# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A F	or th	e 2010 calendar year, or tax year beginning	07/01, <b>2010</b>	, and ending	g		06/30,	<b>20</b> 11	
_		C Name of organization				D Employer ide	ntification n	umber	
<b>B</b> c	heck if a	oplicable: CATHOLIC CHARITIES OF LOS	ANGELES, INC.			95-1690	973		
	Addre								
	7 1	change Number and street (or P.O. box if mail is not delivere	d to street address)	Room/suite	1	E Telephone nu	mber		
	Initia	return 1531 JAMES M WOOD BLVD.				(213) 251	L-3400		
	Term	City or town, state or country, and ZIP + 4							
	Amer					G Gross receipts	s \$ 3	4,291	,908.
		F Name and address of principal officer: MON	SIGNOR GREGORY	A. COX		H(a) Is this a group		Yes	X No
_	beiid	1531 JAMES M. WOOD BLVD. L	OS ANGELES, CA	90015-00	95	affiliates? <b>H(b)</b> Are all affiliate	es included?	Yes	No
$\overline{\Gamma}$	Tax-ex	1	(insert no.) 4947(a)(1)			• •	n a list. (see ins		
		te: WWW.CATHOLICCHARITIESLA.ORG	(mosit no.)	<u>.                                      </u>		H(c) Group exemp			
_		of organization: X Corporation Trust Association	Other ►	L Year of		on: 1937 <b>M</b> s			CA
Pa		Summary	.     0 4.10.	1 - 1 - 1 - 1		<b>.</b>	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	40111101101	
	1	•	rificent activities:						
	'	Briefly describe the organization's mission or most sign CATHOLIC CHARITIES IS COMMITTED	TO MANIFESTING	CHRIST'S	S SPI	IRIT BY			
၁င		COLLABORATING WITH DIVERSE COMMU					OOR		
'nar		& VULNERABLE, PROMOTING HUMAN D							
Governance	2	Check this box ▶ if the organization discontinue							
õ	3					1			41.
త		Number of voting members of the governing body (Par					3		$\frac{41}{40}$ .
Activities	4	Number of independent voting members of the govern					4		443.
ţ	5	Total number of individuals employed in calendar year	2010 (Part V, line 2a)				5		936.
ĕ	6	Total number of volunteers (estimate if necessary)					6		
		Total gross unrelated business revenue from Part VIII, o					7a		
	b	Net unrelated business taxable income from Form 990-	T, line 34						0.
	_					Prior Year		urrent Y	
ne	8	Contributions and grants (Part VIII, line 1h)				22,341,52		5,107	
Revenue	9	Program service revenue (Part VIII, line 2g)				2,001,60		2,166	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and	d 7d)			685,81		1,319	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			664,56		563,1		
	12	Total revenue - add lines 8 through 11 (must equal Par			2	25 <b>,</b> 693 <b>,</b> 49	8. 2	29,156,4	
	13	Grants and similar amounts paid (Part IX, column (A), li	nes 1-3)				0.	25	<u>,000.</u>
	14	Benefits paid to or for members (Part IX, column (A), lin	e 4)				0.		0.
S	15	Salaries, other compensation, employee benefits (Part			1	L4,295,01		14,454,305	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1 Total fundraising expenses (Part IX, column (D), line 25	1e)			71,50	4.	51	<u>,994.</u>
xbe	b	Total fundraising expenses (Part IX, column (D), line 25	)▶ 457,29	9.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f	-24f)			13,383,40		4,008	<b>,</b> 136.
	18	Total expenses. Add lines 13-17 (must equal Part IX, co			2	27,749,92	9. 2	8 <b>,</b> 539	,435.
	19	Revenue less expenses. Subtract line 18 from line 12			-	-2,056,43	1.	616	,975.
or					Beginn	ing of Current Yo	ear	End of Ye	ar
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		ľ	5	8,673,82	6. 6	2,148	,212.
Ass	21	Total liabilities (Part X, line 26)				8,356,67		8,438	,804.
E e	22	Net assets or fund balances. Subtract line 21 from line				50,317,14		3,709	
	rt II	Signature Block				•		<u> </u>	<u> </u>
Und	der per	nalties of perjury, I declare that I have examined this return, inclu					nowledge and	d belief, it	is true,
cor	rect, a	nd complete. Declaration of preparer (other than officer) is based	I on all information of which pr	reparer has any	knowled	<del>-</del>			
S	ign					M	lay 15,	2012	
	ere	Signature of officer				Date			
• • •	0.0	Rev. Monsignor Gregory A. Cox							
		Type or print name and title							
_			signature	Date		Check if	PTI	N	
Paid	i		, orginaturo	1	/2012	self-			006
	parer	JOSEPH S. DE TRANE		3,13		employed		03293	000
	Only	Firm's name				Firm's EIN 🕨 🕽			
		Firm's address ONE CALIFORNIA STREET, SUITE 230					415-986		
_		RS discuss this return with the preparer shown above? (					X	Yes	No
For	Dano	rwork Reduction Act Notice, see the senarate instruct	ione					orm aar	(2010)

