

Form **990****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2020**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC.		D Employer identification number 95-1690973
	Doing business as		E Telephone number 213-251-3410
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 61,859,151.
	1531 JAMES M WOOD BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MONSIGNOR GREGORY A COX SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 0928	
J Website: WWW.CATHOLICCHARITIESLA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1937	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CCLA PROVIDED OVER 345,000 SERVICES TO OVER 36,000 CLIENTS AT 47 LOCATIONS (20 CENTERS, 10		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	451
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,894,992.	45,425,092.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,068,099.	9,617,345.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,435.	1,510,634.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,880.	291,412.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,663,406.	56,844,483.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	35,519.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,654,242.	20,413,090.
	16b Total fundraising expenses (Part IX, column (D), line 25) 532,795.	45,099.	21,148.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,778,923.	27,087,597.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,478,264.	47,557,354.
	19 Revenue less expenses. Subtract line 18 from line 12	7,185,142.	9,287,129.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	323,361,345.	401,651,832.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,260,310.	11,861,621.
		308,101,035.	389,790,211.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MONSIGNOR GREGORY A COX, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Date 05/10/22	Check if self-employed <input type="checkbox"/> PTIN P00650274
	Firm's name ARMANINO LLP	Firm's EIN 94-6214841
	Firm's address 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	Phone no. 310-478-4148

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:
 CCLA IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH
 DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE,
 PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. CCLA
 PROFESSIONALLY & COMPASSIONATELY SERVES THOSE WHO COME TO IT PROVIDING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 15,757,350. including grants of \$ 10,000.) (Revenue \$ 687,241.)
 COMMUNITY CENTERS: CCLA'S COMMUNITY CENTERS AT 20 STRATEGICALLY LOCATED
 SITES, ARE A FIRST POINT OF HELP FOR PEOPLE IN NEED. THE CENTERS OFFER
 SUPPORTIVE SERVICES AIMED AT BREAKING CYCLES OF POVERTY AND
 HOMELESSNESS IN COMMUNITIES. EACH CENTER IS UNIQUE IN ITS APPROACH AND
 IN ITS DELIVERY OF HELP. OVER 317,000 SERVICES WERE PROVIDED TO OVER
 33,000 CLIENTS IN FISCAL 2021.
 IN ADDITION TO EMERGENCY DISASTER SERVICES AND BASIC NEEDS SERVICES
 SUCH AS PROVIDING FOOD, CLOTHING, RENT, AND UTILITIES PAYMENTS, THE
 CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: JOB TRAINING,
 ENGLISH AS A SECOND LANGUAGE FINANCIAL LITERACY, GED PREPARATION, LEGAL
 ASSISTANCE, (FOR MORE DETAILS PLEASE SEE SCHEDULE O)

4b (Code:) (Expenses \$ 10,159,644. including grants of \$ 2,686.) (Revenue \$ 8,667,813.)
 IMMIGRATION AND REFUGEES: CCLA BEGAN PROVIDING IMMIGRATION ASSISTANCE
 AFTER WORLD WAR II WITH THE RESETTLEMENT OF HUNGARIAN REFUGEES IN LOS
 ANGELES. TODAY, REFUGEES COME FROM A MULTITUDE OF OTHER COUNTRIES
 INCLUDING: IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH
 AMERICA. WE PROVIDE FOUR MAIN SERVICES: 1) EMPLOYMENT SUPPORT SERVICES
 (ESS), WHICH PROVIDE SERVICES SUCH AS CASE MANAGEMENT, JOB SERVICES AND
 LIFE-SKILLS WORKSHOPS; 2) REFUGEE RESETTLEMENT PROGRAM (RRP) OFFERED AN
 ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS AND ESL CLASSES TO
 REFUGEES; 3) IMMIGRATION SERVICES AND 4) ESPERANZA, WHICH PROVIDED
 LEGAL SERVICES SUCH AS SPECIAL VISAS FOR ABUSED, ABANDONED AND
 NEGLECTED CHILDREN. (FOR MORE DETAILS PLEASE SEE SCHEDULE O)

4c (Code:) (Expenses \$ 10,327,255. including grants of \$ 7,833.) (Revenue \$ 75,444.)
 THE SHELTER PROGRAMS OF CATHOLIC CHARITIES ARE AIMED AT ENDING
 HOMELESSNESS AND STABILIZING CLIENTS' LIVES THROUGH HOUSING, EMPLOYMENT
 AND SUPPORTIVE SERVICES. THEY ARE DESIGNED TO MOVE CLIENTS FROM "IN
 CRISIS" SITUATIONS TO A SAFE AND STABLE HOUSING. OF CATHOLIC CHARITIES'
 SEVEN EMERGENCY AND TRANSITIONAL HOUSING PROGRAMS, THREE ARE SOLELY FOR
 WOMEN AND WOMEN WITH CHILDREN. LANGUILLE EMERGENCY SHELTER, HAWKES
 TRANSITIONAL RESIDENCE AND FARLEY HOUSE, ALL PART OF GOOD SHEPHERD
 CENTER (GSC), A PROGRAM OF CATHOLIC CHARITIES, LOCATED IN THE ECHO PARK
 NEIGHBORHOOD OF LOS ANGELES. 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. TWO
 EMERGENCY SHELTERS, (FOR MORE DETAILS PLEASE SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 6,565,963. including grants of \$ 15,000.) (Revenue \$ 180,763.)

4e Total program service expenses 42,810,212.

Form 990 (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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 (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
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 in 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?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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 451		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
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:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against 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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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		
c Enter the amount of reserves on hand 13c		
14a 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 Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2020)

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

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

Section 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 36 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.		
1b Enter the number of voting members included on line 1a, above, who are independent 35		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a The organization's CEO, Executive Director, or top management official	X	
15b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 DAN O'BRIEN - 213-251-3410
 C/O CCLA, 1531 JAMES M WOOD BLVD, LOS ANGELES, CA 90015

