	0		BLIC DISCLOSURE COPY - STATE REGIST   Return of Organization Exempt F			74
For	n <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		• •	<b>2023</b>
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and th			Open to Public Inspection
		nue Service e 2023 calend	1		UN 30, 2024	Inspection
Bc	heck if	C Name o	f organization	inding of	D Employer identific	cation number
	Adda	100	TO OWNERING OF LOG MORING INC			
X	chang Name		IC CHARITIES OF LOS ANGELES, INC.		05 1600073	
	_]chang Initial		usiness as	De emeridantida	95-1690973	
	Final ratum termin	ро вох	and street (or P.O. box if mail is not delivered to street address) F 15095	Room/suite	E Telephone number 213-251-3400	
_	aled	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts S	73,153,943.
	return	LOS AN	GELES, CA 90015		H(a) Is this a group re	
	tion pendii	F Name a	nd address of principal officer: MONSIGNOR GREGORY A COX		for subordinates	
		SAME AS		1 1 507	H(b) Are all subordinates in	
		empt status:	X   501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or THOLICCHARITIESLA.ORG	r 527		list. See instructions
_	Vebsi		X Corporation Trust Association Other	I Value	H(c) Group exemption of formation; 1937 M	
the second se	rt I	Summary		LIGH		State of legal domicile; CA
1010			e the organization's mission or most significant activities: OFFERIN	G SOLUTI	ONS AND RESOURCES	3
ce			OPLE ACHIEVE SELF-RELIANCE AND STABILITY.			
Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ver		Number of vo			3	37
			lependent voting members of the governing body (Part VI, line 1b)			36
ŝ			of individuals employed in calendar year 2023 (Part V, line 2a)			486
vitie	6	Total number	of volunteers (estimate if necessary)		6	1093
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	1.11(++-1)+(++)		0.
				_	Prior Year	Current Year
ē			and grants (Part VIII, line 1h)	19170X#1	42,851,974.	47,527,563.
Revenue		-	ce revenue (Part VIII, line 2g)		13,083,023.	19,031,383.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		1,000,066.	2,751,806.
(1998)			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2021-022 /	11,853.	30,859.
-			• add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ACTALL 1	56,946,916.	69,341,611.
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		11,262,484.	12,410,139.
			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		22,507,906.	25,150,265.
ses	16a		undraising fees (Part IX, column (A), line 11e)	(ec.es) 7	52,848.	64,283.
Expen	h		ng expenses (Part IX, column (D), line 25) 780, 2	66.		
EX	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		19,438,121.	28,894,868.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,261,359.	66,519,555.
	1.00		expenses. Subtract line 18 from line 12		3,685,557.	2,822,056,
OL ST				Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		482,156,297.	443,113,119.
ASA	21	Total liabilities	(Part X, line 26)		14,794,557.	17,681,549.
			fund balances. Subtract line 21 from line 20	1000	467,361,740.	425,431,570.
L	rt II	Signatur				
			I declare that I have examined this return, including accompanying schedules Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is

	Jungary	a- Con			5/14/	2025
Sign	Signature of offi	icer /			Date	
Here	MONSIGNOR G	REGORY A COX, EXECUTIVE DI	RECTOR			
	Type or print na	me and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN
Paid	JENNIFER M.	VACHA	JENNIFER M. VACHA	05/13/2	5 self-employed	201251998
Preparer	Firm's name	ARMANINO ADVISORY LLC			Firm's EIN 94	-6214841
Use Only	Firm's address	2121 AVENUE OF THE STARS,	15TH FLOOR			
		LOS ANGELES CA 90067			Phone no.310-4	78-4148
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions	MANGERMAN		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

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<pre>prior Form 990 or 990 EZ?</pre>		90 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC.		73	Pa
Briefly describe the organizations mission:           CLLA IS CONSTITED TO NAMERSENTE CHILLS'S SPERT BY COLLABORATING NITH           DIVERSE CONSTITUES, PROVIDING DERVICES TO THE POOK & VILLABORATING NITH           DIVERSE CONSTITUES, PROVIDING DERVICES TO THE POOK & VILLABORATING NITH           PRAME TIME MUNAD DIGNITY, A ADVOCATING PORS SOCIAL JUSTICE, (FOR MORE           DETAILS FLEASE SEE SCHEDULE 0.)           2         Dd the organization cause conducting, or make significant changes in how it conducts, any program services consolitation cause compliation state secondliabonets for each of fast three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and mererus (if any, for each program service exponded.           1a         (one) (expenses	Part	III Statement of Program Service Accomplishments			
ccls       continities       PRINT BY COLLADORATING PARTICLES TO THE POR A VULNERABLE,         presenting HUMAN DIGNITY       A DYOCATING FOR SOCIAL JUSTICE, (FOR NORE         DETAILS FLASS SEE SCHEDULG 0.)         1       Did the organization underlake any significant program services during the year which were not listed on the prior form 990 or 990.627       IVes; 4         1       Y'es; 4       I''es; 4       I''es; 4         1       Y'es; 5       I''es; 5       I''es; 5         2       I''es; 6       I''es; 1       I''es; 1         1       Yes; 1       I''es; 1       I''es; 1         2       Social Strip; 1       I'es; 1       I'es; 1         3       I'es; 1       I'es; 1       I'es; 1         2       Social Strip; 1       I'es; 1       I'es; 1         3       I'es; 1       I'es; 1       I'es; 1         2       I'es; 1       I'es; 1       I'es; 1			11111.20010.0000	contractor and a second	
DIVERSE COMMUNITYE, PROVIDING DERVICES TO THE POOR 4 VULNERABLE, PROMOTION BURNAD DIGNITYE, ANDOARTING FOR SOLIAL JUSTICE, (FOR MORE DETAILS PLANE SEE SCHEDULE 0.) 2 Did the organization undertake any dignificant program services during the year which were not listed on the prior Form 900 e900627 11 "Yes, 'describe these new services on Schedule 0. Did the organization cases controlled on the conducts, any program services?					
ENDORTING HUMAN DIGNITY 4 ADVOCATING FOR SOCIAL JUSTICE, (FOR MORE         DETAILS PLEASE SEE SCHOLE 0.)         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 500-627	0	CLA IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH			
DEFILIS PLEARS SEE SCHEDULE 0.1         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 500-627	Г _	DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE,			
<ul> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form SB0 or S0Ac27 [] [ves []</li> <li>T'ves, 'Section bit these new services on Schedule 0.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services? [] [ves []</li> <li>T'ves, 'Section 501(6) and 501(6)(6)(6) and 501(6)(6) (organizations are required to report the annound of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>(code [] (process 21,113,953, how/morparimids [] (organizations are required to report the annound of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>(code [] (process 21,113,953, how/morparimids [] (organizations are required to report RATE and RATE RATE RATE RATE RATE RATE RATE RATE</li></ul>	P	PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. (FOR MORE			
prior form 500 or 500.cr27	Γ	DETAILS PLEASE SEE SCHEDULE O.)			
If 'Yes,' describe these new services on Schedule O.         3 Did the organization case conducting, or make significant changes in how it conducts, any program services, a measured by expenses.         Scients OfL(g) and SCI(L(g) and SCI(L) are equived to report the amount of grants and allocations to others, the total expenses, and newnue, if any, for each program services are negatived to report the amount of grants and allocations to others, the total expenses, and newnue, if any, for each program services are negatived to report the amount of grants and allocations to others, the total expenses, and newnue, if any, for each program services reported.         iii (code) (feweres	<b>2</b> [	Did the organization undertake any significant program services during the year which were not listed on the			
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	990 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC. 95-16909' t IV Checklist of Required Schedules	73	F	age 3
1 0	tra oneckist of hequired schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	ND
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		-
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	e e		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d	X X	
e f	Did the organization report an amount for other habilities in Part A, line 23? If Yes, " complete Schedule D, Part A	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and If	21	990	X (2022)
33200	12-21-23	L OUU	550	(2023)

