATED ENTRY SYSTEM) PROGRAM AT ST. MARGARET'S CENTER FOR CHRONICALLY HOMELESS INDIVIDUALS WITH DISABILITIES. IN ADDITION TO FEEDING THE HOMELESS, THE CENTER IDENTIFIES AND ASSESSES THE CLIENTS, GETS THEM "DOCUMENT READY," AND HELPS THEM SECURE AND MAINTAIN PERMANENT HOUSING. THE FOOD OFFERED IS ONLY THE FIRST STEP IN EARNING THE TRUST OF OUR CLIENTS SO THEY WILL ACCEPT FURTHER HELP.

WHENEVER POSSIBLE, THE HOMELESS ARE INVOLVED IN THE DESIGNING THE PROGRAM SERVICES. ALL OF OUR CENTERS HAVE HAD CLIENTS THAT ALSO VOLUNTEERED TO



Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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HELP OTHERS. AT BROWNSON HOUSE, A HOMELESS CLIENT VOLUNTEERS REGULARLY AND HELPS STOCK THE SHELVES, SERVE OTHER CLIENTS AND HELPS WITH FEEDBACK ON FOOD PROVISIONS. AT VAN NUYS, A FORMERLY HOMELESS CLIENT NOW HELPS OTHERS WITH KNOWLEDGEABLE COMPASSION.

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

PROGRAMS DESIGNED FOR FAMILIES ARE MORE THAN FOOD DISTRIBUTION. AT OUR CENTERS, NUTRITIONAL EDUCATION AND EXERCISE, AS WELL AS FOOD, ARE PART OF A HOLISTIC PROGRAM THAT NOURISHES THE WHOLE FAMILY. AS AN EXAMPLE, AT ST. MARGARET'S CENTER A FULL TIME NUTRITIONAL EDUCATOR AND PEER EDUCATORS OFFER GROUP CLASSES ON HEALTHY EATING, PHYSICAL ACTIVITY AND DISEASE PREVENTION TO THE COMMUNITY. IN ADDITION THEY ALSO EDUCATE FOOD PANTRY RECIPIENTS ABOUT THE MOST ECONOMICAL WAY TO LIVE A HEALTHY LIFE. FREE WEEKLY YOGA AND AEROBICS CLASSES ARE ALSO OFFERED AT THE CENTER. IN ADDITION TO FAMILIES AND THE HOMELESS, ST. MARGARET'S CENTER ALSO HAS A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR SENIORS THAT SERVED APPROXIMATELY 180 ELDERLY CLIENTS PER MONTH.

IN THE SAN GABRIEL REGION, THREE CENTERS BEGAN THE SNAP-ED PROGRAM LAST YEAR. THE PROGRAM IS SUPPORTED WITH FEDERAL FUNDING THROUGH CATHOLIC CHARITIES OF CALIFORNIA AND IS FOCUSED ON PROVIDING INFORMATION AND

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SKILLS TO PROMOTE HEALTHY EATING HABITS AND ACTIVE LIFE STYLES. A SIX WEEK COURSE WITH AN EVIDENCE-BASED CURRICULUM PROVIDES THE FOUNDATION FOR HEALTH INFORMATION. THE STAFF AS WELL AS THE CLIENTS BENEFIT FROM THE EMPHASIS ON HEALTHY CHOICES. IN ADDITIONAL TO FOOD DISTRIBUTION, BROWNSON HOUSE IN EAST LA PROVIDED ZUMBA CLASSES FOR ADULTS AND KARATE CLASSES FOR YOUTH TO PROMOTE PHYSICAL ACTIVITY.

CCLA'S LOMPOC COMMUNITY CENTER HELPED OVER 3,000 INDIVIDUALS. RENTAL ASSISTANCE AND UTILITIES SUBSIDIES WERE JUST TWO TYPES OF THE ALMOST 21,000 SERVICES OFFERED TO THOSE IN NEED. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND ALBERTSONS, PROVIDED FOOD TO OVER 6,300 PEOPLE.

THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUED TO DELIVER OVER 28,000 ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DISTRIBUTION TO THE PEOPLE OF SANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW CUYAMA VALLEY.

LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE DELIVERED FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE MID-SAN FERNANDO VALLEY. THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, AN ALL-VOLUNTEER EFFORT, OFFERED FOOD AND POVERTY SERVICES TO OVER 3,400 CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS.

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

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. THE CHILD CARE PROGRAM AND THE MY CLUB PROGRAM PROVIDED ACADEMIC, RECREATIONAL, AND CULTURAL ACTIVITIES FOR YOUTH.

ST. MARGARET'S COMMUNITY CENTER, WHICH COVERS THE LENNOX, INGLEWOOD AND HAWTHORNE AREAS, ASSISTED OVER 11,400 INDIVIDUALS WITH SERVICES SUCH AS EMERGENCY FOOD, SHELTER VOUCHERS, RENTAL AND UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. LOCAL LOW-INCOME RESIDENTS ALSO AVAILED OF THE ON-SITE APPLICATION ASSISTANCE FOR THE CALFRESH/FOOD STAMPS PROGRAM RUN BY LA COUNTY PERSONNEL. ST. MARGARET'S CENTER HOLDS A HUGE ANNUAL COMMUNITY CHRISTMAS PARTY FOR LOW INCOME RESIDENTS THAT IN 2014-15: HAD 1,026 CHILDREN TAKE PART IN GAMES & ENTERTAINMENT HELPED BY 325 VOLUNTEERS WITH OVER 1,000 CHILDREN'S PICTURES TAKEN WITH SANTA (COURTESY OF STAPLES EMPLOYEES), 2052 NEW BOOKS AND GOODY BAGS SELECTED BY THE CHILDREN AND 6,240 YARDS OF HOLIDAY PAPER (OVER 62 FOOTBALL FIELDS

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IN LENGTH) USED TO WRAP AN ADDITIONAL 3,078 GIFTS TAKEN HOME BY 752 PARENTS FOR THEIR CHILDREN ALONG WITH 437 \$25 GROCERY CERTIFICATES FOR THEIR HOLIDAY DINNERS.

THE GLENDALE COMMUNITY CENTER HELPED FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES, IMMIGRANTS AND REFUGEES, AND THE WORKING POOR. OVER 2,000 PARTICIPANTS HAD ACCESS TO JOB COUNSELING, RESUME BUILDING SERVICES, RENTAL ASSISTANCE, MOTEL VOUCHERS, ADVOCACY, AND FOOD AND DISTRIBUTION SERVICES.

GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPED OVER 3,500 INDIVIDUALS WITH ALMOST 23,300 BASIC NEEDS SERVICES SUCH AS FOOD, CLOTHING AND DIAPERS. THE CENTER ALSO HOSTS A MY CLUB FOR AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE WHICH OFFERS A MULTITUDE OF ENRICHMENT PROGRAMS INCLUDING ART, DANCE, MUSIC, CULTURAL HERITAGE PROGRAMS AND RECREATIONAL FACILITIES. THE ALL-DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS BENEFIT LOW-INCOME CHILDREN.

THE 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 DAY LABORS PLAY AN ACTIVE ROLE IN RUNNING THE DAILY OPERATION.

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IN 2014-2015, EXCLUDING CHILDCARE, THE SAN GABRIEL REGION SERVED OVER 18,600 CLIENTS AND DELIVERED OVER 76,800 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 25 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 SUCH AS THE BASIC NEEDS PROGRAM (FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION, AND UTILITIES SUBSIDIES) AND WORKSHOPS THAT FOCUS ON MENTAL WELLNESS, LIFE SKILLS TRAINING, AND REMOVING THE STIGMA OF MENTAL ILLNESS. TOPICS INCLUDED MENTAL HEALTH FIRST AID, STRESS MANAGEMENT, FORGIVENESS & HOPE, MINDFULNESS, BULLYING, AND CARE FOR THE GIVER.