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARNOLD, ALEXANDRIA DEVELOPMENT & COMMUNICATIO	40.00				X			177,535.	0.	27,594.
(2) O'BRIEN, DANIEL CFO	40.00			X				148,962.	0.	48,996.
(3) VAVOUDIS, JOHNATHAN IT	40.00				X			136,086.	0.	22,793.
(4) RATLEFF, LELAND HR DIRECTOR	40.00				X			134,040.	0.	10,841.
(5) GRIMM, DANIEL REGIONAL DIRECTOR	40.00				X			121,034.	0.	12,976.
(6) GUTIERREZ, ROBERT AYE DIRECTOR	40.00				X			108,467.	0.	19,655.
(7) COX, REV. MSGR. GREGORY A. EXEC VP	40.00	X		X				58,526.	0.	26,906.
(8) GOMEZ, ARCHBISHOP JOSE H. CHAIRMAN	0.50	X		X				0.	0.	0.
(9) TOSETTI, PAUL D. PRESIDENT	0.50	X		X				0.	0.	0.
(10) MONTOYA, REV. MSGR. PAUL M. VP	0.50	X		X				0.	0.	0.
(11) MARTIN, JR., VINCENT F. TREASURER	0.50	X		X				0.	0.	0.
(12) MCALPIN-GRANT, ESQ., LOLA SECRETARY	0.50	X		X				0.	0.	0.
(13) AMARAL, GUSTAVO "GARY" A. TRUSTEE	0.50	X						0.	0.	0.
(14) BEACH, PATRICK TRUSTEE (START 09/20)	0.50	X						0.	0.	0.
(15) BECERRA-JONES, YOLANDA TRUSTEE	0.50	X						0.	0.	0.
(16) BEYZAEE, ESQ., AFSHIN TRUSTEE	0.50	X						0.	0.	0.
(17) COBB, CATHLEEN M. TRUSTEE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COLLINS, TIMOTHY J. TRUSTEE	0.50	X						0.	0.	0.
(19) DAMICO, RICHARD G. TRUSTEE	0.50	X						0.	0.	0.
(20) DAMICO, SUSAN TRUSTEE	0.50	X						0.	0.	0.
(21) DAHLMAN, WILLIAM TRUSTEE	0.50	X						0.	0.	0.
(22) DARNELL, GARY TRUSTEE	0.50	X						0.	0.	0.
(23) DEVERICKS, ROB TRUSTEE (START 11/20)	0.50	X						0.	0.	0.
(24) DOMINGO-FORASTE, DOUGLAS TRUSTEE	0.50	X						0.	0.	0.
(25) EVANS, ESQ., GREGORY L. TRUSTEE	0.50	X						0.	0.	0.
(26) GARCIA, ESQ, BONIFACIO BONNY TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								884,650.	0.	169,761.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								884,650.	0.	169,761.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JYA PATROL 4951 CLARA STREET STE. B1, CUDAHY, CA 90201	SECURITY SERVICES	272,060.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HOGAN, MICHAEL (MIKE) TRUSTEE	0.50	X						0.	0.	0.
(28) KRAUSS, GARY D. TRUSTEE	0.50	X						0.	0.	0.
(29) LARSON, STEPHEN G. TRUSTEE	0.50	X						0.	0.	0.
(30) LO COCO, JAMES R. TRUSTEE	0.50	X						0.	0.	0.
(31) MALONEY, ESQ., MICHAEL J. TRUSTEE	0.50	X						0.	0.	0.
(32) MCFERSON, SEAN K. TRUSTEE	0.50	X						0.	0.	0.
(33) OBRIEN, MICHAEL D. TRUSTEE	0.50	X						0.	0.	0.
(34) PSOMAS, MICHAEL T TRUSTEE	0.50	X						0.	0.	0.
(35) RZETELJSKI, VIKTOR TRUSTEE	0.50	X						0.	0.	0.
(36) SCHMITT, FREDERICK K. TRUSTEE	0.50	X						0.	0.	0.
(37) SPARROW, JANET CRUZ TRUSTEE	0.50	X						0.	0.	0.
(38) VOGELSANG, PETER J. TRUSTEE	0.50	X						0.	0.	0.
(39) WALSH, ESQ., DAVID M. TRUSTEE	0.50	X						0.	0.	0.
(40) WHITE, JOHN A. TRUSTEE	0.50	X						0.	0.	0.
(41) YOSHITAKE, TODD TRUSTEE	0.50	X						0.	0.	0.
(42) ZAGZEBSKI, ESQ., SANDER C. TRUSTEE	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,380,200.			
	d	Related organizations	1d	4,071,385.			
	e	Government grants (contributions)	1e	21,590,140.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,383,367.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 9,264,223.			
	h	Total. Add lines 1a-1f		45,425,092.			
	Program Service Revenue				Business Code		
2 a		CITIZENSHIP/IMMIGRAT.	900099	5,796,739.	5,796,739.		
b		LEGAL SERVICES	541100	3,490,538.	3,490,538.		
c		OTHER PROGRAM REVENUE	900099	271,313.	271,313.		
d		YOUTH SPORTS LEAGUE	713990	57,665.	57,665.		
e		DAYCARE TUITION	624410	1,090.	1,090.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		9,617,345.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,545.			27,545.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		1,483,089.		1,483,089.	
	8 a	Gross income from fundraising events (not including \$ 1,380,200. of contributions reported on line 1c). See Part IV, line 18		212,732.			
	b	Less: direct expenses		168,175.			
	c	Net income or (loss) from fundraising events		44,557.		44,557.	
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances		291,110.				
b	Less: cost of goods sold		297,194.				
c	Net income or (loss) from sales of inventory		-6,084.	-6,084.			
Miscellaneous Revenue				Business Code			
	11 a	OTHER	900099	252,446.			252,446.
	b	CYO SALES	711210	493.			493.
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		252,939.				
12	Total revenue. See instructions		56,844,483.	9,611,261.	0.	1,808,130.	

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,519.	35,519.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,040.		284,040.	
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	15,813,537.	13,614,548.	1,913,431.	285,558.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	610,112.	509,554.	85,669.	14,889.
9 Other employee benefits	1,981,176.	1,731,515.	219,605.	30,056.
10 Payroll taxes	1,724,225.	1,509,110.	192,873.	22,242.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,894.	20,637.	4,257.	
c Accounting	113,361.	85,443.	27,124.	794.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	21,148.			21,148.
f Investment management fees	72,020.		72,020.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,626,853.	5,532,885.	77,402.	16,566.
12 Advertising and promotion	21,107.			21,107.
13 Office expenses	1,025,907.	635,020.	320,179.	70,708.
14 Information technology	567,290.	327,789.	222,540.	16,961.
15 Royalties				
16 Occupancy	2,964,770.	2,600,016.	337,576.	27,178.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,943.	38,161.	11,782.	
20 Interest	134,586.	96,296.	38,290.	
21 Payments to affiliates	33,402.		33,402.	
22 Depreciation, depletion, and amortization	675,752.	646,823.	28,929.	
23 Insurance	660,546.	602,048.	52,910.	5,588.
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.)				
a EMERGENCY AND FINANCIAL	11,953,651.	11,953,651.		
b PARTICIPANT PAYROLL	2,616,622.	2,616,622.		
c OPERATING EXPENSES & OT	387,025.	105,681.	281,344.	
d VEHICLES & MILEAGE	159,868.	148,894.	10,974.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	47,557,354.	42,810,212.	4,214,347.	532,795.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,594,255.	1	2,277,255.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,070,365.	4	6,997,261.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	583,831.	9	600,185.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,554,049.		
	b Less: accumulated depreciation	10b 11,642,351.	41,966,194.	10c 41,911,698.
	11 Investments - publicly traded securities	29,766,956.	11	36,037,563.
	12 Investments - other securities. See Part IV, line 11	2,166,656.	12	2,697,639.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	242,213,088.	15	311,130,231.
16 Total assets. Add lines 1 through 15 (must equal line 33)	323,361,345.	16	401,651,832.	
Liabilities	17 Accounts payable and accrued expenses	4,885,985.	17	5,941,623.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,300,389.	23	3,110,300.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,073,936.	25	2,809,698.
	26 Total liabilities. Add lines 17 through 25	15,260,310.	26	11,861,621.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,634,188.	27	65,831,083.
	28 Net assets with donor restrictions	252,466,847.	28	323,959,128.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	308,101,035.	32	389,790,211.
33 Total liabilities and net assets/fund balances	323,361,345.	33	401,651,832.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,844,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,557,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,287,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308,101,035.
5	Net unrealized gains (losses) on investments	5	3,484,905.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	68,917,142.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	389,790,211.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches or churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,947,270.	36,433,137.	51,227,920.	41,894,992.	45,425,092.	206,928,411.
2 Tax revenues levied for the organization'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	31,947,270.	36,433,137.	51,227,920.	41,894,992.	45,425,092.	206,928,411.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,575,673.
6 Public support. Subtract line 5 from line 4.						185,352,738.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	31,947,270.	36,433,137.	51,227,920.	41,894,992.	45,425,092.	206,928,411.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,543.	132,444.	230,055.	111,713.	27,545.	552,300.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,362,638.	1,235,431.	1,190,024.	1,060,613.	465,671.	5,314,377.
11 Total support. Add lines 7 through 10						212,795,088.
12 Gross receipts from related activities, etc. (see instructions)					12	53,314,919.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	87.10	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.80	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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 year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c 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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in 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 .		
10a 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 supporting organizations)? If "Yes," answer line 10b below.		
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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 in 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 in 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.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section 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	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