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Part IV Checklist of Required Schedules <u>consumation</u> Yes, No.           22         Delth organization report more than 55:000 of grains or other assistance to or for demestic individuals on Part IX. column PAIN the 27, if Yes, "complete Schedule L Part I M         22           23         Delth organization report more than 55:000 of grains or other assistance to or for demestic individuals on Part IX. column PAIN the 27, if Yes," complete Schedule J Add Pain Consumptions Paint PAIN that MI, Baction A, Ins 34, or 53, about componation of the organization is current and former offices, directors, fructores, they employee, and highest componation director paint Paint Add Paint P	Form	990 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC. 95-16909	73	P	age 4	
22       Del the organization report more than 55.000 of grante or other assistance to or domestic individuals on Part X, cells is complete Schedule (J, Part J and M)       22       X         23       Del the organization arrower 'Yes' to Part VII, Section A, Ine 3, 4, or 5, about compensation of the organization's current and former offects, throtoses, key employees, and highest compensated employees? If 'Yes,' complete Schedule / I'hes' is part VII, Section A, Ine 3, 4, or 5, about compensation of the organization's current is asseed after December 31, 2027 If 'Yes,' arrower lines 24b through 24d and complete Schedule / I'hes' is part of the sease section of the organization and that the organization arrow that a scenarization bands beyond a temporary period exception?       24a         24       Did the organization arrow that a an 'one Delta of issuer for bonds outstanding at any time during the year?       24b       24b         25       Section 50(16), 50(16), 40(16), 400(24) organizations. Did the organization are that in engaged in an excess benefit transaction with a disqualified person lang the year?       25a       X         25       Section 50(16), 50(16), 40(16), 400(24), 400 enganizations are given and that the transaction have that in engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction port any amount on Part X, line 5 or 22, for receivables from or ganization are year and that the transaction have that in the regard in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that it is regard in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that it regaged in an excess benefit transaction with a dis	Pai	rt IV Checklist of Required Schedules (continued)				
Part K, column (A) in 27. // "Vis," complete Schedule L parts 1 and //       22       X         20 Of the organization answer: "Visit 'o Part VI, Schedul Compensation of the organization's ourment Schedule //       23       X         24a       Did the organization answer: "Visit 'o Part VI, Schedul Compensation of the organization's ourment Schedule // No's, 'oo for 26.2       23       X         24a       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, 20027 // "Visit," answer inse 24b through 24d and complete Schedule // No's, 'oo for 26.2       24a       24a         24b       Did the organization matrix an saccaw account of the organization accepts an accow account of the organization accepts an 'on behalf of 'issuer for bonds outstanding at any time during the year'.       24d       24d         25a       Schedule // No's, 'oo for 96 error (Schedule // Part // No's, 'oo more sets benefit transaction was that it engaged in an excess benefit transaction with a dispubliked person in a prior year, and that the transaction have that it engaged in an excess benefit transaction with or of the organization accepts and any employee, creator or founder, organization any amount on Part X, Ine 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anghits and the organization active and activity of acuding an employee throrod, a grant contex assistante occurrent of order, substantial contributors or anghits and controlled receivables for an organization receivables form orepayables to and controlled receivable. J				Yes	No	
23         Diff the argumentation arswer "Yet" to Part Wij, Section A, Jinn S, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.         23         X           24         Diff the organization have a tax-excerpt bond lease with an outstanding principal anount of more than \$100,000 as of the last day of the year, that was aised after December 31, 2002? If "Yes," anewer lines 24 through 24 and complete Schedule K. If Wo, "go to line 22a         X           24a         Diff the organization investary proceeds of tax excerpt bonds 2.002? If "Yes," anewer lines 24 through 24 and complete Schedule K. If Wo, "go to line 22a         X           25         Section 50((5), 50((6),(4), and 50((2)) Section 27, 47((2), 2), 50((2),(4), 40((2)), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((2),(4), 40((2), 50((	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
and former officers, directors, trustees, key employees, and highest compensated employees?     y"reg," comparise     y       24a     Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the taid day of the pars, that was stand dare December 31, 2002?     y"reg," impact to the stand the December 31, 2002?     y"reg," impact to the stand the December 31, 2002?     y"reg," impact to the stand the December 31, 2002?     y"reg," impact to the stand the December 31, 2002?     y"reg," impact to defease any to exempt to odd?       24b     Did the organization maintain an escrow account the than a refluency period exception?     yet     yet       25a     Section \$01(c)(3), 501(c)(4), and \$01(c)(20) organizations. Did the organization stand any time during the year?     yet       25a     Section \$01(c)(3), 501(c)(4), and \$01(c)(20) organizations. Did the organization stand that the transaction want that disqualified person in a prior year, and that the organization reported an any organization. Did the organization area that the stand that the transaction with a disqualified person in a prior year, and that the transaction have the year organization sports?     yee       25     Did the organization person?     yee     yee     yee       26     If the organization person?     yee     yee     yee       27     Did the organization person?     yee     yee     yee       28     If the organization person?     yee     yee     yee       29     Did the organization person? <td></td> <td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and an and the second distribution of the second dist</td> <td>22</td> <td>X</td> <td></td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and an and the second distribution of the second dist	22	X		
Schedule J         22         X           4a Did the organization have a taxescempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K if Wos,* pot line 25a.         24a           b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         24a           b Did the organization mantain an escow account other than a refunding escow at any time during the year to defease any tax-exempt bonds?         24d           c Did the organization and at an on behalf of "issuer for bonds outstanding at any time during the year?         24d           d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?         24d           25 Section 50 (163), 50 (164), and 50 (162) organizations. Did the organization access teneff.         25a           transaction with a disqualified person during the year?         24d           25 Bottine 50 (163), 50 (164), and 50 (162) organization is prior prove any and this the taxasction has not been reported on any of the organization prove any anount on Park X, line 5 or 22, for receivables from orpayables to any current or former difficier, director, trustes, key anglyces, creator or founder, duckot I, lineta, key anglyces, creator or founder, ordecular L, Part I         26           27 Did the organization approve thereol, a grant selection committies member, or to a 35% controlled entity of namity member of any of these persons? If 'Wss,' complete Schedule L, Part I // instructions for applicable line 28d // Yss,' complete Schedule L, Part I // instructions for applicable line 28d // Yss,' complete Schedule L, Part I	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
24a       Def the eignization have a tax-exempt bond issue with an outstanding priorigal amount of more than \$100,000 as of the last day of the year, have two issued after December 31, 2002? If 'Yes," anguer lines 24b (though 24d and complete Schedule I, PNo; 'po Leike 25a.       24a       X         b Did the eignization invest any proceeds of tax-exempt bond is beyond a temporary paried exception?       24a       X         c Did the eignization invest any proceeds of tax-exempt bonds beyond a temporary paried exception?       24a       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the eignization engage in an excess benefit transaction with a disputility even? / Yes,' complete Schedule L, Part I       25a       X         25a       Schedule K, Part I       25a       X       X         25b       In the organization report any amount on Part X, line 5 or 22, for recorributes from or payables to any current or former officer, directr, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of chandy member of any of these persons? If 'Yes,' complete Schedule L, Part I       26a       X         27b       Did the eignization revice any amount on Part X, line 5 or 22, for recorributes from or payables to any current or former officer, directr, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereo) of raminy member of any or these persons? If 'Yes,' complete Schedule L, Part II       26a       X         28       Was the organization neave themaps at the einganization advece persons?		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
lat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24d       Scheduler K, If Yos," go to line 250     24b       c Did the enginization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b       c Did the enginization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24d       d Did the enginization anathin an escore vaccount other than a refunding score variant time during the year to detease any tax-exempt bonds?     24d       d Did the enginization act as an 'on behalf Of "issuer for bonds outstanding at any time during the year?     24d       25a Section 650(40), 601(40), 406(40), 406 (40), 400 excess benefit transaction with a disqualified person during the year?     25a       d Did the enginization report any amount on Part X, line 5 or 22, for recorvables from or payables to any current or former officer, director, trustee, key employee, creator or founder, aubstantial contributor, or 35% concluded L, Part I     26       27 Did the enginization provide a grant or their assistance to any ourier or former officer, director, trustee, key employee, treator or founder, aubstantial contributor, or 35% concluded Schedule L, Part II     26       28 Was the organization any other tars and and or explanation schedule and the c38 or 2207 /f Yes," complete Schedule L, Part IV     28a       29 Nather complete Schedule L, Part IV     28a     X       20 Id the enginization energies on origon divides and or cognization associal on any origon an excess 207 /f Yes," complete Schedule L, Part IV       29 Did the co		Schedule J	23	Х		
Schedule K if YMC to 16 here 259       24a       X         b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exampt bonds?       24b       24c         c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exampt bonds?       24c       24c         25a       Section 501(c)(3), and 501(c)(2)9 organizations. Did the organization ongo is no excess benefit transaction with a disqualide person during the year?       25a       X         25a       Did the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction ware that the organization report the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of neubrane of any of these persons? If 'Yes,' complete Schedule L, Part I       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of neubranes of any of these persons? If 'Yes,' complete Schedule L, Part IV       26       X         28       A atmay member of any of these persons? If 'Yes,' complete Schedule L, Part IV       28a       X         29       A tart orefiner, dinecon, trustee, key employee, creator or foun	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
b Datt the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         24b           c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?         24c           d Did the organization and as an "on behalf of "issue for bonds outstanding at any time during the year?         24c           d Did the organization and as an "on behalf of "issue for bonds outstanding at any time during the year?         24d           d Did the organization and that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I         25a           d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I         25b           d Did the organization more than a not been reported on any of the organization committee members of any of these persons? If "Yes," complete Schedule L, Part I         26b           d Did the organization approxes theme of any of these persons? If "Yes," complete Schedule L, Part II         26         X           d Did the organization approxes theready of family member of any of these persons? If "Yes," complete Schedule L, Part II         26b         X           d Did the organization approxes theready or family member of any of these persons? If "Yes," complete Schedule L, Part II         27b         X           d Did the organization reperts on or more individual add or organization accelute on fine 28a 27B / If "Yes," complete Schedule L, Part II		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       244         c       Did the organization mixelina an eacrow accounce their than a refunding second at any time during the year?       244         25a       Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization anguage in an excess benefit transaction with a disqualified person during the year?       244         25a       Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization anguae that it engaged in a excess benefit transaction with a disqualified person during the year?       244         25a       X       Is the organization aware that engaged in a excess benefit transaction with a disqualified person during the year?       25b         25b       V       View excess benefit transaction with a disqualified person in a prior year, and that the transaction transaction with a disqualified person organybles to any current or former officer, director, truste, key employee, creator or founder, substantial contributor or 35% or complete Schedule L, Part II       25b         27       Did the organization any thready explores and any of these persons? If "Yes," complete Schedule L, Part II       26b       X         27       Did the organization argue thereod or family member of any of these persons? If "Yes," complete Schedule L, Part II       26b       X         28       Was the organization argue melows exerced, and and continuous or family office director, trustes, key employee, creator or founder, substantial contributor? If "Yes," co		Schedule K. If "No," go to line 25a	24a		Х	
any taxe-empt bonds?     24d       Dd the organization as an an 'on behall of issuer for bonds outstanding at any time during the year?     24d       25a     Section 601(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     24d       25a     b is the organization aware that lengaged 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 Form 990 or 990,E27. If 'Yes,' complete Schedule L, Part I     25a       25a     Ub the organization aware that lengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any encound on any of the organization's prior Form 990 or 990,E27. If 'Yes,' complete Schedule L, Part II     25b       25a     X     25a     X       25b     X     25b     X       25b     Controled, substantial contributor, or 300, a 39% controled entity or tamaly member of any of these persons? If 'Yes,' complete Schedule L, Part II     25b       27     Did the organization a part to basines stransaction with one of the following parties? (See the Schedule L, Part II)     25b       27     Was the organization exerce morphyse thereof, or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II     27b       28     A current or former officer, director, twistes, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II     28b       30 <td>b</td> <td></td> <td>24b</td> <td></td> <td></td>	b		24b			
d       Did the organization at as an 'on behalf of issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization 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 spiror Forms 900 or 990-271 if "Yes," complete Schedule L, Part I       25a       X         25 Did 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 forms 900 or 990-271 if "Yes," complete Schedule L, Part I       25b       X         26 Did the organization prior Forms 900 or 990-271 if "Yes," complete Schedule L, Part II       26i       X         27 Did the organization prior Forms of fires, director, trustee, key employee, creator or founder, substantial contributor or employee threeo, I agrant 90-217 if "Yes," complete Schedule L, Part II       26i       X         28 Was the organization a party to b tustees, key employee, creator or founder, or substantial contributor or employee threeo, I agrant 90-00 fibe organization set as 355 controlled antity of no or more individual as and/or organization described in the 28a / X       28a       X         28 Was the organization previce worth with a stasset, or other similar assets, or qualified conservation contributions of a regulate the implement of any individual described in the 28ar / If "yes," complete Schedule L, Part IV       28a       X         29 Ub the organization receive more than 325, otto in oncasic contributions of a two seqanization asector through ast	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
25a       Section 501(c)(3), 501(c)(20) or gainizations. Did the organization engage in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization prior 500 F27 // 1*cs, * complete Schedule L, Part I       25a       X         26       Did the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? // 1*cs, * complete Schedule L, Part II       26       X         27       Did the organization avart to the assistance to any current or former officer, furstee, key employee, creator or founder, substantial contributor or 35% controlled entity functioning an employee thereof) or family member of any of these persons? // 1*cs, * complete Schedule L, Part II       26       X         28       Was the organization a part to a business transaction with one of the following parties? (See the Schedule L, Part II)       28       X         29       Did the organization reports one or more individual described in line 28a? // *res, * complete Schedule L, Part II       28       X         29       Did the organization necelwas more than 252,000 in noncash contributions? // *res, * complete Schedule L, Part I       30       X         29       Did the organization necelwas more than 255,000 in noncash contributions? // *res, * complete Schedule N, Part I		any tax-exempt bonds?	24c			
transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         b       is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-271 If "Yes," complete Schedule L, Part I       25b       X         controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       22b       X         2D       Did the organization reports any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an enployee thereo) of training member of any of these persons? If "Yes," complete Schedule L, Part II       22       X         2B       Mas the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "x"s," complete Schedule L, Part IV       28b       X         2B       A auring member or any individual described in line 28a" If "Yes," complete Schedule L, Part IV       28b       X         2B       A family member of any flow providual described in line 28a" If "Yes," complete Schedule L, Part I       28c       X         2B       Did the organization neceive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions II "Yes," complete Schedule I, Part I       28c       X<	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         b       is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-271 If "Yes," complete Schedule L, Part I       25b       X         controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       22b       X         2D       Did the organization reports any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an enployee thereo) of training member of any of these persons? If "Yes," complete Schedule L, Part II       22       X         2B       Mas the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "x"s," complete Schedule L, Part IV       28b       X         2B       A auring member or any individual described in line 28a" If "Yes," complete Schedule L, Part IV       28b       X         2B       A family member of any flow providual described in line 28a" If "Yes," complete Schedule L, Part I       28c       X         2B       Did the organization neceive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions II "Yes," complete Schedule I, Part I       28c       X<	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
b       Is the organization aware that it engaged in an excess benefit transaction with a disquilled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 /// 'Yes', complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trutes, key employee, creator or founder, substantial contribution 7 or 55% controlled entity or former officer, director, trutes, key employee, creator or ounder, substantial contribution or employee thereol, a grant selection committee member, or to a 35% controlled entity or former officer, director, trutes, key employee, creator or our of the following parties? (See the Schedule L, Part II)       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trutes, key employee, creator or founder, substantial contributor?       27       X         28       A current or former officer, director, trutes, key employee, creator or founder, or substantial contributor?       28       X         29       Did the organization nearboard on time 28a7 (fr.Yes," complete Schedule L, Part IV       28a       X         29       Did the organization nearboard on time 28a7 (fr.Yes," complete Schedule N, Part I       30       X         30       Lit the organization nearboard on any of these persons?       If Yes," complete Schedule N, Part I       30       X         30       Lit the organization nearboard on time			25a		х	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       25       X         20       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, functor, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of individual described in these persons? If Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or a 35% controlled entity (including an employee) thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) controlled new pay of these persons? If Yes," complete Schedule L, Part IV, instructions for applicable (fing thresholds, conditions, and veceptions):       A         28       Was the organization report any amount on Part St, once the following parties? (See the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and and/or organization described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I       30       X         30       Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I       31       X         31       Did the organization receive on thous any set on the transere from the organization neeive more than \$25,000 in noncash contr	b					
Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II ''Yes,'' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or former officer, director, trustee tex stancation with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''ves,' complete Schedule L, Part IV.       28b       X         29       A tamily member of any individual described in line 28a' If 'Yes,'' complete Schedule M.       28c       X         29       Did the organization receive contributions of art, historical resurses, or dualified conservation contributions? If 'Yes,'' complete Schedule N, Part I       201       21       X         20       Did the organization neal-exchange, dispose of, or transfer more than 25% of its net assets? II 'Yes,'' complete Schedule N, Part I       30       X         31       Did the organization neal-exchange, dispose of, or transfer more than 25% of its net						
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant setcion committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable (fing thresholds, conditions, and exceptions):       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable (L, Part IV, instructions priorities Schedule L, Part IV, instructions receive contributions of any individual described in line 28ar? If "Yes," complete Schedule M, Part I       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         30       Did the organization liquidate, terminate, or dissofter and the special schedule N, Part I       31       X         31       Did the organization exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization rel			25b		x	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%     26     X       27     Did the organization provide a grant or other assistance to any corrent or former officer, director, trustee, key employee, thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? // 1*Yes," complete Schedule L, Part II     27     X       28     Was the organization approximation provide a grant or other assistance to any corrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 1*Yes," complete Schedule L, Part IV     28a     X       29     A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 1*Yes," complete Schedule L, Part IV     28a     X       29     Did the organization receive controlled entity of one or more individuals and/or organization according the schedule L, Part IV     28a     X       29     Did the organization receive controlled entity of one or more individuals and/or organization according the schedule M     29     X       20     Did the organization receive controlled entity of disclore and cease operations? // 1*Yes," complete Schedule N, Part I     30     X       30     Did the organization receive any payment or disclore and cease operations? // 1*Yes," complete Schedule N, Part I     31     X       31     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // 1*Yes," complete Schedule N, Part I     33 <td>26</td> <td></td> <td></td> <td></td> <td></td>	26					
controlled entity or family member of any of these persons? // *Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trusteke, key employee, ereator or founder, gubtantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity instructions for applicable ling thresholds, conditions, and exceptions):       27       X         28       Was the organization a party to be usiness transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable ling thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>y</i> "Yes," complete Schedule L, Part IV       28a       X         29       D A family member of any individual described in line 28a? <i>y</i> 'Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? <i>it</i> 'Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? <i>it</i> 'Yes," complete Schedule N, Part I       31       X         31       Did the organization receive more than \$25,000 in noncash contributions? <i>it</i> 'Yes," complete Schedule N, Part I       31       X         32       Did the organization receive more than \$25,000 in noncash contributions? <i>it</i> 'Yes," complete Schedule N, Part I       31       X <tr< td=""><td></td><td></td><td></td><td></td><td></td></tr<>						
27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, ereator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II.       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       ****       ****         ****       complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If **es,* complete Schedule I, Part IV.       28a       X         29       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If **es,* complete Schedule M.       30       X         20       Did the organization receive any taxes exempt or than 25% of its net assets? If **es,* complete Schedule M. Part I       31       X         20       Did the organization receive any taxes per or taxable entity? If **es,* complete Schedule R, Part I       33       X         30       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)?       33 <td></td> <td></td> <td>26</td> <td></td> <td>x</td>			26		x	
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entry (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II,     27     X       28     Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // *     28a     X       28a     X     28b     X       c     A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // *     28b     X       29     Did the organization receive more than 325.000 in noncash contributions? // *Yes,* complete Schedule M     29     X       30     Did the organization receive more than 325.000 in noncash contributions? // *Yes,* complete Schedule M     30     X       31     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes,* complete Schedule M, Part I     31     X       32     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes,* complete Schedule M, Part I, III, or IV, and Part V, line 1     33     X       33     Did the organization related to any taxexempt or taxable entity? // *Yes,* complete Schedule R, Part II, III, or IV, and Part V, line 32, did the organization meake any transfers to an exempt non-charitable related organization?     34<	27					
entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       *         **%s, "complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? If *Yes," complete Schedule L, Part IV.       28a       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       *       *         **s," complete Schedule L, Part IV       29       X         20       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes," complete Schedule M       30       X         31       Did the organization receive and than \$25,000 in noncash contributions? If *Yes," complete Schedule N, Part I       31       X         32       Did the organization receive and than \$25,000 in transfer more than 225% of its net assets? If Yes," complete Schedule N, Part II       31       X         33       Did the organization related to any taxexempt or taxable entity? If *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X	~ '					
28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i></li> <li>"Yes," complete Schedule L, Part IV.</li> <li>A A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i></li> <li>"Yes," complete Schedule L, Part IV.</li> <li>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i></li> <li>"Yes," complete Schedule L, Part IV.</li> <li>28a</li> <li>X</li> </ul> <li>29 Did the organization receive more than \$25.000 in noncash contributions? <i>If</i> "Yes," complete Schedule N, Part I</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule N, Part I</li> <ul> <li>31 X</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part I</li> <li>33 Did the organization receive any taxeempt or taxable entity? <i>If</i> "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>34 Was the organization receive any taxeempt or taxable entity? <i>If</i> "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 2</li> <li>35 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</i> "Yes," complete Schedule R, Part V, line 2</li> <li>36 Section 501(c)(3) organi</li></ul>			27		x	
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ''es, "complete Schedule L, Part IV	28			1.10		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # <ul> <li>"Yes," complete Schedule L, Part IV</li> <li>A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV</li> <li>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #</li> <li>"Yes," complete Schedule L, Part IV</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M.</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M.</li> <li>Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I</li> <li>Did the organization neaver any taxempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>Did the organization neaver any taxempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>Did the organization neaver any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>Dif Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization meak any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? # 'Yes," complete Schedule R. Part V</li> <li>Section 501(c)(3) organization. Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</li> <li>X</li> </ul> <li>Did the organ</li>	20			1.5		
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // //       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M       28b       X         20       Did the organization receive more than \$25,000 in noncash contributions? or other similar assets, or qualified conservation contributions of art, historical treasures, or other similar assets, or qualified conservation contributions of art, historical treasures, or other similar assets, or qualified conservation       30       X         31       Did the organization inputched the terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         33       Did the organization have a controlled entity within the meaning of section 512(0)(13)?       35a       X         34       Was the organization neave any payment from or engage in any transaction with a controlled entity within the meaning of section 512(0)(13)?       35a       X         35a       X       Did the organization. co	-					
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c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f       28       x         29       Did the organization receive more than \$25,000 in noncash contributions? /f "Yes," complete Schedule M       29       X         29       Did the organization receive more than \$25,000 in noncash contributions? /f "Yes," complete Schedule M       30       x         31       Did the organization receive contributions of at, historical treasures, or dher similar assets, or qualified conservation contributions? /f "Yes," complete Schedule N, Part I       30       x         32       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? /f "Yes," complete Schedule R, Part I       33       X         34       Was the organization neelated to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X       35a       X       35b       X       35b       X       35a       X       35b       X       35b       X       35a       X       35a       X       35a       X       35a       X       35a       X       35b       X       35b       X       35b       X						
**Yes,* complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any taxexempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         35a       X       If the organization conduct mo			280			
10 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       100         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       x         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       x         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       x         33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       x         34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       34       x         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x       35b         36 F * Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       x         37 Did the organization complete Schedule R, Part V, Ine 2       36       x       36       x         38       Did the organization complete Schedule C organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       37       x	С				v	
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // r*yes," complete Schedule N, Part I       30       x         31       Did the organization liquidate, terminate, or dissolve and cease operations? // r*yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // r*yes," complete       32       x         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 nd 301.7701-37 // r*yes," complete Schedule R, Part I       33       x         34       Was the organization related to any tax-exempt or taxable entity? If *yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       x         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)?       35a       X         b       If *Yes," complete Schedule R, Part V, line 2       36       X         35a       Did the organization. Solid the organization make any transfers to an exempt non-charitable related organization?       36       X         36       Did the organization complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule Co       37       X       38       X			_	v	<u> </u>	
contributions? // "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I       32       X         34       Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X       35a       X       35a       X       35a       X       35a       X       35a       X       35b       X       35a       X       35a       X       35a       X       35a       X       35a       X       35a       X       35b       X       35a       X       35a       X			29	<u> </u>		
1       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         2       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       55a       X         b       If "Yes," complete Schedule R, Part V, line 2       35a       X         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       37       37         38       V       Statements Regarding Other IRS Filings and Tax Compliance       38       X <td>30</td> <td></td> <td></td> <td></td> <td>v</td>	30				v	
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         30       the treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pa					<u> </u>	
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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)?       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Yeart V         Statements Regarding Other IRS Filings and Tax Compliance         Yes       Yes          1a       351 <t< td=""><td></td><td></td><td>31</td><td></td><td>-</td></t<>			31		-	
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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)?       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part V.       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Yes No         1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351         b if the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming <td col<="" td=""><td>32</td><td></td><td></td><td></td><td></td></td>	<td>32</td> <td></td> <td></td> <td></td> <td></td>	32				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 X 29 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			32			
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351       1b       0         b       Enter the number of Forms W-2G included on line 1a. En	33					
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       37       37         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       351       1b       0       1c       X         c       Did the organization comply with backup withhol			33			
a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       36a       37a       37a       37a	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
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within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X         39       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         30       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351       Yes       No         31       Ib       0       Ib       0       Ib       Ib       Ic       X         32       Did the organization comply with backup withholding rules for reportable payments to vendors and re			35a	X		
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1 a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351       Yes       No         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       351       1b       0       1c       X         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	b					
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       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         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1c       X         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X			35b	X		
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	36					
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38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         98       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         1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	37					
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       351       Yes       No         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X	
Total response of sequence to dampine of the prime of	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1 a 351         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1 b 0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1 c X			38	Х	_	
1a       351         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Pai	Statements Regarding Other IRS Filings and Tax Compliance				
1 a       351         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       351         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X		Check if Schedule O contains a response or note to any line in this Part V				
b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X				Yes	No	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
(gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	I I			
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
332004 12 21-23 Form 990 (2023)		(gambling) winnings to prize winners?	1c	X		
	332004	1 12:21-23	Form	990	(2023)	