BROWNSON HOUSE SERVED OVER 4,850 CLIENTS INCLUDING ALMOST 3,000 CLIENTS THAT RECEIVED FOOD AT LEAST 5 TIMES DURING THE YEAR, 383 PEOPLE THAT BENEFITTED FROM HELP WITH UTILITY BILLS AND 728 CLIENTS THAT RECEIVED TRANSPORTATION ASSISTANCE FOR IMPORTANT ENGAGEMENTS SUCH AS JOB INTERVIEWS AND MEDICAL APPOINTMENTS. HOLIDAYS ARE BRIGHTENED FOR LOW-INCOME CLIENTS BY DONATIONS OF THANKSGIVING, CHRISTMAS AND EASTER BASKETS. AT THE ANNUAL BACK-TO-SCHOOL PARTY, 55 CHILDREN RECEIVED BACKPACKS FILLED WITH SCHOOL SUPPLIES.

AT THE SAN JUAN DIEGO CENTER OVER 8,600 CLIENTS WERE SERVED. HIGHLIGHTS INCLUDED 4,195 CLIENTS THAT RECEIVED FOOD AN AVERAGE OF 4 TIMES DURING

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THE YEAR, OVER 3,720 PEOPLE THAT BENEFITED FROM UTILITY ASSISTANCE AND 25 HOUSEHOLDS THAT RECEIVED EMERGENCY RENTAL ASSISTANCE TO PREVENT EVICTION. AMONG THE MANY SPECIAL EVENTS WAS THE ANNUAL BACK TO SCHOOL HAIRCUT AND SCHOOL SUPPLIES DAY THAT PROVIDED 50 K-12 CHILDREN WITH BACKPACKS, FREE HAIRCUTS, SHOE SUPPLIES, AND SHOE CERTIFICATES. AT CHRISTMAS 120 FAMILIES WERE PROVIDED WITH FOOD AND TOYS FOR THE CHILDREN DONATED BY THE HIGHWAY PATROL, ST. DENIS CHURCH, AND MACY'S.

IN POMONA THE CENTER IS FOCUSED ON HOMELESS PREVENTION. AN EMERGENCY SOLUTIONS GRANT PROVIDED 37 HOUSEHOLDS (118 INDIVIDUALS) WITH HOMELESS PREVENTION BY HELPING THEM MAINTAIN CURRENT HOUSING AND THEREBY AVOIDING EVICTION, AND 20 HOUSEHOLDS (51 PEOPLE) RECEIVED MOVE-IN ASSISTANCE. UTILITY ASSISTANCE FOR GAS WAS PROVIDED TO 110 HOUSEHOLDS (317 PEOPLE) AND UTILITY ASSISTANCE FOR ELECTRICITY WAS PROVIDED TO 307 HOUSEHOLDS. EMERGENCY MOTEL VOUCHERS WERE PROVIDED TO 7 HOUSEHOLDS AND RENTAL ASSISTANCE TO 28 FAMILIES.

THE TWO COMMUNITY CENTERS IN THE SAN PEDRO REGION, THE LONG BEACH COMMUNITY CENTER AND THE PICO RIVERA FAMILY RESOURCE CENTER, SERVED ALMOST 5,800 PEOPLE WITH OVER 53,000 SERVICES INCLUDING GROCERIES, UTILITY ASSISTANCE, MOTEL VOUCHERS FOR TEMPORARY SHELTER, CLOTHING, BABY DIAPERS & FORMULA, HYGIENE KITS, TRANSPORTATION VOUCHERS, CASE MANAGEMENT, JOB FINDING SERVICES, MAIL SERVICES, AND RENTAL ASSISTANCE TO HOMELESS FAMILIES. ONCE A WEEK THE ST. MARY'S MOBILE HEALTH CLINIC COMES TO OFFER HEALTH SCREENINGS.