CATHOLIC CHARITIES OF LOS ANGELES, INC.

95-1690973

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,486,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,171,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,071,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,164,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,418,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,226,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,178,713.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 934,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 934,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES OF LOS ANGELES, INC.

95-1690973

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD	\$ 1,091,848.	06/30/21
8	FOOD	\$ 1,178,713.	06/30/21
11	FOOD & HOUSEHOLD GOODS	\$ 934,517.	06/30/21
		\$	
		\$	
		\$	

Name of organization

Employer identification number

CATHOLIC CHARITIES OF LOS ANGELES, INC.

95-1690973

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2020

032051 12-01-20

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,166,656.	2,043,278.	1,921,039.	1,783,176.	1,593,157.
b Contributions					50,000.
c Net investment earnings, gains, and losses	542,337.	127,832.	138,093.	154,568.	155,981.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,354.	4,454.	15,854.	16,705.	15,962.
f Administrative expenses					
g End of year balance	2,697,639.	2,166,656.	2,043,278.	1,921,039.	1,783,176.

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

a Board designated or quasi-endowment ☐ .0000 %

b Permanent endowment ☐ 29.7000 %

c Term endowment ☐ 70.3000 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,312,269.		27,312,269.
b Buildings		19,083,916.	7,901,797.	11,182,119.
c Leasehold improvements		1,585,740.	410,765.	1,174,975.
d Equipment		4,248,895.	3,329,789.	919,106.
e Other		1,323,229.		1,323,229.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,911,698.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARATE ORGANIZATION	311,130,231.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 311,130,231.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM GOVERNMENT FUNDERS	709,698.
(3) REFUNDABLE ADVANCE	2,100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,809,698.

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

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements		1	129,586,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,484,905.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	69,328,804.	
e	Add lines 2a through 2d	2e		72,813,709.
3	Subtract line 2e from line 1	3		56,772,463.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,020.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		72,020.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		56,844,483.

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

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

1	Total expenses and losses per audited financial statements		1	47,896,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	411,662.	
e	Add lines 2a through 2d	2e		411,662.
3	Subtract line 2e from line 1	3		47,485,334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,020.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		72,020.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		47,557,354.

Part XIII Supplemental Information.

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

PART V, LINE 4:

CATHOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801,113 WHICH IS

INVESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORARILY RESTRICTED

AND USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNED SINCE THE

FUNDS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLESS SPECIFICALLY

EXPENDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 114,468.

UNREALIZED GAIN ON BENEFICIAL INTEREST IN SEPARATE

ORGANIZATION 68,917,142.

COST OF GOODS SOLD 297,194.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D

69,328,804.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

114,468.

COST OF GOODS SOLD

297,194.

TOTAL TO SCHEDULE D, PART XII, LINE 2D

411,662.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KATI ROCKY - 812 ANGELES PLACE, VENICE, CA 90291	SOLICITATION OF NON-GOVERNMENT GRANTS		X	144,317.	5,143.	139,174.
KRISTAN O'DONNELL - 1022 E CANON PERDIO ST., SANTA	SOLICITATION OF NON-GOVERNMENT GRANTS		X	65,000.	12,300.	52,700.
Total				209,317.	17,443.	191,874.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

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

Enter all event contributions and gross income on Form 990-EZ, lines 7 and 8b. List events with gross receipts greater than \$5,000.						
Revenue		(a) Event #1 SILENT ANGEL APPEAL	(b) Event #2 ST. MARGARET' S XMAS APPEAL	(c) Other events 32	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
	1	Gross receipts	352,431.	180,830.	1,059,670.	1,592,931.
	2	Less: Contributions	342,400.	170,500.	867,300.	1,380,200.
3	Gross income (line 1 minus line 2)	10,031.	10,330.	192,370.	212,731.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			53,707.	53,707.
	8	Entertainment				
	9	Other direct expenses	6,582.	1,379.	106,506.	114,467.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				168,174.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				44,557.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____

☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KRISTAN O'DONNELL

(I) ADDRESS OF FUNDRAISER:

1022 E CANON PERDIO ST., SANTA BARBARA, CA 93103

Schedule G (Form 990 of 990-EZ)		CATHOLIC CHARITY
Part IV	Supplemental Information	(continued)

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part III Supplemental Information

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.

Area with horizontal lines for supplemental information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		6,475.	FAIR MARKET VALUE
5 Clothing and household goods	X		1,575,461.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	72	7,105,109.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	6	8,149.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (UTILITY VOUCH)	X	16	406,913.	FAIR MARKET VALUE
26 Other ▶ (TOYS & SPORTS)	X	20	127,919.	FAIR MARKET VALUE
27 Other ▶ (DIAPERS)	X	10	19,270.	FAIR MARKET VALUE
28 Other ▶ (TRANSPORTATIO)	X	3	14,927.	FAIR MARKET VALUE

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

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 REFLECTS 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHELTERS, & 18 PROGRAM SITES) IN THE LOS ANGELES, VENTURA & SANTA

BARBARA COUNTIES, REGARDLESS OF RACE, RELIGION, GENDER, AGE OR

DISABILITY. THE CONTINUED PANDEMIC SIGNIFICANTLY AFFECTED MANY OF THE

CLIENTS AND PROGRAMS WE OPERATE. ADDITIONAL REQUIREMENTS, SOCIAL

DISTANCE RESTRICTIONS AND PERIODIC CLOSURES DUE TO INFECTION EXPOSURES

ALL FACTORED INTO THE REASONS FOR LOWER THAN NORMAL ANNUAL SERVICES

PROVIDED AND CLIENTS SERVED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A HOLISTIC COMBINATION OF SERVICES THAT REMOVE BARRIERS TO

SELF-SUFFICIENCY & WHOLENESS.