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0.		i ii	-	Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 486		1.0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	20	2b	х	
3a			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country			-7-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).		_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	-
			7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		-
g L	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		-
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0	sponsoring organization have excess business holdings at any time during the year?	by the	8		1
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***********	9b		-
10	Section 501(c)(7) organizations. Enter:		00		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	F., 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1 1	1.6	
а	Gross income from members or shareholders	11a		1.7	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			1.1	
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	and an part of the product of the second	13a	_	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	1.1		
	Enter the amount of reserves on hand	13c		-	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?	a da madan ana ar	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	-	X
	If "Yes," complete Form 4720, Schedule O,				1
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		-
	If "Yes," complete Form 6069.			990	

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Form	990 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC.		95-169097			ane 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough 7b	below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C					
	Check if Schedule O contains a response or note to any line in this Part VI			1.2	ан I.I.	X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37	12		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			2	5.6	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	other			
	officer, director, trustee, or key employee?		ana	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct su	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?		and an and a state of the state	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was fil	ed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?		and a second	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?		Summer Contents	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholde	s, or			
	persons other than the governing body?		in the second second second	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the fol	lowing:	- 1		
а	The governing body?	- application	and a second	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9	;	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)		_	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, af	filiates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fi	ing the form?	<u>11a</u>	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		1 Y LA CASA ( V Y LA ASSAULT )	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f		ribe			
	on Schedule O how this was done		011100000000000000000000000000000000000	12c	X	
13	Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written document retention and destruction policy?		A DESIGN DEGOCIÓN NOVA DELET	14	~	
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				х	
	The organization's CEO, Executive Director, or top management official	().1(2)		15a	X	
b	Other officers or key employees of the organization	*****		15b	~	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nont with	2		-	
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable optity during the year?	nent with	a	16.5		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	to its part:	cination	16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		cipation			
	exempt status with respect to such arrangements?	IIZALIUIT S		16b		
Sec	tion C. Disclosure		LANK MARKET MARK	100		
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 (1024 or 1024-A, if applicable), 990, and	nd 990-T (	section 501(c)(3)s	only)	availat	ole
10	for public inspection, Indicate how you made these available. Check all that apply.			0,1197	a vana.	010
	X     Own website     X     Another's website     X     Upon request     Other (explain	on Scher				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			finano	cial	
	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 boo	oks and re	cords			
20	DAN O'BRIEN - 213-251-3400					
	C/O CCLA, 1531 JAMES M WOOD BLVD, LOS ANGELES, CA 90015					
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Form 990 (2	2023) CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	isated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	NAMES OF TAXABLE PARTY OF	
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

Check this box if heither the organization		l	niza			ipen	15:311			(15)
(A)	(B)				<b>C)</b> sitior	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week					s both nr/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				0		organization	(W-2/1099-MISC/	from the
	related	88.01	Stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		Dyea	опре		1099-NEC)		and related
	below	Individual trustee or director	nstitutional trustee	5	Kay employee	Highest compensated employee	10 L			organizations
	line)	ibul	Insti	Officer	Key	High	Former			
(1) ARNOLD, ALEXANDRIA	40.00									
DEVELOPMENT & COMMUNICATION		_	_			Х		202,802.	0.	25,878.
(2) O'BRIEN, DANIEL	40.00									
CFO		1		х				172,784.	0.	36,921.
(3) RATLEFF LELAND	40.00									
HR DIRECTOR		1				x		153,576.	0.	10,746.
(4) GUTIERREZ ROBERT L	40,00				Í					
PROGRAM DIRECTOR II		1				x		134,193.	Ū.	17,344.
(5) LALAIAN, ARMINE	40.00				Î					
REGIONAL DIRECTOR		1				x		133,813.	0_	16,997.
(6) THOMAS BRENDA	40.00	-			í					
INTRA AGENCY DIRECTOR		1				x		115,899.	0,	31,691.
(7) COX, REV. MSGR. GREGORY A.	40.00				i					
EXEC VP	1.00	x		x				67,662.	0.	30,505.
(8) GOMEZ ARCHBISHOP JOSE H.	0.50				1					
CHAIRMAN		x		x				Ο.	0.	0.
(9) TOSETTI, PAUL D.	0.50						-			
PRESIDENT		x		x				٥.	Ο.	0.
(10) MONTOYA, REV. MSGR. PAUL M.	0.50	-		-	-	-	<u> </u>			
VP		x		x				0.	0.	0.
(11) MARTIN, JR., VINCENT F.	0.50				i					
TREASURER	-	x		x				0.	0,	0.
(12) MCALPIN-GRANT ESQ. LOLA	0.50				i					
SECRETARY		x		x				0.	0.	0.
(13) AMARAL, GUSTAVO "GARY" A.	0.50	-	-	-			_			
TRUSTEE		x						0.	0.	٥.
(14) BEACH PATRICK	0.50					-	-			
TRUSTEE		x						0.	0.	0.
(15) BECERRA-JONES YOLANDA	0.50		-	-						
TRUSTEE		x						0.	0.	0.
(16) BEYZAEE, ESQ., AFSHIN	0.50									
TRUSTEE		x						0.	0	D.
(17) COBB, CATHLEEN M.	0.50					-	_			
TRUSTEE		x						0.	0	0.