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IN COMMUNITY CENTERS IN SANTA BARBARA, CARPINTERIA AND ISLA VISTA, ALMOST 4,200 SERVICES WERE RENDERED TO THE WORKING POOR. CCLA'S THRIFTY SHOPPER STORES IN SANTA BARBARA AND SANTA MARIA PROVIDED, AT NO COST, CLOTHING AND HOUSEHOLD ITEMS VALUED AT OVER \$64,000 TO MORE THAN 3,200 CLIENTS. IN CONJUNCTION WITH THE VARIOUS HUMAN SERVICES PROGRAMS PROVIDED BY CCLA IN SANTA BARBARA COUNTY, VOUCHERS WERE ISSUED TO CLIENTS TO BE REDEEMED AT ANY OF THE THRIFTY SHOPPER STORES. THERE ARE TWO ADDITIONAL THRIFT STORES, ONE IN GLENDALE AND THE OTHER AT GUADALUPE CENTER IN CANOGA PARK.

CCLA'S VENTURA COUNTY COMMUNITY CENTERS PROVIDED DIRECT SERVICES TO APPROXIMATELY 13,100 INDIVIDUALS. CCLA'S COMMUNITY CENTERS IN MOORPARK, OXNARD, THOUSAND OAKS AND VENTURA DELIVERED OVER 99,250 SERVICES INCLUDING CASE MANAGEMENT AND FOOD DELIVERY. COMMUNITY OUTREACH PROGRAMS IMPACTED AN ESTIMATED 4,760 HOUSEHOLDS AND CLIENT FINANCIAL ASSISTANCE WAS PROVIDED TO 474 HOUSEHOLDS FOR RENT FOR ONE MONTH, UTILITY ASSISTANCE OR HELP WITH DENTAL OR MEDICAL COSTS.

THE OXNARD COMMUNITY CENTER SERVED OVER 3,530 PEOPLE AND PROVIDED GROCERIES TO INDIVIDUALS AND FAMILIES AND SERVED AN ESTIMATED 6,700 LUNCHES. IN 2014-2015, THE CENTER ENTERED INTO A PARTNERSHIP WITH LIFE CENTERS OF VENTURA COUNTY WHO PROVIDED NEW LOW-INCOME MOTHERS WITH BABY CLOTHES, FORMULA, DIAPERS AND OTHER BASIC SUPPLIES.

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IN PARTNERSHIP WITH THE CITY OF MOORPARK, THE RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HONOR A CATHOLIC CHARITIES EMPLOYEE) PROVIDED MORE THAN 52,000 SERVICES TO OVER 3,900 CLIENTS. THE NEW SHOES FOR SCHOOL PROGRAM HELPED PUT NEW SHOES ON THE FEET OF CHILDREN FOR THE BEGINNING OF THE SCHOOL YEAR.

PSYCHOLOGICAL SERVICES: CCLA PROVIDED PSYCHOLOGICAL COUNSELING SERVICES IN VENICE AND LENNOX IN LA COUNTY AND IN SANTA BARBARA TO 349 CLIENTS. CLINICAL STAFF INCLUDES LICENSED MARRIAGE AND FAMILY THERAPISTS. SERVICES ADDRESS A BROAD RANGE OF CLIENT ISSUES SUCH AS BEHAVIOR PROBLEMS, SCHOOL PROBLEMS, CHILD ABUSE, PARENT/CHILD CONFLICT, DEPRESSION, FAMILY VIOLENCE, ANGER, ANXIETY, STRESS, BEREAVEMENT AND OTHER ISSUES. THE PROGRAM ALSO SERVES TWO SPECIALIZED POPULATIONS: VICTIMS OF CRIME AND VICTIMS OF DOMESTIC VIOLENCE. 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 620 SENIORS AS WELL AS ANSWERING INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE REASSURANCE CALLS AND



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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 179 SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES WHO HELPED KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS.

THE LONG BEACH COMMUNITY CENTER OPERATES THE GATEWAY PROJECT, A FRIENDLY VISITOR PROGRAM, WHICH SUPPLIES GROCERIES, UTILITIES' ASSISTANCE, AND TAXI & VOUCHERS TO THE FRAIL ELDERLY. THE PROJECT PROVIDES CASE MANAGEMENT AND REFERRAL SERVICES FOR QUALIFIED LOW INCOME CLIENTS WITH SPECIFIC NEEDS AND HARDSHIPS. IN FISCAL 2014-15, 60 HOMEBOUND SENIORS BENEFITED FROM THE SERVICES.