PART III, LINE 4A 1 OF 2

LINKAGES TO OTHER SOURCES OF SUPPORT, LITERACY SESSIONS, MEDICAL

COUNSELING AND REFERRALS, MENTAL HEALTH TREATMENT AND REFERRALS,

NUTRITION AND HEALTHY FOOD CLASSES, PARENTING WORKSHOPS, SUPPORT FOR

SUBSTANCE ABUSE RECOVERY, TUTORING, SPECIAL SERVICES FOR SENIORS, DAY

CARE AND ARTS PROGRAMS FOR CHILDREN. CCLA PROVIDES OVER 70 DIFFERENT

TYPES OF SERVICES AS DEFINED BY THE CODING SYSTEM USED BY THE IRS.

CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTATED PROCESS FOR

ASSESSING THE NEED OF AN INDIVIDUAL OR FAMILY FOR SPECIFIC SERVICES AND

ASSISTING THEM TO OBTAIN THOSE SERVICES.

OUR VOLUNTEERS ARE THE HEART OF THE ORGANIZATION. CCLA'S OVER 1,000

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

VOLUNTEERS PROVIDING THEIR TIME AND ENERGY TO SUPPORT OUR PROGRAMS.

BECAUSE OF THEIR TIME AND ENERGY CCLA WAS ABLE TO REDUCE THE COST OF

SERVICE DELIVERY, EXTEND OUR ALREADY STRETCHED SERVICES REACH AND

INCREASE OUR CONTACT WITH THE GREATER COMMUNITY. ALL OF OUR CENTERS

HAVE CLIENTS THAT VOLUNTEER TO HELP OTHERS HOWEVER, THE CONTINUED

PANDEMIC SIGNIFICANTLY IMPACT THE VOLUNTEER BASE AS A MAJORITY OF THEM

ARE ELDERLY AND WERE AT HIGHER RISK OF CONTRACTING THE VIRUS. OUR

VOLUNTEERS PROVIDE COMPASSIONATE SERVICE TO CLIENTS, CLERICAL SUPPORT

TO OUR STAFF, AND FUNDRAISING & LEADERSHIP TO OUR ADVISORY BOARDS AND

PROGRAMS. THEY FILL VARIOUS ROLES AS TEACHERS, TUTORS, MENTORS AND

COMPANIONS TO OUR CLIENTS. THEY ORGANIZE EVENTS, COACH YOUTH SPORTS

TEAMS AND DEVELOP NEW RESOURCES. THEY PROVIDE LOGISTICAL SUPPORT AND

LOCATE, PROCURE, PREPARE AND DELIVER FOOD. THEY PROVIDE COMFORT TO

OTHERS AND ADVOCATE FOR THE GREATER GOOD.

LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE

DELIVER FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS

RESIDING IN THE MID-SAN FERNANDO VALLEY.

THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, OFFERS FOOD AND POVERTY

SERVICES TO CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS. IN

FISCAL 2021, THE VAN NUYS CENTER PROVIDED OVER 1,200 SERVICES TO OVER

300 CLIENTS.

THE GLENDALE COMMUNITY CENTER HELPS FAMILIES ON WELFARE, DISABLED

VETERANS, SENIORS ON FIXED INCOMES, IMMIGRANTS AND REFUGEES, AND THE

WORKING POOR. PARTICIPANTS HAVE ACCESS TO JOB COUNSELING, RESUME

BUILDING SERVICES, RENTAL ASSISTANCE, MOTEL VOUCHERS, ADVOCACY, AND

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

FOOD AND DISTRIBUTION SERVICES. THE CENTER SERVED OVER 1,200 CLIENTS,

PROVIDING THEM WITH OVER 11,000 SERVICES IN FISCAL 2021.

GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPS INDIVIDUALS WITH BASIC

NEEDS SERVICES SUCH AS FOOD, CLOTHING AND DIAPERS. THE CENTER ALSO

HOSTS A MY CLUB FOR AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND

TWELVE YEARS OF AGE WHICH OFFERS A MULTITUDE OF ENRICHMENT PROGRAMS

INCLUDING ART, DANCE, MUSIC, CULTURAL HERITAGE PROGRAMS AND

RECREATIONAL FACILITIES. THE ALL-DAY PRE-SCHOOL AND AFTER-SCHOOL

PROGRAMS BENEFIT LOW-INCOME CHILDREN. THE OASIS PROGRAM BASED AT THE

GUADALUPE COMMUNITY CENTER IN CANOGA PARK ASSISTS SENIORS IN

COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES WHO

HELPED KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT

SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND

TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS. THE GUADALUPE

COMMUNITY CENTER PROVIDED ALMOST 14,000 SERVICES TO ROUGHLY 2,000

CLIENTS IN FISCAL 2021.

THE TEMPORARY SKILLED WORKERS PROGRAM IN BURBANK IS A COLLABORATIVE

EFFORT BETWEEN THE CITY OF BURBANK, THE BURBANK POLICE DEPT., CCLA AND

DAY LABORERS THAT MANAGE AND OPERATE A FIXED HIRING SITE WHERE

PROSPECTIVE LABORERS CAN ASSEMBLE TO LAWFULLY SOLICIT TEMPORARY

EMPLOYMENT WITHOUT CAUSING PROBLEMS FOR THE SURROUNDING COMMUNITY. THIS

PROGRAM SERVED 106 WORKERS IN FISCAL 2021.

THE SAN GABRIEL REGION HAS TWO CENTERS THAT OPERATE THE SNAP-ED

PROGRAM. THE PROGRAM IS SUPPORTED WITH FEDERAL FUNDING THROUGH CATHOLIC

CHARITIES OF CALIFORNIA AND IS FOCUSED ON PROVIDING INFORMATION AND

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

SKILLS TO PROMOTE HEALTHY EATING HABITS AND ACTIVE LIFESTYLES. A

SIX-WEEK COURSE WITH AN EVIDENCE-BASED CURRICULUM PROVIDES THE

FOUNDATION FOR HEALTH INFORMATION. THE STAFF, AS WELL AS THE CLIENTS,

BENEFIT FROM THE EMPHASIS ON HEALTHY CHOICES.

BROWNSON HOUSE (EAST LA), SAN JUAN DIEGO IN EL MONTE, AND THE POMONA

COMMUNITY SERVICES CENTER DELIVER SERVICES SUCH AS THE BASIC NEEDS

PROGRAM (FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION, AND

UTILITIES SUBSIDIES) AND WORKSHOPS THAT FOCUS ON MENTAL WELLNESS, LIFE

SKILLS TRAINING, AND REMOVING THE STIGMA OF MENTAL ILLNESS.