95-1690973 Page 2 Form 990 (2010)

Pa	rt III	Statement of Program Serv Check if Schedule O contain	rice Accomplishments as a response to any question in this Part III		X
1		escribe the organization's m CHMENT 1	ssion:		
	the prior		significant program services during the on Schedule O.		s X No
3	Did the services	organization cease conduct ?	ng, or make significant changes in how it		s X No
4	Describe Section	501(c)(3) and 501(c)(4) orga	ements for each of the organization's three anizations and section 4947(a)(1) trusts are ses, and revenue, if any, for each program	required to report the amount of grants a	and
4a	_		6,666,308. including grants of \$	) (Revenue \$	)
4b			2,767,580. including grants of \$	) (Revenue \$98,81	8)
4c	(Code:_ _ATTA	) (Expenses \$ ACHMENT 4	2,659,805 including grants of \$	) (Revenue \$573,97	2)
	(Expens		ng grants of \$ 25,000. ) (Revenue	e\$ 1,593,781. )	
40	Total no	ogram service expenses	24.911.769		

Form **990** (2010)

Form 990 (2010) 95–1690973 Page **3** 

Part	Checklist of Required Schedules		.,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		37
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		3.7
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			Х
	complete Schedule D, Part V	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	4.0	х	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	A	
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
а	Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes."			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV • •	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	_		**
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	, ,		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47	х	
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. 0		
. 3	If "Yes," complete Schedule G, Part III	19	Х	
202	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010) 95-1690973 Page **4** 

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

95-1690973 Form 990 (2010) Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
	l l con		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	eportable gaming (gambling) winnings to prize winners?	1 c	Х	
E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
5	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 443			
I	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
ľ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
ı [	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
I	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	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			
ć	account)?	4a		Х
ı	f "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
١	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
	f "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	f "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	Х	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations. But the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	ponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organizations maintaining donor advised funds.	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
		910		
	Section 501(c)(7) organizations. Enter:  nitiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a		
Ì	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
t	he organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
•		14b		
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	170		

Form 990 (2010) 95-1690973 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 41 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 40 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Х 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Х 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members X 7 a Х 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Х 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization?....... 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, 12c describe in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy?................ X 14 14 Does the organization have a written document retention and destruction policy? . . . . . . . . . . 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? Х 15a The organization's CEO, Executive Director, or top management official Х 15b 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 Х 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_\_\_\_\_\_ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SARAH ELDER 1531 JAMES M. WOOD BLVD LOS ANGELES, CA 90015