AT BROWNSON HOUSE IN EAST LA, 35 OLDER ADULTS PARTICIPATED IN THE WEEKLY SENIOR RECREATIONAL CLUB PLAYING LOTERIA AND ENJOYING EDUCATIONAL LECTURES DESIGNED SPECIFICALLY FOR THEM ON TOPICS SUCH AS OSTEOPOROSIS, RETIREMENT PLANNING, SOCIAL SECURITY BENEFITS, AND ANXIETY & DEPRESSION AS WELL AS THE OTHER EDUCATIONAL LECTURES PROVIDED BY THE CCPAL PARTNERSHIP.

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

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

FORM 990, PART III, LINE 4C

ANGEL'S FLIGHT & OTHER HOMELESS SHELTERS

ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS

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SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE AND ANGEL'S FLIGHT MY CLUB PROGRAMS ADDRESS AT RISK YOUTH. ANGEL'S FLIGHT SAFE HAVEN WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN.

THE JANUARY 2015 HUD HOMELESS COUNT SHOWED THAT CALIFORNIA HAD THE LARGEST NUMBER UNACCOMPANIED HOMELESS CHILDREN AND YOUTH IN THE COUNTRY AT 28% OF THE NATION'S TOTAL. WITHIN CALIFORNIA, LOS ANGELES HAD THE LARGEST NUMBER OF THESE CHILDREN AND YOUTH AT 7% OF THE NATIONAL TOTAL. MORE THAN 71.5% OF THESE CHILDREN AND YOUTH WERE UNSHELTERED, WHICH MEANS SLEEPING OUTSIDE, GENERALLY ON THE STREETS, BUT ALSO IN ABANDONED BUILDINGS, VEHICLES OR PARKS.

AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSE, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. THE SHELTER ALSO OPERATES A HOTLINE 24/7 CONCERNING SERVICES THAT ANGEL'S

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FLIGHT OR OTHER AGENCIES CAN PROVIDE TO RUNAWAY TEENS. THE SHELTER SERVED 75 YOUTH IN FISCAL 2015.

ANGEL'S FLIGHT MY CLUB, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND PROVIDES A MEANS OF IDENTIFYING AND ASSISTING YOUTH WHO MAY NOT BE IDENTIFIED BY TRADITIONAL STREET OUTREACH. MY CLUB HAD 84 PARTICIPANTS WHO AVAILED THEMSELVES OF SERVICES AND ACTIVITIES THAT INCLUDED: TUTORING, COOKING WORKSHOPS, MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOPS, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND PARENTING SKILLS.

ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTED 56 CLIENTS FROM 16 TO 24 YEARS OF AGE WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING, PROVIDING APPROPRIATE INTERVIEW CLOTHING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS. IN 2014-15, 32 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 TWO PAROCHIAL SCHOOL SITES, ONE COMMUNITY CENTER, AND ONE PUBLIC SCHOOL WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE

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ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. IN THE SAN GABRIEL REGION, A FIVE WEEK SUMMER CAMP WAS ALSO OFFERED WITH 55 CHILDREN PARTICIPATING. ADESTE'S PROGRAM FOCUSES ON STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER DEVELOPMENT, WHILE PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED IT.

ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN WHO ARE REFERRED THROUGH GOVERNMENT PROGRAMS FOR CHILDREN IN IMMIGRATION PROCEEDINGS AS FOR EITHER A HOME STUDY/POST RELEASE SERVICES OR FOR POST RELEASE SERVICES ONLY. WHEN THE CASE IS REFERRED AS A HOME STUDY, A FAMILY REUNIFICATION SPECIALIST (FRS) VISITS THE HOME AND AFTER A THOROUGH PROCESS MAKES A RECOMMENDATION ON WHETHER THE CHILD SHOULD BE RELEASED TO THE PROPOSED SPONSOR. AFTER THE CHILD HAS BEEN REMOVED FROM DETENTION, THE POST RELEASE SERVICES BEGIN. THE FRS MAINTAINS CONTACT WITH THE CHILD UNTIL THE CHILD'S IMMIGRATION CASE PROCEEDINGS HAVE BEEN COMPLETED, AND/OR THE CHILD TURNS 18. THE FRS PROVIDES THE FAMILY WITH REFERRALS TO RESOURCES SUCH AS MEDICAL, MENTAL HEALTH/DRUG PROGRAMS, AND PRO-BONO/LOW COST LEGAL REPRESENTATION FOR THE CHILD'S IMMIGRATION CASE TO MAKE SURE THAT THE CHILD'S NEEDS ARE BEING MET. IN 2014-15, 121 CHILDREN WERE SERVED.

THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S (HUD) 2015 ANNUAL HOMELESS ASSESSMENT REPORT (AHAR) TO CONGRESS SHOWED THAT CALIFORNIA

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ACCOUNTED FOR MORE THAN 21% OF THE OVERALL HOMELESS POPULATION IN 2015 (INCLUDING INDIVIDUALS AND FAMILIES). OF ALL THE HOMELESS, OVER 20% WERE EITHER IN LOS ANGELES COUNTY (7%) OR NEW YORK CITY (14%).

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

ACCORDING TO THE HUD AHAR STUDY, CALIFORNIA HAD 11% OF HOMELESS FAMILIES, SURPASSED ONLY BY NEW YORK WITH 26%. 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 317 CLIENTS IN 2014-15. EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT CENTURY VILLAGES AT CABRILLO, CHILD CARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE. THIS YEAR, OVER 93% OF FAMILIES MOVED INTO TRANSITIONAL OR PERMANENT HOUSING.

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ACCORDING TO THE HUD AHAR, CALIFORNIA ACCOUNTED FOR 26% OF THE NATION'S HOMELESS INDIVIDUALS. AND IN CALIFORNIA, 73% OF INDIVIDUALS WERE UNSHELTERED. THE PROJECT ACHIEVE EMERGENCY SHELTER IS A 59 BED YEAR ROUND SHELTER THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN 60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED.

BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN 2014-15, PROJECT ACHIEVE DELIVERED SERVICES TO 451 CLIENTS INCLUDING OVER 3,100 CASE MANAGEMENT SERVICES, 17,931 BED NIGHTS, AND 44,677 SERVED MEALS.

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

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AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET. IN 2014-15, LANGUILLE PROVIDED 30,675 SERVICES TO 175 CLIENTS IN THE SHELTER AND OVER 19,700 SERVICES THROUGH ITS DROP-IN AND OUTREACH PROGRAMS TO 1,034 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. THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THIRD PHASE, SR. JULIA MARY FARLEY RESIDENCE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH THEIR CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER AND THE VILLAGE KITCHEN, AN ON-SITE CAFÉ OPEN TO THE PUBLIC THAT PROVIDES A CULINARY ARTS JOB TRAINING PROGRAM. GOOD SHEPHERD CENTERS TRANSITIONAL SHELTERS PROVIDED OVER 31,300 SERVICES IN THE TWO TRANSITIONAL RESIDENCES FOR 135 WOMEN IN



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2014-15.

THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE IS A TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA DESIGNED TO SERVE 2 FAMILY UNITS (A TOTAL OF 7 BEDS) AT A TIME. MCGILL HOUSE ALSO OPERATES A HOUSING REFERRAL SERVICE WHICH HELPED 451 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. SIX FAMILIES WERE SERVED IN THE PAST YEAR. OF THE 4 FAMILIES WHO EXITED THE PROGRAM IN 2014-15, ALL OBTAINED PERMANENT HOUSING.

FORM 990, PART III, LINE 4D

YOUTH SERVICES

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES HAS SERVED OVER 92,500 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2015, AYES PROVIDED SERVICES TO 1,528 UNDER-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 & CITY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, ROSS-DRESS-FOR-LESS, WALGREENS, WSS (WAREHOUSE SHOE SALE), FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS

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WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.