ADDITIONALLY, AT BROWNSON HOUSE THERE ARE EXERCISE CLASSES FOR ADULTS,

KARATE CLASSES FOR YOUTH, A SUMMER PROGRAM FOR CHILDREN AND EDUCATIONAL

LECTURES DESIGNED FOR SENIORS SPECIFICALLY FOR THEM. HOLIDAYS ARE

BRIGHTENED FOR LOW-INCOME CLIENTS BY DONATIONS OF THANKSGIVING,

CHRISTMAS AND EASTER BASKETS. AT THE ANNUAL BACK-TO-SCHOOL PARTY,

CHILDREN RECEIVE BACKPACKS FILLED WITH SCHOOL SUPPLIES. WHENEVER

POSSIBLE, THE HOMELESS ARE INVOLVED IN THE DESIGNING THE PROGRAM

SERVICES. IN FISCAL 2021, BROWNSON HOUSE SERVED NEARLY 3,000 CLIENTS

WITH OVER 14,000 SERVICES.

IN ADDITION TO THE BASIC NEEDS PROGRAM, THE SAN JUAN DIEGO CENTER

PROVIDES ALSO PROVIDES NUTRITION WORKSHOPS, RENTAL ASSISTANCE, BACK TO

SCHOOL HAIRCUTS & SUPPLIES, CHRISTMAS BASKETS, AND HELP IN APPLYING FOR

CALFRESH. THIS CENTER IN EL MONTE PROVIDED OVER 9,400 SERVICES TO MORE

THAN 3,600 CLIENTS IN FISCAL 2021.

AT THE POMONA COMMUNITY SERVICES CENTER, IN THE CITY SPONSORED SOCIAL

SERVICES BUILDING, CCLA ASSISTS CLIENTS WITH PROGRAMS SUCH AS HOMELESS

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

PREVENTION, UTILITIES ASSISTANCE, AND CHRISTMAS ADOPT-A-FAMILY PROGRAM,

AS WELL AS LINKAGES TO COMMUNITY RESOURCES AND RENTAL ASSISTANCE IN

COLLABORATION WITH INLAND VALLEY HOPE PARTNERSHIP. IN FISCAL 2021, THE

CENTER SERVED OVER 1,200 CLIENTS

IN THE SAN PEDRO REGION, THE LONG BEACH COMMUNITY CENTER AND PICO

RIVERA FAMILY RESOURCE CENTER HELP NEEDY CLIENTS AND PROVIDE THEM WITH

SERVICES SUCH AS FOOD, MOTEL AND TAXI VOUCHERS, CLOTHING, LINKAGES TO

COMMUNITY UTILITY ASSISTANCE, BABY DIAPERS & FORMULA, HYGIENE KITS,

CASE MANAGEMENT, JOB FINDING SERVICES, MAIL SERVICES, AND RENTAL

ASSISTANCE TO HOMELESS FAMILIES. ASSISTANCE WITH APPLYING FOR FOOD

STAMPS AND NAVIGATING THE NEW CALIFORNIA HEALTH INSURANCE SYSTEM IS

ALSO OFFERED. ONCE A WEEK THE ST. MARY'S MOBILE HEALTH CLINIC COMES TO

OFFER HEALTH SCREENINGS. THE LONG BEACH COMMUNITY CENTER OPERATES THE

GATEWAY PROJECT, A FRIENDLY VISITOR PROGRAM, WHICH SUPPLIES GROCERIES,

UTILITIES' ASSISTANCE, AND TAXI & VOUCHERS TO THE FRAIL ELDERLY. THE

PROJECT PROVIDES CASE MANAGEMENT AND REFERRAL SERVICES FOR QUALIFIED

LOW-INCOME CLIENTS WITH SPECIFIC NEEDS AND HARDSHIPS. IN FISCAL 2021,

ALMOST 13,500 SERVICES WERE PROVIDED TO OVER 1,700 CLIENTS AT THE LONG

BEACH COMMUNITY CENTER, WHILE APPROXIMATELY 10,300 SERVICES WERE

PROVIDED TO ABOUT 650 CLIENTS AT THE PICO RIVERA FAMILY RESOURCE

CENTER.

ST. ROBERT'S CENTER IN VENICE, CA HAS A WEEKEND FOOD PROGRAM WHICH

SUPPLIES HOMELESS AND LOW- INCOME PERSONS WITH LUNCHES, GROCERIES,

CLOTHING AND HYGIENE ITEMS, AS WELL AS REFERRALS TO COMMUNITY

RESOURCES. VOLUNTEERS ASSIST IN PREPARING SACK MEALS AND DISTRIBUTING

OTHER BASIC NEEDS ITEMS WHEN MOST OTHER RESOURCE CENTERS ARE CLOSED.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

THE CENTER PROVIDED OVER 10,600 SERVICES TO ALMOST 600 CLIENTS IN

FISCAL 2021.

AT ST. MARGARET'S CENTER, WHICH COVERS THE LENNOX, INGLEWOOD AND
HAWTHORNE AREAS, CHRONICALLY HOMELESS INDIVIDUALS AND THOSE WITH
DISABILITIES ARE HELPED SECURE AND MAINTAIN PERMANENT HOUSING. THE FOOD
OFFERED IS ONLY THE FIRST STEP IN EARNING THE TRUST OF OUR CLIENTS SO
THEY WILL ACCEPT FURTHER HELP, SUCH AS SHELTER VOUCHERS, RENTAL AND
UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES,
LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. PROGRAMS
DESIGNED FOR FAMILIES INCLUDE NUTRITIONAL EDUCATION AND EXERCISE, AS
WELL AS FOOD, ARE PART OF A HOLISTIC PROGRAM THAT NOURISHES THE WHOLE
FAMILY. AS AN EXAMPLE, AT ST. MARGARET'S CENTER A FULL- TIME
NUTRITIONAL EDUCATOR AND PEER EDUCATORS OFFER GROUP CLASSES ON HEALTHY
EATING, PHYSICAL ACTIVITY AND DISEASE PREVENTION TO THE COMMUNITY. IN
ADDITION, THEY ALSO EDUCATE FOOD PANTRY RECIPIENTS ABOUT THE MOST
ECONOMICAL WAY TO LIVE A HEALTHY LIFE. FREE WEEKLY YOGA AND AEROBICS
CLASSES ARE ALSO OFFERED AT THE CENTER. IN ADDITION TO FAMILIES AND THE
HOMELESS, ST. MARGARET'S CENTER ALSO HAS A SPECIAL SUPPLEMENTAL FOOD
PROGRAM FOR SENIORS OR ELDERLY CLIENTS. APPROXIMATELY 28,400 SERVICES
WERE PROVIDED BY THIS CENTER TO OVER 5,800 CLIENTS IN FISCAL 2021.

EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL
LA, PRIMARILY SERVES CHILDREN AND YOUTH THROUGH ITS CHILD CARE CENTER
AND AN AFTER-SCHOOL TUTORING & MENTORING PROGRAM. THE CHILD CARE
PROGRAM AND THE MY CLUB PROGRAM PROVIDES ACADEMIC, RECREATIONAL, AND
CULTURAL ACTIVITIES FOR YOUTH.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

PART III, LINE 4A 2 OF 2

IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) OUT IN CAMARILLO OFFERS DIRECT ASSISTANCE TO SENIORS AS WELL AS ANSWERING INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE REASSURANCE CALLS AND TRANSPORTATION TO MEDICAL APPOINTMENTS THAT ENABLE OLDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UNNECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY. IN FISCAL 2021, OVER 3,900 SERVICES WERE PROVIDED TO MORE THAN 300 SENIORS WITH THIS PROGRAM.

THE VENTURA COMMUNITY CENTER PROVIDES GROCERIES TO INDIVIDUALS AND FAMILIES AND SERVES LUNCHESES. IN ADDITION, THEY PROVIDE CASE MANAGEMENT, RENTAL ASSISTANCE AND UTILITY ASSISTANCE. THE CENTER PARTNERS WITH LIFE CENTERS OF VENTURA COUNTY WHO PROVIDES NEW LOW-INCOME MOTHERS WITH BABY CLOTHES, FORMULA, DIAPERS AND OTHER BASIC SUPPLIES. THE VENTURA CENTER SERVED OVER 2,700 CLIENTS AND PROVIDED OVER 15,700 SERVICES IN FISCAL 2021.

IN PARTNERSHIP WITH THE CITY OF MOORPARK, THE RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HONOR A CATHOLIC CHARITIES EMPLOYEE) PROVIDES SEVERAL SERVICES TO CLIENTS. THE NEW SHOES FOR SCHOOL PROGRAM HELPS PUT NEW SHOES ON THE FEET OF CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. IN FISCAL 2021, THE MOORPARK CENTER PROVIDED OVER 32,700

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

SERVICES TO CLOSE TO 2,100 CLIENTS.

OUR COMMUNITY CENTER IN SANTA BARBARA PROVIDES SEVERAL TYPES OF

SERVICES THAT ARE RENDERED TO THE WORKING POOR. OVER 27,400 SERVICES

WERE PROVIDED AT THESE CENTERS TO APPROXIMATELY 3,700 CLIENTS IN FISCAL

2021.

CCLA'S LOMPOC COMMUNITY CENTER HELPS INDIVIDUALS WITH RENTAL ASSISTANCE

AND UTILITIES SUBSIDIES. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH

THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS

GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND ALBERTSONS, PROVIDES FOOD

PEOPLE IN THE COMMUNITY. IN FISCAL 2021, THE CENTER SERVED OVER 2,800

CLIENTS WITH OVER 44,000 SERVICES.

THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUES TO DELIVER

ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DISTRIBUTION TO THE

CLIENTS FROM SANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW

CUYAMA VALLEY. OVER 10,600 SERVICES WERE PROVIDED TO ALMOST 1,100

CLIENTS IN THIS AREA IN FISCAL 2021.

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

FINANCIAL ASSISTANCE TO QUALIFYING, LOW-INCOME SENIOR PET OWNERS FOR

EMERGENCY MEDICAL VETERINARY ASSISTANCE. ADDITIONALLY, IN LOMPOC AND

SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP PROVIDED QUALIFYING

LOW-INCOME, OLDER ADULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THESE

COMMUNITY CENTERS.

THRIFT STORES: THRIFT STORES RUN BY CCLA AT THE GUADALUPE, VAN NUYS,

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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SANTA BARBARA & SANTA MARIA CENTERS PROVIDE DIRECT ASSISTANCE BY
ALLOWING LOW INCOME CLIENTS TO SHOP FOR A CERTAIN AMOUNT OF CLOTHING &
HOUSEHOLD ITEMS FOR FREE AND TO PURCHASE GENTLY USED MERCHANDISE AT
GREATLY DISCOUNTED PRICES.

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

PART III, LINE 4B 1 OF 1

OUR EMPLOYMENT SUPPORT PARTNERSHIP (ESP) FORMERLY CENTRAL INTAKE UNIT
(CIU) PROVIDES ASSISTANCE TO REFUGEES, IMMIGRANTS AND OTHERS THROUGH
DIFFERENT PROGRAMS SUCH AS THE REFUGEE EMPLOYMENT AND ACCULTURATION
SERVICES (REAS), WHICH PROVIDES EMPLOYMENT READINESS THROUGH
COMPREHENSIVE CASE MANAGEMENT TO REFUGEES WHO HAVE BEEN IN THE COUNTRY
FOR LESS THAN FIVE YEARS AND RESIDE IN THE WEST SAN FERNANDO VALLEY AND
GLENDALE/BURBANK AREAS OF LOS ANGELES COUNTY. THE HOME BASED CHILDCARE
PROGRAM PROVIDES TRAINING (HBC) PROVIDES TRAINING IN PREPARATION FOR

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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STATE LICENSING AND ASSISTANCE IN OPENING HOME BASED CHILDCARE

BUSINESSES. THE TRANSITIONAL SUBSIDIZED EMPLOYMENT SERVICES (TSE)

PROVIDES PLACEMENT OF CALWORKS PARTICIPANTS INTO SUBSIDIZED EMPLOYMENT

FOLLOWED BY PLACEMENT IN UNSUBSIDIZED EMPLOYMENT. COMMUNITY BLOCK

GRANTS (EMPLOYMENT SERVICES & EMERGENCY SERVICES) PROVIDES EMPLOYMENT

READINESS AND SAFETY NET SERVICES. THE TRAFFICKING VICTIM ASSISTANCE

PROGRAM (TVAP) PROVIDES WIDE-RANGING CASE MANAGEMENT SERVICES TO

FOREIGN NATIONAL SURVIVORS OF TRAFFICKING. IN FISCAL 2021, ESP PROVIDED

OVER 3,900 SERVICES TO OVER 135 CLIENTS.