JSA 0E1042 1.000

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213-251-3400

Form 990 (2010) 95-1690973 Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C) Position (check all that apply)		(D)	(E)	(F)				
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	สี Key employee	ক Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ARCHBISHOP JOSE H. GOMEZ										
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(2) PAUL D. TOSETTI								_	_	_
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) REV. MSGR. GREGORY A. COX EXECUTIVE DIRECTOR EVP	40.00	Х		х				28,761.	0.	20,192.
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(5) LOLA MCALPIN-GRANT, ESQ.										
SECRETARY	1.00	Х		х				0.	0.	0.
(6) VINCENT F. MARTIN, JR.										
TREASURER	1.00	Х		Х				0.	0.	0.
(7)YOLANDA BECERRA-JONES	1 00								0	
TRUSTEE	1.00	Х						0.	0.	0.
(8) RAYMOND T. BENNETT TRUSTEE	1.00	Х						0.	0.	0.
(9) CATHLEEN M. COBB										
TRUSTEE	1.00	Х						0.	0.	0.
(10)TIMOTHY J. COLLINS										
TRUSTEE	1.00	х						0.	0.	0.
(11)WILLIAM R. DAHLMAN										
TRUSTEE	1.00	Х						0.	ο.	0.
(12)RICHARD G. D'AMICO										
TRUSTEE	1.00	Х						0.	0.	0.
(13)SUSAN D'AMICO TRUSTEE	1.00	х						0.	0.	0.
(14)ROBERT M. EBINER, ESQ. TRUSTEE	1.00	Х						0.	0.	0.
(15)GREGORY L. EVANS, ESQ. TRUSTEE	1.00	Х						0.	0.	0.
(16)BONIFACIO BONNY GARCIA, ESQ TRUSTEE	1.00	Х						0.	0.	0.

Form **990** (2010)

JSA

Form 990 (2010) 95-1690 973 Page **8** 

(A)	(B)	(C)						(D)	(E)	ı	(F)	
Name and title	Average hours per week (describe hours for related organizations		c Institutional trustee		Key employee	at Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	an com f orç	stimated mount of other npensatio rom the ganization delated	on n
	in Schedule O)					ated				org	ganizations	S
(17) HAROLD GREEN						_						
TRUSTEE	1.00	Х						0.	0.	1		0.
(18) STANLEY D. HAYDEN								_	_			
TRUSTEE	1.00	Х						0.	0.			0.
(19) IVAN J. HOUSTON										1		_
TRUSTEE	1.00	X						0.	0.			0.
(20) GARY D. KRAUSS										ı		_
TRUSTEE	1.00	Х						0.	0.			0.
(21) CHRIS KROES										ı		•
TRUSTEE	1.00	Х						0.	0.			0.
(22) CARDINAL ROGER M MAHONY										1		•
TRUSTEE-CYPT	1.00	Х						0.	0.			0.
(23) MICHAEL J. MALONEY, ESQ.										1		•
TRUSTEE	1.00	Х						0.	0.			0.
(24) LAWRENCE P. MCNEIL										ı		•
TRUSTEE	1.00	Х						0.	0.			0.
(25) KENNETH J. MURPHY, ESQ.		.,,								1		0
TRUSTEE	1.00	Х						0.	0.			0.
(26) ANNE NOLAN										ı		0
TRUSTEE	1.00	Х						0.	0.			0.
(27) MICHAEL D. O'BRIEN										ı		0
TRUSTEE	1.00	X						0.	0.			0.
(28) MONSIGNOR PADRAIC LOFTUS TRUSTEE	1.00	Х						0.	0.	ı		0.
	1.00	Λ						28,761.	0.		20,1	
1b Sub-total								399,975.	0.		64,7	
c Total from continuation sheets to Part VI	-							428,736	0		84,9	
d Total (add lines 1b and 1c)											04,9	44.
2 Total number of individuals (including but in reportable compensation from the organization)			iiste 3	a ai	DOV	e) wn	o re	ceived more than	\$100,000 in			
											Yes	No
3 Did the organization list any former of	officer directo	or or	tru	iste	ا <u>م</u>	kev e	mn	Jovee or highes	t compensated		1.33	
employee on line 1a? If "Yes," complete Sch	hedule J for suc	ch ind	i u Iividi	ual	۰, ۱	ney e	,iiiþ	noyee, or mynes	Compensaled	3		Х
- p - y - z - z - z - z - z - z - z - z - z												

			res	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
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	Х	
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		Х

### 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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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

Form **990** (2010)