8

332007 12-21-23

Form 990 (2023)

### 14070513 701245 CUS000000799

2023.05070 CATHOLIC CHARITIES OF LOS CUS00001

	RITIES OF L	_	_	_		_	_		95-16909	73	P	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	Hig	hes	t Co	ompensated Employee	s (continued)			
(A)	(B)	f			C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable	E	stimat	ed
	hours per				more son is			compensation	compensation	a	mount	of
	week	offi	cer ar	d a d	rector	r/trusl	ee)	from	from related		other	
	(list any	director						the	organizations	COI	npensa	ation
	hours for	- and				22		organization	(W-2/1099-MISC/		from th	е
	related	188 01	ustee			ensal		(W-2/1099-MISC/	1099-NEC)	or	ganizat	ion
	organizations		nal tr		dyes.	it compensated yee		1099-NEC)		a	nd relat	ed
	below	Individual	Institutional trustee	in the	Key employee	Highest c employer	aL			orę	ganizati	ons
	line)	had	Inst	Officer	Key	High B H G	Forme			_		
(18) COLLINS, TIMOTHY J.	0.50											
TRUSTEE		X						0.				Ο,
(19) DAMICO, RICHARD G.	0.50									1		
TRUSTEE		x		í.,				0.	0.			0.
(20) DAMICO, SUSAN	0.50			_		-				1		
TRUSTEE		x						0.	0			Ο.
(21) DARNELL, GARY	0.50	1						0.		2		
TRUSTEE	0.50	x						0.	0			0
	0.50		<u> </u>	-			-	0.	0.			0.
(22) DOMINGO-FORASTE, DOUGLAS	0.50					. 0						
TRUSTEE		X		_			_	0,	0.			0.
(23) EVANS, ESQ., GREGORY L.	0.50											
TRUSTEE (THRU 07/23)		Х						0.	0.			0.
(24) GARCIA, ESQ, BONIFACIO BONNY	0.50											
TRUSTEE	1.00	x						0.	0.			0.
(25) HINES, BARBARA BRANDLIN	0.50									1		
TRUSTEE		x						0.	0.			0.
(26) HOGAN, MICHAEL (MIKE)	0.50	İ										
TRUSTEE		x				1 1		0.	0.			0.
		-				اي	-	980,729.	0.		170,	_
1b Subtotal		0.05611	8010	111100	0.000	90000		0	0.	1	170,	0.
c Total from continuation sheets to Part V						0.000	s - 1				_	
d Total (add lines 1b and 1c)								000 720	0		170	
							_	980,729.	0.		170,	082.
2 Total number of individuals (including but i						) wh	o re				170,	
						) wh	o re				,	11
2 Total number of individuals (including but i						) wh	o re				170, Yes	
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove)			ceived more than \$100,0	000 of reportable		,	11
2 Total number of individuals (including but i compensation from the organization	not limited to th	ose ee, k	liste key e	d ab	ove) oyee	e, or	higl	ceived more than \$100,0	000 of reportable oyee on	3	,	11
<ul> <li>2 Total number of individuals (including but in compensation from the organization</li> <li>3 Did the organization list any former officer</li> </ul>	not limited to th r, director, trust such individual	ose ee, k	liste key e	d ab empl	ove) oyee	e, or	higl	ceived more than \$100,	000 of reportable oyee on		,	11 No
<ol> <li>Total number of individuals (including but in compensation from the organization</li> <li>Did the organization list any former officer line 1a? <i>If "Yes," complete Schedule J for</i>.</li> <li>For any individual listed on line 1a, is the statement of the state</li></ol>	not limited to th r, director, trust such individual um of reportabl	ose ee, l e co	liste key e	d ab empl	ove) oyee tion	e, or and	higl oth	ceived more than \$100, hest compensated empl er compensation from th	000 of reportable oyee on ne organization	3	,	11 No
<ol> <li>Total number of individuals (including but a compensation from the organization</li> <li>Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>.</li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> </ol>	not limited to th r, director, trust such individual um of reportabl 0,000? <i>If</i> "Yes,	ee, le cc " co	liste key e ompe mple	d ab empl ensa ete S	oove) oyee tion Sche	e, or and dule	higl oth J fa	ceived more than \$100, hest compensated empl er compensation from th or such individual	000 of reportable oyee on ne organization		Yes	11 No
<ol> <li>Total number of individuals (including but a compensation from the organization</li> <li>Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i></li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or</li> </ol>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If</i> "Yes, accrue comper	ee, le co " co nsati	liste key e mple on fr	emple ensate ete Stom	oove) oyee tion Sche any	e, or and dule unre	higl oth <i>J fc</i> late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ	000 of reportable oyee on ne organization ual for services	3	Yes	11 No X
<ol> <li>Total number of individuals (including but a compensation from the organization</li> <li>Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i></li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> </ol>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If</i> "Yes, accrue comper	ee, le co " co nsati	liste key e mple on fr	emple ensate ete Stom	oove) oyee tion Sche any	e, or and dule unre	higl oth <i>J fc</i> late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ	000 of reportable oyee on ne organization ual for services	3	Yes	11 No
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<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>.</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest complete this table for your five highest complete the section of the organization of the section of the section of the section of the section of the table for your five highest complete the section of the section</li></ul>	not limited to the r, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedul	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate om a ich r	oyee tion Sche any perso	e, or and dule unre	higl oth <i>J fc</i> late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ	000 of reportable oyee on ne organization ual for services	3	Yes	11 No X
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<ul> <li>2 Total number of individuals (including but in compensation from the organization)</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for .</li> <li>4 For any individual listed on line 1a, is the sand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper nolete Schedul compensated inc the calendar ye	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate com a ich r	oyee tion Sche any perso	e, or and <i>dule</i> unre	higl oth <i>J fc</i> late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ hat received more than \$ the organization's tax ye	000 of reportable oyee on ue organization ual for services 100,000 of compensa	3 4 5 ation f	Yes X	11 No X
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<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>.</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors</li> <li>1 Complete this table for your five highest or the organization. Report compensation for (A) Name and business</li> <li>UYA PATROL</li> <li>4951 CLARA STREET STE, B1, CUDAHY, CENTURY GROUP PROFESSIONALS, LLC, 22</li> <li>PACIFIC COAST HWY STE 2150, EL SEGUE INDEED, INC., MAIL CODE 5160 P.O. BC</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <i>mplete Schedul</i> compensated inc the calendar ye s address 2A 90201 22 N IDO, CA	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate com a ich r	oyee tion Sche any perso	e, or and dule unre	higl oth J fo late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ nat received more than \$ the organization's tax ye (B) Description of so SECURITY GUARD SER TEMPORARY SERVICES	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       par.       prvices       vices	3 4 5 ation f	Yes x rom C) a92, 185,	111 No X X 202.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>.</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>com</i></li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>com</i></li> <li>5 Ection B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business</li> <li>1 JYA PATROL</li> <li>4951 CLARA STREET STE, B1, CUDAHY, CORENTURY GROUP PROFESSIONALS, LLC, 22</li> <li>PACIFIC COAST HWY STE 2150, EL SEGUN</li> <li>INDEED, INC., MAIL CODE 5160 P.O. B0</li> <li>560367, DALLAS, TX 75266</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <u>nplete Schedul</u> compensated inc <u>the calendar ye</u> s address 2A 90201 22 N IDO, CA	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate com a ich r	oyee tion Sche any perso	e, or and dule unre	higl oth J fo late	hest compensated empl er compensation from th or such individual ed organization or individ the organization or individ (B) Description of so SECURITY GUARD SER	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       par.       prvices       vices	3 4 5 ation f	Yes x rom C) aga2,	111 No X X 202.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for 4</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business</li> <li>1 JYA PATROL</li> <li>4951 CLARA STREET STE, B1, CUDAHY, CONTURY GROUP PROFESSIONALS, LLC, 22</li> <li>PACIFIC COAST HWY STE 2150, EL SEGUE</li> <li>INDEED, INC., MAIL CODE 5160 P.O. BO</li> <li>560367, DALLAS, TX 75266</li> <li>KONIQUE LA MORE MORAGA, 5198 ARLINGT</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <u>nplete Schedul</u> compensated inc <u>the calendar ye</u> s address 2A 90201 22 N IDO, CA	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate com a ich r	oyee tion Sche any perso	e, or and dule unre	high oth J fc late	ceived more than \$100, hest compensated empler er compensation from the or such individual ed organization or individ the organization's tax ye (B) Description of se EECURITY GUARD SERV TEMPORARY SERVICES EMPLOYMENT RECRUITI	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       par.       prvices       vices	3 4 5 ation f	Yes x x rom C) ensatio 392. 185, 137,	111 No x x x 202. 004, 385.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for 4</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business</li> <li>JYA PATROL</li> <li>4951 CLARA STREET STE, B1, CUDAHY, CONTENT GROUP PROFESSIONALS, LLC, 22</li> <li>PACIFIC COAST HWY STE 2150, EL SEGUE</li> <li>INDEED, INC., MAIL CODE 5160 P.O. B0</li> <li>660367, DALLAS, TX 75266</li> <li>MONIQUE LA MORE MORAGA, 5198 ARLINGT</li> <li>#302, RIVERSIDE, CA 92504</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <i>mplete Schedul</i> compensated inc the calendar ye s address 2A 90201 22 N IDO, CA X PON AVE	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate com a ich r	oyee tion Sche any perso	e, or and dule unre	high oth J fc late	ceived more than \$100, hest compensated empl er compensation from th or such individual ed organization or individ nat received more than \$ the organization's tax ye (B) Description of so SECURITY GUARD SER TEMPORARY SERVICES	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       par.       prvices       vices	3 4 5 ation f	Yes x rom C) a92, 185,	111 No X X X 202. 004, 385.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for .</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors</li> <li>1 Complete this table for your five highest contractors (A) Name and business</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors (A) Name and business</li> <li>1 COMPLETE STE, B1, CUDAHY, CONTRUCTION, INC, 5460 WHITE OF</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <i>mplete Schedul</i> compensated inc the calendar ye s address 2A 90201 22 N IDO, CA X PON AVE	ee, le e co " co nsati e J fi	liste key e mple on fr or st nder	emple ensate om a ich r	oyee tion Sche any perso	e, or and dule unre	higi oth J fc late	ceived more than \$100, hest compensated empler er compensation from the or such individual ed organization or individ the organization or individ (B) Description of security Description of security CECURITY GUARD SERV CEMPORARY SERVICES	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       par.       prvices       vices	3 4 5 ation f	Yes x x rom C) ensatio 392, 185, 137, 116,	111 No x x x 202. 385. 4444.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for 4</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>1 Complete this table for your five highest contractors</li> <li>2 Contract group professionals, LLC, 22 Contractors</li> <li>2 Contract group professionals, LLC, 22 Contractors</li> <li>2 Contract group professionals, LLC, 24 Contractors</li> <li>3 Contract group professionals, LLC, 25 Contractors</li> <li>3 Contract group professionals, State group professionals,</li></ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <u>mplete Scheduk</u> ompensated inc the calendar ye s address CA 90201 22 N IDO, CA DX YON AVE	ee, l ee, l e cc sati e J f lepe ear c	liste mpe mple on fr nder nder	d ab	oove) ooyee tion Sche any r operso ontra	e, or and dule unre en ictor r wit	higi oth J fc late	ceived more than \$100, hest compensated empler er compensation from the or such individual ed organization or individ at received more than \$ the organization's tax yet (B) Description of set SECURITY GUARD SERV DESCRIPTION DESCRIPTION	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       ervices       /ICES       MENT	3 4 5 ation f	Yes x x rom C) ensatio 392. 185, 137,	111 No X X X 202. 385. 4444.
<ul> <li>2 Total number of individuals (including but a compensation from the organization</li> <li>3 Did the organization list any former officed line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for 4</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business</li> <li>1 Complete this TSTE, B1, CUDAHY, CONTACT GROUP PROFESSIONALS, LLC, 22</li> <li>2 PACIFIC COAST HWY STE 2150, EL SEGUE</li> <li>1 INDEED, INC., MAIL CODE 5160 P.O. BO</li> <li>2 60367, DALLAS, TX 75266</li> <li>2 RIVERSIDE, CA 92504</li> </ul>	not limited to the r, director, trust such individual um of reportabl 0,000? <i>If "Yes,</i> accrue comper <u>mplete Scheduk</u> ompensated inc the calendar ye s address EA 90201 E2 N IDO, CA EX FON AVE	ee, l ee, l e cc sati e J f lepe ear c	liste mpe mple on fr nder nder	d ab	oove) ooyee tion Sche any r operso ontra	e list	higi oth J fc late	ceived more than \$100, hest compensated empler er compensation from the or such individual ed organization or individ at received more than \$ the organization's tax yet (B) Description of set SECURITY GUARD SERV DESCRIPTION DESCRIPTION	D00 of reportable       oyee on       ne organization       ual for services       100,000 of compensation       ervices       /ICES       MENT	3 4 5 ation f	Yes x x rom C) ensatio 392, 185, 137, 116,	111 No x x x 202. 385. 444.

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332008 12-21-23

Form 990 CATHOLIC CHAF		_	_			_			95-16909	913
Part VII Section A. Officers, Directors, Tru		nplo	yee			light	est			
(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck I		that	app	ly) I	compensation from	compensation from related	amount of other
	per week					-		the	organizations	compensation
	(list any	ctor				yolqr		organization	(W-2/1099-MISC)	from the
	hours for	c direc				en en		(W-2/1099-MISC)	. ,	organization
	related	5186.0	nstea			Ental				and related
	organizations	al true	onal t		ployee	COMP				organizations
	below	legividual trustee or director	Institutional trustee	Officer	Key employee	Hig less compensated employee	Former			
	line)	10	<u> </u>	õ	¥	Ē.	8			
(27) KLINEFELTER, MATTHEW	0.50									
TRUSTEE	0,50	х	-		-		-	0.	0.	0
(28) KRAUSS, GARY D. FRUSTEE	0.50	x						0_	0_	0
	0.50	^	-				-	<u>م</u> .	· · ·	0
(29) LARSON, STEPHEN G. FRUSTEE	0.50	x						0.	Ο.	D
(30) LO COCO, JAMES R.	0,50	^						0.	ν.	U
IRUSTEE	0.50	x						0.	0.	0
(31) MALDONADO, RAUL	0,50	-								
IRUSTEE		x						0.	0.	0
(32) MALLOY, PAGE	0,50	-								
TRUSTEE		x						٥.	0,	0
(33) MALONEY, ESQ., MICHAEL J.	0.50									
IRUSTEE		x						α.	0.	0
(34) MCFERSON, SEAN K.	0.50									
TRUSTEE (THRU 07/23)		x						0.	0.	D
(35) O'BRIEN, MICHAEL D.	0.50									
TRUSTEE		x						0.	Ο.	0
(36) ORTIZ, JAIME H.	0.50									
TRUSTEE		х						0.	0.	0
(37) POON, JULIAN W.	0.50									
TRUSTEE		х						0.	0.	0
(38) PSOMAS, MICHAEL T	0.50									
TRUSTEE		х						0.	Ο.	0
(39) RZETELJSKI, VIKTOR	0.50									
TRUSTEE		х						0.	0.	D
(40) SCHMITT, FREDERICK K.	0.50									
IRUSTEE		X	_	_	-	_		0.	0.	0
(41) VALENCIA, ESQ., MARIA GUADALUPE	0.50									
IRUSTEE		X				-		0.	0.	0
(42) WALSH, ESQ., DAVID M.	0.50									
IRUSTEE		X	_	_	_	_		0.	0.	0
(43) WARDLAW, JR., ESQ., WILLIAM M.	0.50									
TRUSTEE (THRU 07/23)	0.50	X	-	_	-	-		0.	0.	0
(44) WHITE, JOHN A.	0.50									
TRUSTEE	0 50	X	-	-				0.	0.	0
(45) YOSHITAKE, TODD	0.50									
TRUSTEE	0.50	X						0.	0.	0
(46) ZAGSEBSKI SANDER C.	0.50	x						0	0	0
TRUSTEE		N N	_			·		0	0.	0