THE REFUGEE RESETTLEMENT PROGRAM (RRP) AIMS TO ASSIST RECENTLY ARRIVED

REFUGEES AND RECENTLY GRANTED ASYLEES TO QUICKLY GAIN ECONOMIC

SELF-SUFFICIENCY AND TO SMOOTHLY ADJUST TO LIFE IN A NEW CULTURE. RRP

OFFERS AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS, ESL

CLASSES, MENTORSHIPS, AND LIFE SKILLS ORIENTATIONS TO HELP RECENTLY

ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN

SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. MOST

CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF

CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES (USCCB) WHICH IS

PARTIALLY FUNDED BY THE US DEPARTMENTS OF STATE AND HEALTH & HUMAN

SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH

LOCAL GOVERNMENT ENTITIES AND OTHERS. CLIENTS ARE SERVED BY OUR STAFF

MEMBERS WHO ARE FORMER REFUGEES OR ASYLEES THEMSELVES. USCCB HALTED ITS

FUNDING FOR THIS PROGRAM BY THE END OF DECEMBER 2018 DUE TO THE

DECREASE IN INFLUX OF REFUGEES INTO THE COUNTRY. BECAUSE OF THE LAPSE

OF FUNDING ZERO CLIENTS WERE SERVED IN FY 2021. HOWEVER, ARE HOPING

TO RECEIVE FUNDING IN FY 22 TO RESTART THIS PROGRAM.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

OUR IMMIGRATION SERVICES PROGRAMS PROVIDE SUPPORTIVE IMMIGRATION SERVICES TO CLIENTS WHILE OUR ESPERANZA PROGRAM GRANTS DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO DETAINED IMMIGRANTS, INCLUDING CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL WITHOUT THESE PROGRAMS. ADDITIONALLY, ESPERANZA GIVES FREE REPRESENTATION TO UNACCOMPANIED MINORS THROUGH VOLUNTEER ATTORNEY PRO-BONO WORK WHO WERE RELEASED FROM GOVERNMENT CUSTODY TO THEIR FAMILIES. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES. IN FISCAL 2021, OVER 1,700 CLIENTS WERE SERVED BY THE IMMIGRATION SERVICES WHILE ESPERANZA HELPED OVER 700 CLIENTS.

PART III, LINE 4C 1 OF 2

PROJECT ACHIEVE FOR SINGLE MEN AND WOMEN AND THE ELIZABETH ANN SETON RESIDENCE FOR HOMELESS FAMILIES, DISABLED, AND OLDER ADULTS ARE LOCATED IN LONG BEACH, WHILE THE ANGEL'S FLIGHT SHELTER FOR HOMELESS, RUNAWAY, AND AT-RISK YOUTH IS IN DOWNTOWN LOS ANGELES.

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

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSE, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. THE SHELTER ALSO OPERATES A HOTLINE 24/7 CONCERNING SERVICES THAT ANGEL'S FLIGHT OR OTHER AGENCIES CAN PROVIDE TO RUNAWAY TEENS. IN FISCAL 2021, THE ANGEL'S FLIGHT SHELTER SERVED 35 YOUTH.

ANGEL'S FLIGHT MY CLUB, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND PROVIDES A MEANS OF IDENTIFYING AND ASSISTING YOUTH WHO MAY NOT BE IDENTIFIED BY TRADITIONAL STREET OUTREACH. MY CLUB HAD A TOTAL OF 92 PARTICIPANTS WHO AVAILED THEMSELVES OF SERVICES AND ACTIVITIES THAT INCLUDED TUTORING, COOKING WORKSHOPS, MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOPS, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND PARENTING SKILLS.

ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTS CLIENTS FROM 16 TO 24 YEARS OF AGE WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING, PROVIDING APPROPRIATE INTERVIEW CLOTHING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE
BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS.

ANGEL'S FLIGHT ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL
CHILDCARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILDCARE.
THIS PAST YEAR, 54 CHILDREN WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE
ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK,
KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. THE
PANDEMIC IMPACTED THE OTHER TWO SITES NORMALLY RUNNING SIMILAR
PROGRAMS.

ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE
FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN WHO ARE
REFERRED THROUGH GOVERNMENT PROGRAMS FOR CHILDREN IN IMMIGRATION
PROCEEDINGS AS FOR EITHER A HOME STUDY/POST RELEASE SERVICES OR FOR
POST RELEASE SERVICES ONLY. WHEN THE CASE IS REFERRED AS A HOME STUDY,
A FAMILY REUNIFICATION SPECIALIST (FRS) VISITS THE HOME AND AFTER A
THOROUGH PROCESS MAKES A RECOMMENDATION ON WHETHER THE CHILD SHOULD BE
RELEASED TO THE PROPOSED SPONSOR. AFTER THE CHILD HAS BEEN REMOVED
FROM DETENTION, THE POST RELEASE SERVICES BEGIN. THE FRS MAINTAINS
CONTACT WITH THE CHILD UNTIL THE CHILD'S IMMIGRATION CASE PROCEEDINGS
HAVE BEEN COMPLETED, AND/OR THE CHILD TURNS 18. THE FRS PROVIDES THE
FAMILY WITH REFERRALS TO RESOURCES SUCH AS MEDICAL, MENTAL HEALTH/DRUG
PROGRAMS, AND PRO-BONO/LOW COST LEGAL REPRESENTATION FOR THE CHILD'S
IMMIGRATION CASE TO MAKE SURE THAT THE CHILD'S NEEDS ARE BEING MET. IN
FISCAL 2021, 79 CHILDREN WERE SERVED.

THE ELIZABETH ANN SETON RESIDENCE (EASR) IS AN EMERGENCY SHELTER OF UP

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES, AND THE

ELDERLY. THE GOAL IS TO MOVE PERSONS FROM "IN CRISIS" TO "SAFE AND

STABLE" HOUSING. IT SERVED 53 CLIENTS IN FISCAL 2021. EASR OFFERS

PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING,

BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER

IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN

TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS

COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS,

FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON

SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH

MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT

CENTURY VILLAGES AT CABRILLO, CHILDCARE, HEALTH CARE, JOB

OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND

APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE.

THE PROJECT ACHIEVE EMERGENCY SHELTER IS A 59-BED YEAR-ROUND SHELTER

THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND

OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING

SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN

60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN

INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO

ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS

TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED.

BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP

SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR

COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE

"DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number 95-1690973
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HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR

OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES

WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS

PER WEEK. IN FISCAL 2021, PROJECT ACHIEVE DELIVERED OVER 15,700

SERVICES TO OVER 24 CLIENTS.

GOOD SHEPHERD CENTER FOR HOMELESS WOMEN (GSC) PROVIDES EMERGENCY

SHELTER WITH DROP-IN AND MOBILE OUTREACH PROGRAMS; TRANSITIONAL

RESIDENCES WITH SUPPORTIVE SERVICES, INCLUDING EMPLOYMENT SKILLS

DEVELOPMENT AND CASE MANAGEMENT

CCLA OPENED THE FIRST GSC SHELTER, LANGLILLE EMERGENCY SHELTER, IN

1984. IT STILL PROVIDES UP TO 6 WEEKS OF SHELTER AND EMERGENCY SERVICES

WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE

SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND

FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET.

NEXT, CCLA OPENED THE HAWKES TRANSITIONAL RESIDENCE FOR HOMELESS WOMEN

IN 1987. IN 1998 GSC OPENED THE FIRST OF THREE PHASES OF THE WOMEN'S

VILLAGE AND THE HAWKES TRANSITIONAL RESIDENCE MOVED TO THE WOMEN'S

VILLAGE AND EXPANDED TO SERVE 30 WOMEN. THE WOMEN'S VILLAGE HAS

PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT

PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE

TOWARD INDEPENDENCE. HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL

HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND

PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY

2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE

CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

AND THEIR MINOR CHILDREN. THE THIRD PHASE, SR. JULIA MARY FARLEY

RESIDENCE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND

EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND

WOMEN WITH THEIR CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES

CENTER. THE GOOD SHEPHERD CENTER SHELTERS PROVIDED OVER 350 SERVICES

AND 69 WOMEN IN FISCAL 2021.