Form 990 (2010) 95-1690973 Page **9** 

	990 (2	•			95-1690973		Page <b>9</b>
Par	t VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e	642,963. 1,779,732. 2,100,000. 15,292,046.				
ontributior nd other si	f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$	5,292,451. 1,801,183.				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	25,107,192.			
Program Service Revenue	2a b c d	LEGAL SERVICES FOR GOVERNMENT AGENCIES  DAY CARE TUITION  CITIZENSHIP SERVICE FEES  YOUTH SPORTS LEAGUE & ADMISSIONS	541100 624410 900099 713990	862,299. 299,648. 292,578. 274,324.	862,299. 299,648. 292,578. 274,324.		
Program	e f g	CLIENT RENT AT TRANSITIONAL SHELTERS  All other program service revenue  Total. Add lines 2a-2f	624200 900099	97,043. 341,067. 2,166,959.	97,043. 341,067.		
	3 4 5	Investment income (including dividends, inter other similar amounts)	proceeds >	291,875. 0. 0.			291,875.
	6a b c d	Gross Rents		0.			
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities  5,509,266.					
Other Revenue	c d 8a	Gain or (loss)		1,027,256.			1,027,256
Other		See Part IV, line 18	651,605.	16,123.			16,123
	9 a	See Part IV, line 19 a	35,066.				
	ь с 10а	Less: direct expenses		33,183.			33,183.
	b c	Less: cost of goods sold		0.			
	11a b c	THRIFT STORE CYO SALES OTHER	453310 711210 900099	414,210. 16,490. 83,122.	16,490. 83,122.		414,210.
	d e 12	All other revenue		513,822. 29,156,410.	2,266,571.		1,782,647.

Form **990** (2010)

95-1690973 Page **10** Form 990 (2010)

# 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) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)  Management and	(D) Fundraising
_	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	9	25,000.	25,000.		
_	organizations in the U.S. See Part IV, line 21	23,000.	25,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	231,320.		231,320.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	11,134,769.	9,515,585.	1,432,273.	186,911.
8	Pension plan contributions (include section 401(k)	476 066	401 026	(2.725	11 015
_	and section 403(b) employer contributions).	476,866. 1,395,023.	401,926.	63,725.	11,215. 15,089.
9	Other employee benefits	1,216,327.	1,044,213.	156,293.	15,821.
10	Payroll taxes	1,210,321.	1,044,213.	130,233.	13,021.
11	Fees for services (non-employees):	0.			
	n Management	112,874.	103,760.	9,114.	
	Accounting	252,695.	233,462.	17,041.	2,192.
	Lobbying	0.	•	•	·
	Professional fundraising services. See Part IV, line 17	51,994.			51,994.
	f Investment management fees	27,099.		27,099.	
	Other	894,046.	784,311.	106,975.	2,760.
12	Advertising and promotion	0.			
13	Office expenses	777,529.	557,087.	82,026.	138,416.
14	Information technology	427,157.	159,452.	258,130.	9 <b>,</b> 575.
15	Royalties	0.			
16	Occupancy	2,014,046.	1,669,675.	325,598.	18,773.
17	Travel	8,990.	6,841.	2,149.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	67.000	F.7. 400	752
19	Conferences, conventions, and meetings	126,152. 102,200.	67,909. 102,200.	57,490.	753.
20	Interest	31,661.	102,200.	31,661.	
21	Payments to affiliates	628,312.	596,956.	31,356.	
22	Depreciation, depletion, and amortization	293,409.	292,615.	98.	696.
23	Insurance	233, 103.	232,013.	50.	0,50
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
á	EMERGENCY FOOD & SHELTER	3,574,307.	3,574,307.		
ı	PARTICIPANT PAYROLL & RELATE	3,439,568.	3,439,568.		
	DONATED THRIFT STORE GOODS	414,769.	414,769.		
(	OTHER SUPPLIES	294,939.	285,568.	9,371.	
(	VEHICLES & MILEAGE	283,253.	242,565.	40,688.	
	f All other expenses	305,130.	219,521.	82,505.	3,104
<u>25</u>	Total functional expenses. Add lines 1 through 24f	28,539,435.	24,911,769.	3,170,367.	457 <b>,</b> 299.
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) 95-1690973 Page **11** 