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332201 04-01-23

a	rt V		_								5 <b></b>
			Check if Schedule O	contain	s a respoi	1 <b>50</b> 0	r note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
ts	1	а	Federated campaigns		1a						
Unc		b	Membership dues		1b						
and Other Similar Amounts		С	Fundraising events		1c		1,694,013.		A Second States		
ar		d	Related organizations		1d		3,568,813.		1200 1200		
Ē		е	Government grants (cont	ribution	s) <b>1e</b>	_	23,987,097.				
L S		f	All other contributions, gifts,	, grants,	and						
H.			similar amounts not included	d above			18,277,640.		for the second second		5 ( ) = ( ) ( )
P		~	Noncash contributions included in	ilines 1a-	if <b>1g</b> \$		10,244,217.				
ā	-	h	Total. Add lines 1a-1f		the street of the street		()) () () () () () () () () () () () ()	47,527,563.			
						-	Business Code	10 251 547	10 251 547		
	2	а	CITIZENSHIP/IMMIGRA	A.L.'		-	900099	10,351,547.	10,351,547.		
e		b	LEGAL SERVICES	11171			541100	7,607,022.	7,607,022.		
Revenue		~	OTHER PROGRAM REVEN			-	900099	586,998.	586,998.		
Rev		-	YOUTH SPORTS LEAGUE	2			713990 624410	445,436.	445,436.		
		-	DAYCARE TUITION	K01	2		0744T0	40,380.	40,380.		
1			All other program service			990 <b>b</b>		19,031,383.		1	
+		_	Total. Add lines 2a-2f Investment income (inclu-			toros	t and	19,001,000.			
	3		· · · ·	0			·	744,367.			744,36
	4		Income from investment								
	5		Royalties		vempt poi	id pro					
			noyunico	Π	(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b		-					line of the
			Rental income or (loss)	6c		_			1. S. S. S. S. S.		
			Net rental income or (loss				Commission and				
			Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a	5,109,9	17.	450.				10 J. S. S. D.
		b	Less: cost or other basis								
e			and sales expenses	7b	3,102,9	28.	0.		100 A 107 A		100
evenue			Gain or (loss)	7c	2,006,9	89.	450.				
2			Net gain or (loss)				alian, sistema (	2,007,439.			2,007,43
	8	а	Gross income from fundraisi	ing even	ts (not				1		
Lauro			including \$1,	694,03	L3. of						1000
			contributions reported on	line 1c	). See						
			Part IV. line 18			8a	379,198.			P125. 33.8	and the second
		b	Less: direct expenses			8b	364,830.				
		С	Net income or (loss) from	fundrai	sing even	ts		14,368.			14,36
	9	а	Gross income from gamir	ng activ	ities. See						1000
			Part IV, line 19	+		9a	3,928,				1.10
			Less: direct expenses			9b	0.				
			Net income or (loss) from					3,928.			3,921
	10		Gross sales of inventory,	less ret	urns					12	
			and allowances		- Files	10a	339,512.				
			Less: cost of goods sold			10b	344,574.	E ACA	E OCO		
+		С	Net income or (loss) from	sales o	f inventory	1		-5,062.	-5,062.		
			OMUED			-	Business Code 900099	17 625			17 (2)
e	11	a	OTHER				300033	17,625.			17,62
Bevanile		b									
Be		C									
Bevenue			All other revenue			10		17 605			
			Total. Add lines 11a-11d					17,625.	10 000 201	0	2 202 22
-	12	_	Total revenue. See instructi	ons		4 1 1 1 1 1 1		69,341,611.	19,026,321.	0.	2,787,72 Form <b>990</b> (20

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 2023.05070 CATHOLIC CHARITIES OF LOS CUS00001

Form 990 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC.
Part IX Statement of Functional Expenses

95-1690973

Page 10

ecti	on 501(c)(3) and 501(c)(4) organizations must compl			piere column (A)	X
_	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	(0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,410,139.	12,410,139,		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				And the second s
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	315,691.		315,691.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,956,579.	17,399,115.	2,206,699.	350,765
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	764,547.	672,888.	74,439.	17,220
9	Other employee benefits	2,185,788.	1,932,251.	213,155.	40,382
10	Payroll taxes	1,927,660.	1,682,332.	218,873.	26,455
11	Fees for services (nonemployees):				
а	Management				
	Legal	91,995.		91,995.	
	Accounting	114,163.		114,163.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	64,283.		CITY STATES	64 283
f	Investment management fees	81,629,		81,629.	.4.
	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch O.)	13,792,524.	13,675,701.	102,091.	14,732
12	Advertising and promotion	35,152.		, ,	35,152
13		1,529,172.	920,075.	510,142.	98,955
13 14	Office expenses	942,432.	609,417.	305,299.	27,716
	Information technology	,			
15	Royalties	4,351,303.	3,630,826.	695,649.	24,828
16		30,360.	30,360.		
17	Travel	50,500.			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	154,224,	60,530,	93,694.	
19	Conferences, conventions, and meetings	72,200.	72,200.	55,054.	
20	Interest	42,431.	12,200,	42,431.	
21	Payments to affiliates		605 001	35,642.	
22	Depreciation, depletion, and amortization	721,443.	685,801	70,016.	7,260
23	Insurance	790,050.	720,774.	/0,010.	7,200
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PARTICIPANT PAYROLL	5,148,286.	5,148,286.		
b	BAD DEBT	366,236.	201,778.	164,458.	
c	OPERATING & OTHER	283,830.	279,173.	4,657.	
d	VEHICLES & MILEAGE	266,920.	248,599.	18,321.	
	All other expenses	72,518,			72,518
25	Total functional expenses. Add lines 1 through 24e	66,519,555,	60,380,245.	5,359,044.	780,266
26	Joint costs. Complete this line only if the organization				F
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

332010 12-21-23

Form 990 (2023)

Check here ratiowing SOP 98-2 (ASC: 958-720)

12 2023.05070 CATHOLIC CHARITIES OF LOS CUS00001

ar	tX	Balance Sheet				
_		Check if Schedule O contains a <b>response</b> or note to any li	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		3,967,177.	1	5,473,882
	2	Cash - non-interest-bearing Savings and temporary cash investments		0,200,127,12	2	
	2	Pledges and grants receivable, net			3	
	4			7,978,612.	4	9,435,27
	5	Accounts receivable, net Loans and other receivables from any current or former of			4	-,,
	5	trustee, key employee, creator or founder, substantial cor				
		controlled entity or family member of any of these person			5	
	c	Loans and other receivables from other disqualified person			5	
	6	under section 4958(f)(1)), and persons described in sectio	- 4050(-)(2)(D)		6	
	-				7	
	7	Notes and loans receivable, net				
	8	Inventories for sale or use		603,077.	<u>    8                                </u>	455,17
	9			005,077.	9	455,17
	TUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	55,689,233.			
	h	basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b	13,674,225,	41,504,368.	10c	42,015,00
			·	41,273,852.	11	44,963,61
	11 12	Investments - other securities. See Part IV, line 11	-0.04-0.00000000000000	106,257.	12	90,70
		have started and started to Care Dest by the stat	100,137.	13	50,10	
	13 14			14		
		Intangible assets	386,722,954.	15	340,679,45	
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)		482,156,297.	16	443,113,11
-	16 17	Accounts payable and accrued expenses		5,409,023.	17	8,782,62
	18				18	-,,-
	19				19	
	20	Deferred revenue Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	The second se		21	
	22	Loans and other payables to any current or former officer.	and the second se			10.00
		trustee, key employee, creator or founder, substantial cor				
		controlled entity or family member of any of these person			22	
5	23	Secured mortgages and notes payable to unrelated third		3,254,700.	23	3,326,90
	24	Unsecured notes and loans payable to unrelated third par	***************************************		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C				
		of Schedule D		6,130,834.	25	5,572,02
	26	Total liabilities. Add lines 17 through 25		14,794,557.	26	17,681,54
		Organizations that follow FASB ASC 958, check here	X			
3		and complete lines 27, 28, 32, and 33.				
	27	NUMBER OF A DESCRIPTION		66,465,917.	27	69,757,33
	28	Net assets with donor restrictions		400,895,823.	28	355,674,23
		Organizations that do not follow FASB ASC 958, check	k here			
2		and complete lines 29 through 33.			1.14	
5	29	Capital stock or trust principal, or current funds	and the second s		29	
100	30	Paid in or capital surplus. or land, building, or equipment	fund		30	
	31	Retained earnings, endowment, accumulated income, or			31	
	32	Total net assets or fund balances		467,361,740.	32	425,431,57
- 1	33	Total liabilities and net assets/fund balances		482,156,297.	33	443,113,11

332011 12-21-23

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Form	990 (2023) CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973		Pa	<sub>de</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,	341,	611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,	519,	555.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	822,	056.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	467	361,	740.
5	Net unrealized gains (losses) on investments	5	2	205,	672.
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8	-1,	850	000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-45,	107,	898.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	425,	431,	570.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	(+)+IT201)120112+IT001112+		<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				0.10
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				1
	Separate basis Consolidated basis Both consolidated and separate basis		0.7		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis			<u>дu.</u>	0.000
с	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			1.6
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	000000000000000000000000000000000000000	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

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Form **990** (2023)

332012 12-21 23

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SCHEDULE A	1							OMB No. 1545-0047
(Form 990)			rity Status an					
(	Co	-	ization is a section 50 <sup>-</sup> 17(a)(1) nonexempt cha			or a section		2023
Department of the Treasury Internal Revenue Service	i i	At	tach to Form 990 or Fo	orm 990-E	Z.	· · · · · · · · · · · · · · · · · · ·		Open to Public Inspection
Name of the organizat		io to www.irs.gov/l	Form990 for instruction	ns and the	atest in	formation.	Employe	r identification number
		IC CHARITIES OF	LOS ANGELES, INC.				Employer	95-1690973
Part I Reason			All organizations must o		nis part.) S	See instruction	s.	
The organization is not a								
1 A church, co	nvention of chu	irches, or associatio	n of churches described	l in se <mark>cti</mark> c	n 170(b)(	1)(A)(i).		
2 A school des	cribed in <b>secti</b>	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
	-		inization described in s					
	-	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and stat								
		r the benefit of a col omplete Part II.)	lege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in
· · · · · ·			ental unit described in	section 1	70(b)(1)(A)	(v).		
	-	-	ntial part of its support f				ne general i	oublic described in
		omplete Part II.)		0			0	
8 🗌 A communit	y trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
university:								
			than 33 1/3% of its supp					
			t to certain exceptions; a (less section 511 tax) fro	. ,				0
	509(a)(2). (Con				ses acqui	ired by the org	Janization a	ater Julie 30, 1973.
		. ,	vely to test for public sa	fetv. See	section 5	09(a)(4).		
	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	0		d in section 509(a)(1) c					
lines 12a thr	ough 12d that d	lescribes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g.	
a 🗌 Typel.As	supporting organ	nization operated, su	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
the suppor	ted organizatio	n(s) the power to reg	jularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
		omplete Part IV, Se						
		-	or controlled in connect			-		-
	-		inization vested in the si	ame perso	ns that co	ntrol or manag	ge the supp	Dorted
		complete Part IV,	g organization operated	in connect	tion with	and functional	lv integrate	ad with
			. You must complete I				ly integrate	
	0	.,.,	orting organization oper	-	-	-	ted organiz	zation(s)
			ation generally must sat				-	
requiremer	nt (see instructio	ons). You must com	plete Part IV, Sections	A and D,	and Part	V.		
e 🗌 Check this	box if the organ	nization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
1.1			ally integrated supporting	ng organiz	ation.			
f Enter the number						000000000000000000000000000000000000000		
g Provide the follow (i) Name of supp		(ii) EIN	d organization(s) (iii) Type of organization	(iv) is the orga	unization listed	(v) Amount of	monetary	(vi) Amount of other
organization		(,	(described on lines 1-10	in your governi Yes	ng document?	support (see in		support (see instructions)
			above (see instructions))	103	140			
						1		
					[			
								5
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332021 12-21-23

Schedule A (Form 990) 2023

CATHOLIC CHARITIES OF LOS ANGELES, INC. 
 Schedule A (Form 990) 2023
 CATHOLIC CHARITIES OF LOS ANGELES, INC.
 95-169097

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 95-169097

95-1690973 Page 2

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,894,992.	45,425,092.	39,567,088.	42,851,974.	47,527,563.	217,266,709.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	41,894,992.	45,425,092.	39,567,088.	42,851,974.	47,527,563.	217,266,709.
	The portion of total contributions						
	by each person (other than a		1 1 1 K				
	governmental unit or publicly		1.			a da ser da s	
	supported organization) included		is an owner of			a second	
	on line 1 that exceeds 2% of the	1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	amount shown on line 11,					1	
	column (f)					Los e here al	14,152,865.
6	Public support. Subtract line 5 from line 4						203,113,844.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	41,894,992.	45,425,092.	39,567,088.	42,851,974.	47,527,563.	217,266,709.
	Gross income from interest,				, , , ,		
0	dividends, payments received on						
	securities loans, rents, royalties,						
		111,713.	27,545.	44,277.	485,745.	744,367.	1,413,647.
0	and income from similar sources	111,115.			105,115.	/11,007.	1,110,017,
9	Net income from unrelated business						
	activities, whether or not the	80,753.	44,557.	95,460.	5,298.	18,296.	244,364.
40	business is regularly carried on	00,155.	44,001,	55,400.	5,250.	10,250.	244, 504.
10	Other income. Do not include gain						
	or loss from the sale of capital	449,127.	252,939.	103,361.	11,941.	17 625	834,993.
	assets (Explain in Part VI.)	449,127.	232,555.	105,501.	11, 741.	17,625.	219,759,713.
	Total support. Add lines 7 through 10					10	72,014,117.
12						12	/2,014,11/.
13	First 5 years. If the Form 990 is for th		st, second, third, t	ourth, or fifth tax y	ear as a section 5	U1(C)(3)	r1
So	organization, check this box and stor ction C. Computation of Publi		entage			In the second second of	uniumittan
-						44	92.43 %
	Public support percentage for 2023 (				Contract of Augusta 14	14	
	Public support percentage from 2022			1. 10		15	10
162	33 1/3% support test - 2023. If the c			i line 13, and line 1	4 IS 33 1/3% or m	ore, check this bo:	p-second p-s
	stop here. The organization qualifies		-				X
Ľ	33 1/3% support test - 2022. If the c	-					
	and <b>stop here.</b> The organization qual					and the second second second	
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te	-				and and a second second	
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				• •		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organizatio	n did not check a t	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	i

Schedule A (Form 990) 2023

332022 12-21-23

# Schedule A (Form 990) 2023 CATHOLIC CHARITIES OF LOS ANGELES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) CATHOLIC CHARITIES OF LOS ANGELES, INC.