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

CYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES

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ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH.

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

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 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)

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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## ARTS, CULTURE &amp; 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 -SANTA BARBARA REGION)

## HEALTH CARE

E70 PUBLIC HEALTH (COMMUNITY CENTERS)

E80 HEALTH (COMMUNITY CENTERS)

E90 NURSING

E92 HOME HEALTH CARE (COMMUNITY CENTERS)

## MENTAL HEALTH AND CRISIS INTERVENTION

F20 SUBSTANCE ABUSE DEPENDENCY, PREVENTION & TREATMENT

F21 SUBSTANCE ABUSE PREVENTION (COMMUNITY CENTERS)

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F22 SUBSTANCE ABUSE TREATMENT (COMMUNITY CENTERS)  
 F40 HOT LINES & CRISIS INTERVENTION (ANGEL'S FLIGHT)  
 F60 COUNSELING (COMMUNITY CENTERS)  
 F70 MENTAL HEALTH DISORDERS (COMMUNITY CENTERS)

## CRIME AND LEGAL RELATED

I20 CRIME PREVENTION  
 I21 YOUTH VIOLENCE PREVENTION  
 I70 PROTECTION AGAINST ABUSE  
 I72 CHILD ABUSE PREVENTION  
 I73 SEXUAL ABUSE PREVENTION  
 I80 LEGAL SERVICES  
 I83 PUBLIC INTEREST LAW (REFUGEE & IMMIGRATION; COMMUNITY  
 CENTERS - VENTURA COUNTY & ST. MARY'S CENTER)

## EMPLOYMENT

J20 EMPLOYMENT PREPARATION & PROCUREMENT (ALL)  
 J21 VOCATIONAL COUNSELING (ALL)  
 J22 JOB TRAINING (ALL)

## FOOD, AGRICULTURE AND NUTRITION

K30 FOOD PROGRAMS  
 K31 FOOD BANKS & PANTRIES (COMMUNITY CENTERS, HOMELESS  
 SHELTERS)  
 K35 SOUP KITCHENS (COMMUNITY CENTERS, HOMELESS SHELTERS)

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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K40 NUTRITION (COMMUNITY CENTERS)

K50 HOME ECONOMICS (COMMUNITY CENTERS)

HOUSING & SHELTER

L30 HOUSING SEARCH ASSISTANCE

L40 TEMPORARY HOUSING

L41 HOMELESS SHELTERS (HOMELESS SHELTERS)

L80 HOUSING SUPPORT

L81 HOME IMPROVEMENT & REPAIRS (COMMUNITY CENTERS - SANTA  
BARBARA)

L82 HOUSING EXPENSE REDUCTION SUPPORT

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

N70 AMATEUR SPORTS COMPETITIONS (YOUTH SERVICES)

YOUTH DEVELOPMENT

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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O20 YOUTH CENTERS & CLUBS (COMMUNITY CENTERS, ANGEL'S FLIGHT)

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

## 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 (OASIS)

P45 FAMILY SERVICES FOR ADOLESCENT PARENTS (COMMUNITY CENTERS)

P46 FAMILY COUNSELING (PSYCHOLOGICAL SERVICES)

P47 PREGNANCY (COMMUNITY CENTERS)

P50 PERSONAL SOCIAL SERVICES (COMMUNITY CENTERS, SHELTERS)

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, SHELTERS)

P84 ETHNIC & IMMIGRANT CENTERS (COMMUNITY CENTERS, REFUGEE &  
IMMIGRATION)

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC	Employer identification number 95-1690973
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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	189,687.
LA MORAGA COMMUNICATIONS 4088 JEFFERSON STREET RIVERSIDE, CA 92504	DESIGN & PRINTING	149,171.
POWER MANAGEMENT LA VERNE, CA 90007	IT CONSULTING	132,974.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	1,812,600.
TOTAL	<u>1,812,600.</u>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**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.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://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) THE 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) 2014

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS, INC.	C	3,800,000.	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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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

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

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