#### **Balance Sheet** Part X Beginning of year End of year Cash - non-interest-bearing 1,211,740. 1,419,983. 1 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 296,275 308,924. 3 3 3,320,985. 3,010,700. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 209,854. 334,673. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 22,128,378. other basis. Complete Part VI of Schedule D | 10a 7,150,441. 15,055,344.10c 14,977,937. b Less: accumulated depreciation | 10b | 11 11 15,588,613. 17,056,498. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 25,039,497. 22,991,015. 15 15 58,673,826. 62,148,212. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,295,977. 4,147,396. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Pavables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 3,427,850. 3,936,237. 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 24 Unsecured notes and loans payable to unrelated third parties. 24 632,851. 355,171. 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. \_\_\_\_\_\_ 8,356,678. 8,438,804. 26 Organizations that follow SFAS 117, check here | X | and complete Balances lines 27 through 29, and lines 33 and 34. 27 17,954,171. 18,339,501. 27 31,611,864. 34,618,794. 28 28 751,113. 29 751,113. 29 or Fund Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 50,317,148. 53,709,408. 33 33 Total liabilities and net assets/fund balances 58,673,826. 34 62,148,212.

Form **990** (2010)

Form 990 (2010) 95-1690973 Page **12** 

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28			435.
3	Revenue less expenses. Subtract line 2 from line 1	3			•	975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50	, 3	17,	148.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2	, 7	75,2	285.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	53	, 7	09,4	408.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a ∣		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain it	n				
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	9				
	issued on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
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?		[3	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b	X	

Form **990** (2010)