95-1690973 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	A. Public Support						
Calendar ye	ear (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts,	grants, contributions, and						
memb	bership fees received. (Do not					1	
incluc	de any "unusual grants.")						
merch forme any a	s receipts from admissions, handise sold or services per- ed, or facilities furnished in ctivity that is related to the nization's tax-exempt purpose						
	s receipts from activities that ot an unrelated trade or bus-						
iness	under section 513			1) 			
	evenues levied for the organ- n's benefit and either paid to						
or exp	pended on its behalf						I.
5 The v	alue of services or facilities						
furnis	hed by a governmental unit to	0					
the or	rganization without charge						
6 Total	Add lines 1 through 5						
	unts included on lines 1, 2, and eived from disqualified persons						
from oth exceed	ts included on lines 2 and 3 received her than disqualified persons that the greater of \$5,000 or 1% of the t on line 13 for the year						
	ines 7a and 7b						
	c support. [Subtract line 70 from line 8.]		이 문화되었어.				
	B. Total Support						
Calendar ye	ear (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amou	unts from line 6	50.511					
divide secur	s income from interest, ends, payments received on ities loans, rents, royalties, ncome from similar sources						
<b>b</b> Unrela	ated business taxable income						
`	section 511 taxes) from businesses ed after June 30, 1975						
c Add li	ines 10a and 10b						
11 Net in activit wheth regula	ncome from unrelated business ties not included on line 10b, ner or not the business is arly carried on						
or los asset	r income. Do not include gain as from the sale of capital s (Explain in Part VI.)		-				
	SUPPOIT. (Add lines 9, 10c, 11, and 12.)						
	5 years. If the Form 990 is for th	0		fourth, or fifth tax	year as a section §	501(c)(3) organizatio	on,
	C. Computation of Public				10	anning (S. Diana	*******
15 Public	c support percentage for 2023 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
	c support percentage from 2022					16	1%
Section	D. Computation of Inves	tment Income	Percentage				
	tment income percentage for 20					17	- 1%
	tment income percentage from 2					18	D/9
	3% support tests - 2023. If the	-					7 is not
	than 33 1/3%, check this box an	-	÷ .				
	3% support tests - 2022. If the	÷					and
	8 is not more than 33 1/3%, che					-	
20 Priva	te foundation. If the organizatio	n did not check a l	box on line 14, 19	a, or 19b, check t	his box and see in:		
332023 12-21	I-23		17			Schedule A	A (Form 990) 2023

	dule A (Form \$90) 2023 CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973	Pa	age
ar	eupporting enganizations			
	(Complete only if you checked a box on line 12 of Part I, If you checked box 12a, Part I, complete Sections A			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete			
act	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations		_	_
50	tion A. All Supporting Organizations			1
	And all of the encoded in the supervised in the light of the supervised in the encoded in the supervised		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
2	class or purpose, describe the designation. If historic and continuing relationship, explain, Did the organization have any supported organization that does not have an IRS determination of status	1		-
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			İ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			10
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		tth.	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			2
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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)? 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)	17		
	purposes.	4c		
а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1.1		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and ElN	1000	0.0	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	11 J. (B)		2
	(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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		-
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		2	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		1 54	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	G		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		-	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
	Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part J of Schedule L (Form 990).	8		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more			İ
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
а	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1 = 1	
	supporting organizations)? If "Yes," answer line 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

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Sche		690973	Pa	iqe 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jec			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	INO
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	-	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			in i
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
200	supported organizations played in this regard.	3		
1.11	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	is).		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
3330.04	of its supported organizations? // "Yes," describe in Part VI the role played by the organization in this regard 5 12-21-23 Schedu	J 3b ule A (Forr	n 900)	2023
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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations mus			Part VI), See instructio
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
2	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
3	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		A second second	S. 1. S
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (and line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	The second second	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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instructions).

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Schedule A (Form 990) 2023

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	dule A (Form 990) 2023     CATHOLIC CHARITIES       t V     Type III Non-Functionally Integrated 509	of Los Angeles INC.	nizations (continu		5-1690973	Page 7
Sect	ion D - Distributions			T	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions, Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive				
	Corovide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ıs	(iii) Distributat Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-			1		
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		1.1
a	From 2018			1		
b	From <b>20</b> 19					a de la composición de la composición de la composición de la composición de la composición de la composición d
c	From 2020					
d	From 2021			Ì		
e	From 2022					
f	Total of lines 3a through 3e			Í		
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
1	Carryover from 2018 not applied (see instructions)				19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f,				1991 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -	
4	Distributions for 2023 from Section D,				100	
	line 7: \$					
а	Applied to underdistributions of prior years				1 mg 1	No.
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.			1.0	1.1	
5	Remaining underdistributions for years prior to 2023, if					2 N N
	any. Subtract lines 3g and 4a from line 2. For result greater			- 1		
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023, Subtract lines 3h		100			
	and 4b from line 1. For result greater than zero explain in			1.11		
	Part VI. See instructions.			1		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					Constant of
0						
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021			-		
	Excess from 2022					-
e	Excess from 2023	1				

- Collect

Schedule A (Form 990) 2023

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Part VI	Supplemental Information. Provi	HARITIES OF LOS ANGELES. INC. ide the explanations required by Part II, line 10; Part II, line 17a or	17b; Part III, line 12;	Pane 8
	line 1; Part IV, Section D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section E, lines 2, 5, and 6. Also complete this part for any addition	, Section B, line 1e; Pa	C, rt V,
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				_
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332028 12-21-23		22	Schedule A (Form 9	90] 202

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				OMB No. 1545-0047
	HEDULE D		al Financial Statements	
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	
	ment of the Treasury Revenue Service		Attach to Form 990. O for instructions and the latest informa	tion. Open to Public Inspection
-	e of the organizati			Employer identification number
Pa	t   Organiza	ations Maintaining Donor Advise		
L-		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3 4		f grants from (during year) t end of year		
5		on inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
-	-	on's property, subject to the organization's	-	
6		on inform all grantees, donors, and donor a		
		oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	
Par	impermissible priv			Yes N
1		ation Easements. Complete if the or servation easements held by the organization		art IV, line 7.
4		of land for public use (for example, recrea		a historically important land area
		f natural habitat		a certified historic structure
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a quality	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax yea			Held at the End of the Tax Ye
		onservation easements		
b	-			2b
с d		vation easements on a certified historic str vation easements included on line 2c acqu		2c
u		ture listed in the National Register		2d
3		vation easements modified, transferred, rel		
	year			
4	Number of states	where property subject to conservation eas	sement is located	
5	0	tion have a written policy regarding the pe		
		orcement of the conservation easements it		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
8	Doos oach consor	 vation easement reported on line 2d above	satisfy the requirements of section 170/b)	
0		(4)(B)(ii)?		
9		be how the organization reports conservation		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
		ounting for conservation easements.		
Pai	the second second second second second second second second second second second second second second second se	ations Maintaining Collections of		her Similar Assets.
		f the organization answered "Yes" on Form		
1a	0	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	•	
		Part XIII the text of the footnote to its finar		
b		elected, as permitted under FASB ASC 95		
	-	sures, or other similar assets held for public		
	provide the follow	ng amounts relating to these items.		
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		
			N. A. C. W. C. M. T. T. T. M. M. M. A.	
2		received or held works of art, historical tre		gain, provide
	-	unts required to be reported under FASB A	-	¢
a b	Revenue included Assets included in	on Form 990, Part VIII, line 1		
		eduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 20
	1 09-28-23			Conedule 12 (1 0111 330) 20
			29	

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	dule D /Form 990/2023 CATHOLIC CH	HARITIES OF LOS		asures, or Othe		590973		ane 2
Э	Using the organization's acquisition, accessi						int <u>sur</u>	
	collection items (check all that apply).			0	0			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e		0 1 0				
с	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's exe	empt purpose in Pa	rt XIII.		
5	During the year, did the organization solicit o		-	-				
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran				Form 990, Part IV		-	1100
<u></u>	reported an amount on Form 990, Par	-	on the organization					
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	t included			
	on Form 990, Part X?		-		1-	Yes		No
h	If "Yes," explain the arrangement in Part XIII					103		
D.			owing table.			Amount		
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year				1f			
f	Ending balance Did the organization include an amount on Fo					Yes	-	No
	If "Yes," explain the arrangement in Part XIII.				inty :	res	-	
Par					10		L	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four	vears	back
1.	Regipping of year belonce	2,600,872.	2,467,410.	2,697,639.	2,166,656			278.
1a	Beginning of year balance	2,000,072.	2,407,410,	2,007,000.	2,100,050	. 2,	045,	270.
b	Contributions	362,040.	144,932.	-211,944.	542 337	-	1 2 7	633
	Net investment earnings, gains, and losses	502,040,	144,552.	-211, 544.	542,337	·	121,	832.
	Grants or scholarships							
е	Other expenditures for facilities	6.453	4.1 4.5.0	40.005	11.254			
	and programs	6,153.	11,470.	18,285.	11,354	•	4,	454.
f	Administrative expenses					_		
g	End of year balance	2,956,759.	2,600,872.	2,467,410.	2,697,639	. 2,	166,	656.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 27.0943	%						
С	Term endowment 72.9057							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered for t	he	-		
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		X
	(ii) Related organizations?					3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?			3b	Х	
4	Describe in Part XIII the intended uses of the		iment funds.					
Par	t VI Land, Buildings, and Equipm	ent						
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book	valu	е
		basis (investm	ent) basis	(other) de	epreciation			
1a	Land		28	936,632		28,	936,	632.
	Buildings		19	,943,246.	9,244,647.	10	698.	599.
	Leasehold improvements			,044,722.	551,109.			613.
	Equipment			603,126.	3,878,469.			657.
	Other			161,507.				507.
	Add lines 1a through 1e. (Column (d) must e	aual Form (IDC Dect )	lung the column				-	008.
Total	, Add lines to through the regiumn (d) must e	owar corm 990, Part A	THE TOP CONTINU	12/1 1	Cohodu			
					Schedu	le D (Form	22U)	2023

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Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Financial derivatives			
2) Closely held equity interests 3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(11)		17.1	
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			_
Complete if the organization answered "Yes" of	n 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	d-of-vear market value
(1)	(5) 50011 2120		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			_
(8)			
Datal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" o (a) D	escription	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" o (a) D	escription	11d. See Form 990, Part X, line 15.	340,033,29
Other Assets           Complete if the organization answered "Yes" or           (a) D           (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS	escription	11d. See Form 990, Part X, line 15.	340,033,29
Other Assets         Complete if the organization answered "Yes" organization         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIZ         (2) RIGHT-OF-USE ASSET	escription	11d. See Form 990, Part X, line 15.	340,033,295
Other Assets         Complete if the organization answered "Yes" organization         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)	escription	11d. See Form 990, Part X, line 15.	340,033,29
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)	escription	11d. See Form 990, Part X, line 15.	340,033,29
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)	escription	11d. See Form 990, Part X, line 15.	340,033,295
Part IX       Other Assets         Complete if the organization answered "Yes" or         (a) D         (1)       BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2)       RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)	escription	11d. See Form 990, Part X, line 15.	1
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990. Part X, line 15. col.	Description ZATION	11d. See Form 990, Part X, line 15.	340,033,295
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990. Part X, line 15. col.         Part X       Other Liabilities	(B))		340,033,299
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15. col.         Part X       Other Liabilities         Complete if the organization answered "Yes" or	(B))		340,033,299
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15. col.         Part X         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability	(B))		340,033,299
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes	(B))		340,033,299 646,163 340,679,458 (b) Book value
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS	(B))		340,033,299 646,163 340,679,458
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE	(B))		340,033,29 646,163 340,679,458 (b) Book value 2,785,509 2,100,000
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE         (4) RIGHT-OF-USE LIABILITY	(B))		340,033,29 646,163 340,679,458 (b) Book value 2,785,509 2,100,000
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE         (4) RIGHT-OF-USE LIABILITY         (5)	(B))		340,033,29 646,163 340,679,458 (b) Book value 2,785,509 2,100,000
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANIS         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE         (4) RIGHT-OF-USE LIABILITY	(B))		340,033,29 646,163 340,679,458 (b) Book value 2,785,509 2,100,000
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANI:         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15. col.         Part X         Other Liabilities         Complete if the organization answered "Yes" or         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE         (4) RIGHT-OF-USE LIABILITY         (5)         (6)	(B))		340,033,299 646,163 340,679,458 (b) Book value
Other Assets         Complete if the organization answered "Yes" or         (a) D         (1) BENEFICIAL INTEREST IN SEPARATE ORGANI:         (2) RIGHT-OF-USE ASSET         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ADVANCES FROM GOVERNMENT FUNDERS         (3) REFUNDABLE ADVANCE         (4) RIGHT-OF-USE LIABILITY         (5)         (6)         (7)	(B))		340,033,299 646,163 340,679,458 (b) Book value 2,785,509 2,100,000