GOOD SHEPHERD SHELTER (GSS) IS A TRANSITIONAL FACILITY, WHICH PROVIDES

INDIVIDUALIZED, COMPREHENSIVE, TRAUMA-INFORMED CARE FOR MOTHERS AND

CHILDREN TO HELP THEM HEAL FROM THE DEVASTATING EFFECTS OF SURVIVING

DOMESTIC VIOLENCE. THE SHELTER WAS ACQUIRED BY CCLA IN OCTOBER 2019 AND

ITS PROGRAMS ARE DESIGNED TO HEAL FAMILIES AND GIVE THEM THE TOOLS THEY

NEED TO LEAD STABLE, VIOLENCE-FREE LIVES, THUS BREAKING THE

INTER-GENERATIONAL CYCLE OF DOMESTIC VIOLENCE. GOOD SHEPHERD SHELTER'S

FOCUS IS ON MOTHERS WITH YOUNG CHILDREN WHO ARE READY TO COMMIT TO OUR

COMPREHENSIVE PROGRAM DESIGNED TO PROMOTE HEALING, INDEPENDENCE AND A

PATHWAY TO THE FULFILLMENT OF THEIR DREAMS. TRAUMA-INFORMED SERVICES

ARE COMPRISED OF A TEN-MONTH PROGRAM THAT OFFERS THE FOLLOWING

COMPONENTS TO CREATE A HOLISTIC ENVIRONMENT FOR HEALING.

PART III, LINE 4C 2 OF 2

THE SERVICES INCLUDE TRANSITIONAL, RENT-FREE HOUSING IN INDIVIDUAL

APARTMENT UNITS, CASE MANAGEMENT, THERAPY, A K-5 ELEMENTARY SCHOOL

ON-SITE WITH TRANSFERABLE CREDITS, AN ADULT LEARNING CENTER, LEGAL

ASSISTANCE, A CHILD WATCH PROGRAM FOR CHILDREN AGES 0 TO 4 YEARS,

SPIRITUAL SUPPORT AND AN AFTER CARE PROGRAM TO SUPPORT MOTHERS AND

CHILDREN LONG AFTER THEY HAVE COMPLETED THE PROGRAM AND MOVED INTO

HOMES OF THEIR OWN. THE ADULT LEARNING CENTER OFFERS A WIDE ARRAY OF

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

CLASSES INCLUDING PARENTING, JOB SKILLS TRAINING, TYPING, RESUME

BUILDING, AND A WINDOW BETWEEN WORLDS WHICH IS AN ART-THERAPY PROGRAM

DESIGNED FOR BOTH THE MOTHERS AND THE CHILDREN, TO CHANNEL THEIR TRAUMA

INTO A PIECE OF ART. THE CHILDREN ARE ALSO PROVIDED WITH COUNSELING AND

MANY TRAUMA-INFORMED ACTIVITIES DESIGNED TO QUIET THEIR MINDS AND

BODIES ALL WHILE ENGAGING IN PLAYTIME.

JOBE TRANSITIONAL LIVING PROGRAM ACQUIRED BY CCLA IN OCTOBER 2019 IS

DESIGNED TO SUPPORT TRANSITIONAL AGED YOUTH (TAY) AND/OR HOMELESS

YOUTH, AGES 18-25 YEARS OLD, WHO HAVE EXPERIENCE THE FOSTER CARE SYSTEM

AND/OR HAVE STRUGGLED WITH HOMELESSNESS. JOBE TLP PROVIDES AN

OPPORTUNITY FOR YOUNG MEN AND WOMEN TO THRIVE IN A SAFE AND STABLE

ENVIRONMENT WHILE THEY PURSUE THEIR EDUCATIONAL AND VOCATIONAL DREAMS.

RESIDENTS OF JOBE TLP WILL RECEIVE ASSISTANCE AND GUIDANCE FROM THE

PROGRAM DIRECTOR, CASE MANAGER, AND COUNSELORS. WHAT MAKES JOBE TRULY,

ONE-OF-A-KIND IS THAT IT INTENDS TO GIVE THE RESIDENTS A TRUE SENSE OF

FAMILY AND SUPPORT.

MCGILL STREET HOUSE ALSO OPERATES A HOUSING REFERRAL SERVICE WHICH IS A

BIG HELP TO MOST CLIENTS. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES

A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE

EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED

LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR

UP TO ONE YEAR. IN FISCAL 2021, NEARLY 190 INDIVIDUALS STAYED AT THE

MCGILL STREET HOUSE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES PROUDLY CONTINUES TO SUPPORT DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2021, AYES PROVIDED OVER 8,400 SERVICES TO OVER 2,600 UNDER-PRIVILEGED YOUTH AND YOUNG ADULTS SUCH AS JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY & CITY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, ROSS-DRESS-FOR-LESS, WALGREENS, WSS (WAREHOUSE SHOE SALE), FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.

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

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO
 MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS,
 REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO
 OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION, IMPROVING THE
 FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND
 OPPORTUNITIES FOR THE ENTIRE COMMUNITY

CYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND
 ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES
 ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS -
 FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD,
 CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. THROUGHOUT ITS
 HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO
 ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES
 OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH. IN FISCAL 2021, CYO
 SERVED ALMOST 1,500 YOUTH. THE PANDEMIC RESULTED IN MANY CANCELED
 ACTIVITIES GREATLY IMPACTING OUR ABILITY TO OFFER THESE ACTIVITIES,
 HOWEVER CREATIVE PROGRAMS WERE DEVELOPED TO AT LEAST ENGAGE SOME WITH
 ON-LINE EVENTS.

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

EXPENSES \$ 6,565,963. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 180,763.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS MR. RICHARD D'AMICO AND MRS. SUSAN D'AMICO ARE MARRIED.

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:

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

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

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

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:

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

RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE DIRECTOR

COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING

TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND

INDEPENDENT CONSULTANTS' INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FORM 990, AND OUR

ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE

ON GUIDESTAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A

COPY OF THE FORM 990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM SUBCONTRACTOR:

PROGRAM SERVICE EXPENSES

5,288,686.

MANAGEMENT AND GENERAL EXPENSES

0.

FUNDRAISING EXPENSES

0.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

TOTAL EXPENSES 5,288,686.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 244,199.

MANAGEMENT AND GENERAL EXPENSES 77,402.

FUNDRAISING EXPENSES 16,566.

TOTAL EXPENSES 338,167.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,626,853.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE

ORGANIZATION 68,917,142.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number
95-1690973

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

[illegible]

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES - 95-1642382, 3424 WILSHIRE BLVD., 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, 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) 2020

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OPUS CARITATIS	C	4,071,385, CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.