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A roganization 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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A norganization that normally receives: (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11fh.  a	Name of the o	organization							Emplo	yer iden	tificatio	n numl	ber	
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A chool described in section 170(b)(1)(A)(ii), (Altach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A norganization 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.)  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A rederal state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization that normally receives: (1) more than 331/3% of its support from a governmental unit or from the general public described in section 509(a)(2) no more than 331/3% 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 331/3% 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. S	CATHOLIC	CHARITIES	OF LOS ANGEI	ES, INC.						95	-169	0973		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitals name, city, and state:  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)(v). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A roganization 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)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  An organization that normally receives: (1) more than 33/13% 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 33/13% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 organization and complete lines 11e through 11h.  a	Part I R	eason for Publ	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instri	uctions	i.			
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  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)(v). (Complete Part III.)  An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)  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 organization and complete lines 11 ethrough 11h.  An organization organized and operated exclusively for the benefit of, to perform the functions of 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 ethrough 11h.  a Type II b Type III c Type III - Functionally integrated d Type III - Other Bybecking this box. I certify that the organization is not controlled directly or indirectly or more disquali	The organiza	ation is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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	1 A	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
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:  A norganization 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.)  A deferal, state, or local government or governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.)  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)(Iv). (Complete Part III.)  A norganization that normally receives: (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(1) or section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated d Type III - Other by checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations sold (a) (a) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person des	2 A s	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
hospital's name, city, and state:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV).  A norganization 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)(IV). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(IV). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(IV). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(IV). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A norganization gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and companized and operated exclusively to the benefit of, to perform the frunctions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11et hrough 11h.  a Type I b Type II c Type III - Functionally integrated d Type III - Other Purposes other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box.  Given August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (ii) above?  (iii) A 35% controlled entity of a person described in (i) or (ii)		-		=			-							
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)(v). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). Or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th.  a	4 A	medical researc	h organization op	erated in conjunction wi	th a h	ospita	I descr	ibed in	sectio	n 170(k	o)(1)(A	N)(iii).	Enter	the
section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X 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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th.  a		-												
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A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10		-	-		s supp	ort no	ili a yu	verillie	illai uli	it of fit	אווו נוונ	e gene	iai pu	IDIIC
An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type II b Type II c Type III - Functionally integrated d Type III - Other by Checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  f If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) or (ii) above?  (iv) I family member of a person described in (i) or (ii) above?  (iv) See No Yes					nloto E	Part II \								
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a								contrib	utione	membe	archin	foos :	and a	roce
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purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a			•	•	•	•				•	or to	o carr	out /	the
a Type I b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN  (iii) Type II - Type III, or Type III supporting organization?  (iv) Dia you notify organization organization organization in (oc. (i)		-	-	=			-					-		
a Type I b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN  (iii) Type II - Type III, or Type III supporting organization?  (iv) Dia you notify organization organization organization in (oc. (i)	50	9(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	le thro	ugh 11	h.		
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f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (j) Illight in your governing your support?  (ii) Name of supported organization (s) (iii) ElN (iii) Type of organization (described on lines 1-9 above or IRC section (j) see instructions))  (iii) Vis the organization in your governing your support?  (iv) Is the organization in your governing your support?  (vii) Amount of supported in the U.S.?  Yes No Yes No Yes No  (vii) Amount of supported in the U.S.?  Yes No Yes No	pe	rsons other than	foundation mana	gers and other than one	or mo	re pub	licly su	pportec	d organ	izations	desc	ribed i	n sec	tion
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) Name of supported organization (see instructions))  (iii) EIN  (iii) Type of organization (col. (i) organization (organization in col. (i) organization in the U.S.?  Yes No Yes No  (A)  (B)  (C)	50	9(a)(1) or section	n 509(a)(2).											
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  A person who directly or indirectly controls, either alone or together with persons described in (ii)  A person who directly or indirectly controls, either alone or together with persons described in (ii)  Yes No  11g(i)  11g(ii)  11g(iii)  11g(ii)  11g(iii)  11g(i		_		n determination from the	e IRS	that it	is a T	уре I, Т	ype II,	or Typ	e III s	upport	ing	
following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) is the organization in col. (i) organization in co													L	
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Name of supported organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization organization in col. (i) of your support?  (iii) In the organization organization organization (organization in col. (i) organized in the U.S.?  (iv) Is the organization organization organization in col. (i) organized in the U.S.?  (vii) Amount of supported organization organization organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization organization organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization organization organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization organization organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization in col. (i) organized in the U.S.?  (viii) Amount of supported organization in col. (i) organized in the U.S.?	-	=	006, has the orgar	nization accepted any gift	or co	ntributi	on from	any of	the					
and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions))  (A)  (B)  (C)														
(ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (s).  (i) Name of supported organization organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your support?  Yes No Yes No Yes No  (A)  (B)  (C)  (I) Did you notify the organization in col. (i) of your support?  Yes No Yes No Yes No  (Vii) Amount of support organization in col. (i) organized in the U.S.?  Yes No Yes No Yes No	(i)						er with	person	s desci	ribed in	1 (11)	44 ==(1)	Yes	NO_
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN (iiii) Type of organization (described in particular in particu	/::N		-		iization	·								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (sii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (A) (B) (C) (iii) Type of organization (iiii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your support?  (Vi) Is the organization in col. (i) organized in the U.S.?  Yes No Yes No  (A) (B) (C)					hovo?							F		
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document?  Yes No Yes No  (A)  (B)  (C)  (iii) Type of organization (iv) Is the organization in col. (i) of your support?  Yes No Yes No  (vi) Is the organization in col. (i) of your support?  Yes No Yes No  (ci) Organization in col. (i) of your support?  Yes No Yes No  (ci) Organization in col. (i) of your support?  (ii) Is the organization in col. (i) of your support?  Yes No Yes No												119(111)		—
(described on lines 1-9 above or IRC section (see instructions))  (A)  (B)  (C)					T		(v) Did v	ou notify	(vi)	e the	()	ii) Amo	unt of	—
above or IRC section (see instructions))			(11) =111	(described on lines 1-9	organi	zation in	the orga	anization	organiz	zation in	, (*	suppo	ort	
Yes No Yes No (A)  (B)  (C)					your go	overning								
(B) (C)				(000)										
(B) (C)	(A)													
(C)	(A)													
	(B)													
(D)	(C)													
	(D)													
(E)	(E)													
Total	Total													