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Schedule D (Form 990) 2023

**332**053 09-28-23

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1	Total revenue, gains, and other support per audited financial statements			1	26,744,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,205,672.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		387,086.		
е	Add lines 2a through 2d		A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR OFTA CONTRACTOR O	2e	2,592,758
3	Subtract line 2e from line 1			3	24,152,084
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,629.		
b	Other (Describe in Part XIII.)	4b	45,107,898.		
С	Add lines 4a and 4b			4c	45,189,527
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12			5	69,341,611
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I				
1	Total expenses and losses per audited financial statements		mananananan	1	66,825,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 I		4.1.1	
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses				
ď	Other (Describe in Part XIII.)	2d	387,086.		
е	Add lines 2a through 2d			2e	387,086
3	Subtract line 2e from line 1		or of the period of the second state of the se	3	66,437,926
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		81,629.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	81,629
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	18.)	THE REPORT OF THE PARTY OF THE	5	66,519,555
ines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a v , LINE 4:			; Part X, li	ne 2; Part XI,
INVE AND	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform ,113 WHICH IS RILY RESTRICTED ED SINCE THE		; Part X, li	ne 2; Part XI,
ines PART CATH INVE AND FUNE EXPE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a v, LINE 4: NOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801 ESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORAF USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNE DS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLES	any additional inform ,113 WHICH IS RILY RESTRICTED ED SINCE THE	ation.	; Part X, li	ne 2; Part XI,
INCE THE TERM TERM TERM TERM TERM TERM TERM TER	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a <b>V</b> , LINE 4: NOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801 ESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORAR USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNE DS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLES ENDED. <b>2</b> XI, LINE 2D - OTHER ADJUSTMENTS:	any additional inform 1113 WHICH IS RILY RESTRICTED ED SINCE THE SS SPECIFICALLY	nation.	; Part X, Ii	ne 2; Part XI,
ines PART CATH INVE SUNE EXPE PART FUNE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a <b>v</b> , LINE 4: NOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801 ESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORAF USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNE OS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLES ENDED. <b>v</b> XI, LINE 2D - OTHER ADJUSTMENTS: <b>DRAISING EXPENSES</b>	any additional inform .,113 WHICH IS RILY RESTRICTED ED SINCE THE ES SPECIFICALLY 42,512.	nation.	; Part X, Ii	ne 2; Part XI,

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Schedule D (Form 990) 2023 CATHOLIC CHARITIES OF LOS A	NGELES, INC.	95-1690973	Page 5
Part XIII Supplemental Information (continued)			~ ~
PART XI LINE 4B - OTHER ADJUSTMENTS:			
UNREALIZED GAIN ON BENEFICIAL INTEREST IN SEPARATE			
ORGANIZATION	45,107,898.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES	42,512.		
COST OF GOODS SOLD	344,574.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	387,086.		
		1	
/			
X			
N		Schedule D (Form	990) 2023

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332055 09-28-23

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SCHEDULE G		ental Information Regarding						OMB No 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1	5,000	on Fo	rm 990-EZ, line 6a.	or 19,	or if the	2023
Department of the Treasury Internal Revenue Service	60.1	Attach to Form 990 www.irs.gov/Form990 for instru				n		Open to Public Inspection
Name of the organization		0 www.as.govir (misso io) instru	0110113	anu t	ne latest mormatio		Employer ide	entification number
	CATHOLIC C	HARITIES OF LOS ANGELES, IN	NC.				95-16909	
	ing Activities	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P ) highest paid indiv	e funds through any of the followir e X Solicita f X Solicita g X Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi Jant to	non-g gover aising ling of onal fi agree	overnment grants nment grants events fficers, directors, trus undraising services?	stees, he fur	X Yes	
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
MOCKINGBIRD ANALYT		SOLICITATION OF	Yes	No				
5528 ECHO ST., LOS		NON-GOVERNMENT GRANTS		х	440,760.		30,200.	410,560.
MICHELLE R. JACKSO		SOLICITATION OF			24.6 500		0.0 0.05	0.00 0.00
6100 DE SOTO AVE #	936	NON-GOVERNMENT GRANTS	-	X	316,500.	-	28,795.	287,706.
			-	-		-	_	
			1					
					1			
			1					
Total					757,260.		58,995.	698,266.
	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	l it is e	exempt from re	egistration
or licensing.			_					
CA								
For Paperwork Reducti	on Act Notice. se	e the Instructions for Form 990 or	990-E	Ζ.			Schedul	e G (Form 990) 2023

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SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

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	(Form 990) 2023	
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CATHOLIC CHARITIES OF LOS ANGELES \_ INC.

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Pa	art	Fundraising Events. Complete if the of fundraising event contributions and green of fundraising event contribut	5			
			(a) Event #1	(b) Event #2	(c) Other events	(d) ⊺otal events (add col. (a) through
đi			(event type)	(event type)	(total number)	col. (c))
Revenue			333 495	330 165	1 409 551	2 073 211
Re	1	Gross receipts	333,495.	330,165.	1,409,551.	2,073,211.
	2	Less: Contributions	268,291.	246,386.	1,179,336.	1,694,013.
	3	Gross income (line 1 minus line 2)	65,204.	83,779.	230,215.	379,198.
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	55,423.	71,212.	195,683.	322,318.
	8	Entertainment				
		Other direct expenses		4,636.	30,659.	42,512.
		Direct expense summary. Add lines 4 through		renative international free		364,830.
Pa	irt i	Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			eported more than	14,368.
	-			(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
m	1	Gross revenue				
ŝ	2	Cash prizes				
Expenses	з	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	X	() === () ==	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
a	ls t	ter the state(s) in which the organization condu- the organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	-					
3320	32 00	)-13-23			Sche	dule G (Form 990) 2023
2020	00				20110	

	edule G (Form 990) 2023       CATHOLIC CHARITIES OF LOS ANGELES, INC.       95-         Does the organization conduct gaming activities with nonmembers?	Yes	Page 3
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	103	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	. 0
	An outside facility	13b	0
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	11001	
1-7	Neg		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	£	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
10			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	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 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHI	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
SCHI	EDULE G. PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	EDULE G. PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)			
(I)	NAME OF FUNDRAISER: MOCKINGBIRD ANALYTICS, INC.		
(I)	NAME OF FUNDRAISER: MOCKINGBIRD ANALYTICS, INC.		
(I) (I)	NAME OF FUNDRAISER: MOCKINGBIRD ANALYTICS, INC. ADDRESS OF FUNDRAISER: 5528 ECHO ST., LOS ANGELES, CA 90042		
(I) (I)	NAME OF FUNDRAISER: MOCKINGBIRD ANALYTICS, INC. ADDRESS OF FUNDRAISER: 5528 ECHO ST., LOS ANGELES, CA 90042 NAME OF FUNDRAISER: MICHELLE R. JACKSONN-MCCOY		
(I) (I) (I)	NAME OF FUNDRAISER: MOCKINGBIRD ANALYTICS, INC. ADDRESS OF FUNDRAISER: 5528 ECHO ST., LOS ANGELES, CA 90042 NAME OF FUNDRAISER: MICHELLE R. JACKSONN-MCCOY ADDRESS OF FUNDRAISER: 6100 DE SOTO AVE #936, WOODLAND HILLS, CA 91367	dule G (Form	990) 202

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CATHOLIC CHARITIES OF LOS ANGELES, INC. Part IV Supplemental Information (continued)	95-1690973	Page
Part IV Supplemental Information (continued)		
		_
		_
2		

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SCHEDULE I	G	rants and Oth	or Assistan	ce to Organ	izations		OMB No., 1545-0047
(Form 990)	Gov	vernments, ar	nd Individual	ls in the Ŭni	ted States		2023
Department of the Treasury Internal Revenue Service		Go to where iss	Attach to Forn s.gov/Form990 for				Open to Public
Name of the organization			s.gov/Form990 for	the latest morma			Employer identification number
CATHOLIC CHAR Part I General Information on Grants a	TTIES OF LOS A	NGELES, INC.					95-1690973
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pri</li> </ol>	to substantiate the stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	c Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
-							

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

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

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

Schedule I (Form 990) 2023

Part III can be duplicated if additional space is needed.	. Complete if the	0			
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FOOD, SHELTER AND OTHER	140120	2,607,817.	9,802,322.	FMV	FOOD, CLOTHING & MISC. ITEMS
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2: Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
PRIOR TO ISSUING GRANTS, RECIPIENTS ARE VETTED TO EN	ENSURE THEY ARE	RE ELIGIBLE.			
THE VETTING FROCESS INCLUDES COLLECTING THE DOCUMENTS THAT THE GRANTOR	NTS THAT THE (	GRANTOR			
REQUIRES BEFORE ANY FUNDS CAN BE DISTRIBUTED. THE GF	GRANTORS ALSO	ALSO MONITOR /			
AUDIT OUR FILES TO INSURE WE ARE COMPLIANT WITH THE REQUIRED DOCUMENTS AND	3 REQUIRED DO	CUMENTS AND			
THE RECIPIENTS MEET THE ELIGIBILITY REQUIREMENTS.					
332102 11-01-23		(			Schedule I (Form 990) 2023

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SCHEDULE J	Compensation Information		OMB No.	1545-004	17	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	20	)	
Department of the Treasury	Attach to Form 990.					
Internal Revenue Service						
Name of the organization		Employer iden 95-1690		on nur	nper	
Part I Question	CATHOLIC CHARITIES OF LOS ANGELES. INC. s Regarding Compensation	99-1990	1973			
Turt ducation	a negarang compensation			Vez	Ale	
1a Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990	-	Yes	No	
	line 1a. Complete Part III to provide any relevant information regarding these items.	550.				
First-class or o		naluse	- a - 1			
Travel for com						
	ation and gross-up payments Health or social club dues or initiation fee					
	spending account Personal services (such as maid, chauffe	ır, chef)	-			
		. ,				
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				1. U	
reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	and a state of the state of the state of the state of the state of the state of the state of the state of the s	2	Х		
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
establish compens	ation of the CEO/Executive Director, but explain in Part III.					
X Compensation				1.1		
	compensation consultant					
Form 990 of o	ther organizations Approval by the board or compensation c	ommittee				
4 During the year, did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re						
-	e payment or change-of-control payment?		4a		х	
	eive payment from a supplemental nonqualified retirement plan?		4b		Х	
	eive payment from an equity-based compensation arrangement?		4c		Х	
	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only section 501(	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
contingent on the r	evenues of:					
a The organization?			5a		Х	
b Any related organiz			5b		X	
	or 5b, describe in Part III.			(-1)		
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
contingent on the r	et earnings of:					
a The organization?			6a		X	
<b>b</b> Any related organiz			6b		X	
	or 6b, describe in Part III.		1.1			
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III		-		х	
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		7		Δ	
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to in ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	C	8		x	
	id the organization also follow the rebuttable presumption procedure described in		0			
Regulations section	•		9			
Fau Davanuarda Daduat	ion Act Nation see the Instructions for Form 000	0 1 1 1	1/5	- 0001	0000	

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Schedule J (Form 990) 2023

LHA 332111 11-06-23

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### Schedule J (Form 990) 2023

95-1690973

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iiii) 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ARNOLD, ALEXANDRIA	(i)	202,802.	0,	0.	14,351.	11,527.	228,680.	0.
DEVELOPMENT & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) O'BRIEN, DANIEL	(i)	172,784.	0.	0.	12,882.	24,039.	209,705.	0.
CFO	(ii)	0,	0.	0.	0.	0.	0.	٥.
(3) RATLEFF, LELAND	(i)	153,576.	0.	0,	10,746.	0.	164,322.	٥.
HR DIRECTOR	(ii)	0,	0.	0,	0.	0.	0.	0.
(4) GUTIERREZ, ROBERT L	(i)	134,193.	0.	0.	8,443.	8,901.	151,537.	۵.
PROGRAM DIRECTOR II	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LALAIAN, ARMINE	(i)	133,813.	0.	Ο.	8,096.	8,901.	150,810.	0.
REGIONAL DIRECTOR	(ii)	0.	0.	Ο.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information	r ayo o
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.	dditional information.
	Schedule J (Form 990) 2023
332113 11-06-23	

# SCHEDULE M (Form 990)

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# **Noncash Contributions**

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES. INC.

Pa	tI Ty	pes 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) od of determin contribution ar	0	s
1	Art - Work	s of art							
2		rical treasures							
3		ional interests						-	
4		d publications		1	2,879.	COMPARABLE	SALES		
5		ind household goods			1,711,008.	COMPARABLE	SALES		
6		other vehicles		1	93,343.	COMPARABLE	SALES		
7	Boats and	l planes							
8		al property							
9	Securities	Publicly traded							
10		- Closely held stock							
11		Partnership, LLC, or							
	trust inter								
12		- Miscellaneous							
13		conservation contribution -	+						
10	Historic s								
14		conservation contribution - Other							
15		e - Residential							
16		e - Commercial						_	
17		e - Other						_	
18		es official states and the states an						_	
19		ntory		3,171	7 928 660.	COMPARABLE	SALES		
20		I medical supplies		1,016		COMPARABLE			
21		/ mutamutamatematication						_	
22	Historical							_	
23									
23 24		specimens jical artifacts							
24 25	Other	UTILITY VOUCHER	X	933	373 169	COMPARABLE	SALES		_
26	Other	( TOYS & SPORTS E	X	1,955		COMPARABLE			
20 27	Other	( DIAPERS	x	2,453		COMPARABLE			
28	Other	(							
29		f Forms 8283 received by the orga	<u>nization</u> during	I the tax year for e	ontributions				
29		the organization completed Form		, , , , , , , , , , , , , , , , , , ,				0	
	IOF WITIGH	the organization completed form	0200, rait v, L		ement [ <u>29</u> ]			Yes	No
200	During th	e year, did the organization receive	by contributio	n any proporty rop	orted in Part L lines 1 throug	b 00 that it		Tes	NU
30a	-	for at least 3 years from the date							
		urposes for the entire holding peri-	-d0			101	30a	-	x
h		lescribe the arrangement in Part II					30a		
b		organization have a gift acceptance		quiros the roviow	of any nonstandard contribut	tions?	21	х	
31		organization hire or use third parti-					31		
J∠d				0			22-	х	
L	contributi	ons / lescribe in Part II.					32a	-	
				the type of stan-	for which column (c) is	akad			
33	-	inization didn't report an amount in	i column (c) to	a type of property	y for which column (a) is che	Sveu,			
	describe i	n Fan II							6

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

Schedule M (Form 990) 2023

OMB No. 1545-0047

2023

**Open to Public** 

Inspection

Employer identification number 95-1690973

LHA 332141 09-11-23

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2023.05070 CATHOLIC CHARITIES OF LOS CUS00001

 Schedule M (Form 590) 2023
 CATHOLIC CHARITIES OF LOS ANGELES, INC.
 95-1690973
 Page 2

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

 SCHEDULE M, PART I, COLUMN (B):

 THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF

 ITEMS CONTRIBUTED.

 SCHEDULE M, LINE 32B:

CCLA USED "CHARITABLE ADULTS RIDE SERVICES" TO SELL DONATED VEHICLES.

Schedule M (Form 990) 2023

332142 09-11-23

44 2023.05070 CATHOLIC CHARITIES OF LOS CUS00001

14070513 701245 CUS000000799

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ OMB No. 1545-		
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	<b>202</b> Open to P	-	
Department of the Treasury Internal Revenue Service				
Name of the organization		Employer identification r	umbe	
	CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973		
FORM OOD DARM TIT	ITNE 1 DECENTENTON OF OPENNERSMIN MICCION.			
FORM 990 PART III,	LINE 1 DESCRIPTION OF ORGANIZATION MISSION:		_	

CCLA PROFESSIONALLY & COMPASSIONATELY SERVES THOSE WHO COME TO IT

PROVIDING A HOLISTIC COMBINATION OF SERVICES THAT REMOVE BARRIERS TO

SELF-SUFFICIENCY & WHOLENESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ANN SETON RESIDENCE IN LONG BEACH IS AN EMERGENCY SHELTER OF UP TO 45

DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES AND THE

ELDERLY. THE SMALLEST OF OUR SHELTERS MCGILL STREET HOUSE A

TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA IS DESIGNED TO SERVE

2 FAMILY UNITS (A TOTAL OF 7 BEDS) AT A TIME.

FORM 990, PART VI SECTION A, LINE 2:

BOARD MEMBERS MR. RICHARD D'AMICO AND MRS. SUSAN D'AMICO HAVE A FAMILY

RELATIONSHIP. BOARD MEMBER MICHAEL D. O'BRIEN AND DANIEL O'BRIEN, CHIEF

FINANCIAL OFFICER HAVE A FAMILY RELATIONSHIP.

FORM 990 PART VI SECTION A LINE 6:

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

OF THE CORPORATION.

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

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TRUSTEES, OTHER THAN THOSE SERVING BY BEING AN AUTHORIZED REGIONAL OR

PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Employer identification number
CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBER HAS THE SOLE POWER TO APPROVE 1) THE ELECTION, APPOINTMENT OR	
REMOVAL OF ANY TRUSTEE OR OFFICER, 2) ANY ACTION, AMENDMENT OR REPEAL OF	
THE ARTICLES OF INCORPORATION OR BY-LAWS, 3) THE AMENDMENT OR REPEAL OF ANY	
AMENDMENT BY THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT	
AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OR MERGER OR	
CONSOLIDATION OR A VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION	
PROCEEDINGS, 5) THE AUTHORIZATION OF A SALE, EXCHANGE MORTGAGING OR	
ENCUMBERING OF ANY REAL PROPERTY (WITH CERTAIN EXCEPTIONS) OR ADOPTION OF A	
PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION, AND 6) ANY	
SELF-DEALING TRANSACTIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT	
COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE	
RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL	
BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO ALL BOARD MEMBERS, IT WAS	
ELECTRONICALLY FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE BEGINNING OF EACH CALENDAR YEAR, ALL TRUSTEES ARE REQUIRED TO SUBMIT	
A "CONFLICT OF INTEREST QUESTIONNAIRE." THEY ARE ASKED TO RETURN THE	
QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME TO THE CORPORATE SECRETARY	
WHO CONTINUES TO FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS	
RETURNED.	
FORM 990, PART VI, SECTION B, LINE 15:	

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THE REVEREND MONSIGNOR GREGORY A. COX'S SALARY IS COMPARABLE TO OTHER

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization		Page : Employer identification number
CATHOLIC CHARITIES OF LOS ANGELES,	INC.	95-1690973
RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECU	TIVE DIRECTOR	
COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST	) ARE SET ACCORDING	
TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALA	RY SURVEYS AND	
INDEPENDENT CONSULTANTS' INFORMATION, COMPENSATION IS RE	VIEWED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:		
OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FOR	M 990, AND OUR	
ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990	IS ALSO AVAILABLE	
ON GUIDESTAR AND CHARITY NAVIGATOR, CATHOLIC CHARITIES W	ILL ALSO PROVIDE A	
COPY OF THE FORM 990, GOVERNING DOCUMENTS AND CONFLICT C	F INTEREST POLICY	
AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM SUBCONTRACTOR:		
PROGRAM SERVICE EXPENSES	13,356,837.	
MANAGEMENT AND GENERAL EXPENSES	υ.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	13,356,837.	
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	318,864.	
MANAGEMENT AND GENERAL EXPENSES	102,091.	
FUNDRAISING EXPENSES	14,732.	
TOTAL EXPENSES	435,687.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,792,524.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
LOSS ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE		
332212 11-14-23 Z	17	Schedule O (Form 990) 2023

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Schedule O (Form 990) 20 Name of the organization			Pag Employer identification numb
	CATHOLIC CHARITIES OF LOS ANGELES, II	NC,	95-1690973
DRGANIZATION		-45,107,898.	

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 3 Attach to Form 990.	37,	OMB No. 1545-0047 2023 Open to Public	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			
Name of the organization	n	Employer i	dentification number	
	CATHOLIC CHARITIES OF LOS ANGELES, INC.	95-16	90973	

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity

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

<b>(a)</b> 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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
THE ROMAN CATHOLIC ARCHDIOCESE OF LOS				501(c)(3))		Yes	No
ANGELES - 95-1642382, 3424 WILSHIRE BLVD.	<u>-</u>						
LOS ANGELES CA 90010	RELIGIOUS	CALIFORNIA	501(C)(3)	LINE 1			x
OPUS CARITATIS, INC 20-1021326							
1531 JAMES M WOOD, BLVD.							
LOS ANGELES, CA 90015	SUPPORTING	CALIFORNIA	501(C)(3)	LINE 12B, II		X	
CATHOLIC CHARITIES COMMUNITY DEVELOPMENT							
CORPORATION - 95-4172572, PO BOX 15095, LOS							
ANGELES CA 90015	COMMUNITY DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 11			x
CATHOLIC COMMUNITY FOUNDATION OF LOS ANGELES							
- 38-3941057, 3440 WILSHIRE BLVD, SUITE 530,	1.						
LOS ANGELES CA 90010	COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2023

eated as a part	organizations treated as a partnership during the tax year.	ax year.		(0)			1~1	(4)	0	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		tu) Share of total income e	u) Share of end-of-year assets	Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	U) General or managing partner? Yes No	U) (k) General or Percentage managing ownership Pes No
of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust.	as a Corpo		omplete if the or	ganization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Form 990, F	art IV, line 3	4, because it ha	ad one or mo	ore related
(a) (a) Name, address, and EIN of related organization		Prim		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y p, Share of total		(g) Share of end-of-year assets	(h) Percentage ownership	(j) 5 12(b) contro
											Yes No
							_		Sched	Schedule R (Form 990) 2023	990) 2023

# Schedule R (Form 990) 2023 CATHOLIC CHARITIES OF LOS ANGELES, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No						
1	During the tax year, did the organization engage in any of the following transactions												
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		*****		1a		X						
b							X						
С	Gift, grant, or capital contribution from related organization(s)				1c	X							
d	Loans or loan guarantees to or for related organization(s)				1d		X						
е	Loans or loan guarantees by related organization(s)		********		1e		X						
f	Dividends from related organization(s)				1f		X						
g	Sale of assets to related organization(s)				_ <u>1g</u>		X						
h	Purchase of assets from related organization(s)				1h		X						
i.	Exchange of assets with related organization(s)				11		X						
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х							
I	Performance of services or membership or fundraising solicitations for related organ				20	X							
m	Performance of services or membership or fundraising solicitations by related organ	- : +: (-)			Lay.	X							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													
0					10.43		Х						
						1							
р	Reimbursement paid to related organization(s) for expenses				1p	X							
q					1q	X							
							1						
r	Other transfer of cash or property to related organization(s)				1r		X						
S	Other transfer of cash or property from related organization(s)				1s		X						
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	his line, including covered	relationships and transaction thresholds.									
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	Int involved								
(1)	OPUS CARITATIS	с	3,568,813.	слен									
(2)													
(3)													
(4)													

(5)

(6)

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Schedule R (Form 990) 2023

	Schedule R (Form 990) 2023 CATROLIC CIRALITIES OF LOS ANGELES. Part VI Unrelated Organizations Taxable as a Partnership. Complete if it Provide the following information for each entity taxed as a partnership througi that was not a related organization. See instructions regarding exclusion for ce in a control of entity of entity in the interval of the interval of the interval of entity in the interval of entity in the interval of the interval of entity interval of entity interval entity into entity interval entity interval entity into entity interval entity into entity into entity into entity into entity into entity entity into entity into entity into entity int	ES, INC. 95-1690973 Page 4	e it the organization answered "Yes" on Form 990, Part IV, line 3/. Budh which the organization conducted more than five percent of its activities (measured by total assets or dross revenue)	טפאו איווטר הרכ טקטוובמוטר טרוטטטטט וומו וויט טטטטט וומו וויט טטטטט ער איז סטויווטט ווופסטוטט טי טומן מספרט טי r certain investment partnerships.	(d) (e) (f) (g)	officiency of Share of Share of Stream Strea	excluded from tax under ans. of Schedule K-1 sections 512-514) Yes No (Form 1065)																													
--	--	----------------------------	---	--	-----------------	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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ule R (Form 990) 2023 CATHOLIC CHARITIES OF LOS ANGELES INC.	95-1690973	Pac
Lule R (Form 990) 2023         CATHOLIC CHARITIES OF LOS ANGELES, INC.           VII         Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
		_
	Schedule R (Form	

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# Form 8868

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I -	Identification						
Туре о	r Name of exempt organization, employer, or other file	r, see instru	uctions.	Taxpaye	r identificatio	n number	(TIN)
Print							
File by the	CATHOLIC CHARITIES OF LOS ANGELES, INC.				95-169	0973	
due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, s PO BOX 15095	ee instruct	ions.	-			
instruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (fil	e a separat	e application for each return)				01
Applica	ation Is For	Return Code	Application Is For				Return Code
Form 9	90 ar Form 990-EZ	01	Form 4720 (other than individual)				09
About 1 d and 1 d d d d d d d d d	720 (individual)	03	Form 5227				10
Form 9	- Automatica Astronom	04	Form 6069				11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870				12
Form 99	90-T (trust other than above)	06	Form 5330 (individual)				13
Form 99	90-T (corporation)	07	Form 5330 (other than individual)				14
Form 10	041-A	08					*
<ul> <li>After</li> </ul>	you enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable	only for an	extension of	F	
time to	file Form 5330.						
• If this	application is for an extension of time to file Form 5330, y	/ou must e	nter the following information.				
P	lan Name		-				
P	lan Number						
P	Ian Year Ending (MM/DD/YYYY)						
Part II -	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)				
The	books are in the care of DAN O'BRIEN						
	C/O CCLA, 1531 JAMES M W	OOD BLVD	- LOS ANGELES, CA 90015				
Tele	phone No. 213-251-3400		Fax No. 213-251-3497				
• If the	e organization does not have an office or place of business	s in the Uni	ted States, check this box			E	
• If thi	s is for a Group Return, enter the organization's four-digit	Group Exe	mption Number (GEN)	If this is fo	r the whole g	group, che	ck this
box	. If it is for part of the group, check this box						
1 1	request an automatic 6-month extension of time until	Y 15	, 20 <u>25</u> , to fil	e the exen	ipt organizat	tion return	for
th	ne organization named above. The extension is for the organization	anization's	return for:				
	calendar year 20 or						
X	tax year beginning JUL 1	20 2	, and ending J	UN 30	<u></u>	2024	:
2 lf	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: 📃 Initial return 📃	Final retur	n		
3a lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter the	tentative tax, less				
	ny nonrefundable credits. See instructions.		,	3a	S		0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and		- ñ		
	stimated tax payments made. Include any prior year overp	and a second second second second second second second second second second second second second second second		3b	\$		0.
_	alance due, Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)