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 95-1690973 Page **2** 

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,521,713.	27,080,826.	24,195,778.	22,341,527.	25,107,192.	129,247,036.
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	30,521,713.	27,080,826.	24,195,778.	22,341,527.	25,107,192.	129,247,036.
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)						
	Public support. Subtract line 5 from line 4.						129,247,036.
	tion B. Total Support	( ) 0000	4) 2007	( ) 0000	(1) 0000	( ) 0040	(0 T. (-)
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	30,521,713.	27,080,826.	24,195,778.	22,341,527.	25,107,192.	129,247,036.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,398,686.	1,011,994.	-48,848.	312,284.	291,875.	2,965,991.
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 IV.)						
11	Total support. Add lines 7 through 10						132,213,027.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	12,584,915.
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•					97.76%
14	Public support percentage for 2010 (li		-			14	93.87%
15	Public support percentage from 2009	•				15	
16a	331/3% support test - 2010. If the o	_					e, cneck ► X
h	this box and <b>stop here</b> . The organizati 331/3% support test - 2009. If the organizati	•		•			
b	check this box and <b>stop here</b> . The org						
172							
114	7a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part IV how the organization meets t					-	•
	organization			•	•		■ □
h	10%-facts-and-circumstances test - 2						and line
J	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization						-
	supported organization				_	•	► □
18	Private foundation. If the organization						and see
-	instructions						

Schedule A (Form 990 or 990-EZ) 2010 95-1690973 Page **3** 

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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	<u> </u>					
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						
7 a	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						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	<u></u>					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	( ) 0000	#1.0007	4 ) 0000	( 1) 0000	( ) 0040	(0 T. (.)
Ca	alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
ıva	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						
	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						
12	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)  First five years. If the Form 990 is for	the organization	n'e firet eacond	third fourth or	fifth tay year a	s a section 501	(c)(3)
	organization, check this box and <b>stop here</b>	•			-		
Sac	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8			mn (f))		15	%
16	Public support percentage from 2009 Sche					16	<u> </u>
	tion D. Computation of Investmen					10	/0
<u> 17</u>	Investment income percentage for 2010 (li			13 column (f))		17	%
18	Investment income percentage from 2009					18	
	331/3% support tests - 2010. If the org						
ıJd	17 is not more than 331/3%, check th						. $\square$
h	331/3% support tests - 2009. If the orga		_				
D	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization		•	•			H-1
				,	,		

JSA 0E1221 1.000

Page 4

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization **Employer identification number** CATHOLIC CHARITIES OF LOS ANGELES, INC. 95-1690973 Organization type (check one): Filers of: Section: Х 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year  $\blacktriangleright$  \$ \_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC.

nployer	identification	number
	05-1600	1073

# Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
1	US DEPARTMENT OF HEALTH & HUMAN SERVICES  200 INDEPENDENCE AVE SW  WASHINGTON, DC 20201	\$4,811,807.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
2 _	US DEPARTMENT OF LABOR  200 CONSTITUTION AVE NW  WASHINGTON, DC 20210	\$4,627,791.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
_ 3 _	US DEPT OF HOUSING & URBAN DEVELOPMENT  451 7TH STREET  WASHINGTON, DC 20410	\$2,480,755.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
No.	Name, address, and ZIP + 4  OPUS CARITATIS  1531 JAMES W WOOD BLVD	Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is			
No4	Name, address, and ZIP + 4  OPUS CARITATIS  1531 JAMES W WOOD BLVD  LOS ANGELES, CA 90015  (b)	\$2,100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
No4	Name, address, and ZIP + 4  OPUS CARITATIS  1531 JAMES W WOOD BLVD  LOS ANGELES, CA 90015  (b)  Name, address, and ZIP + 4  US DEPARTMENT OF AGRICULTURE  1400 INDEPENDENCE AVE SW	\$2,100,000.  (c) Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			

 $\overline{\mbox{Name of organization }}$  CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95-1690973

Part I Co	ntributors	(see	instructions
-----------	------------	------	--------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7 _	US DEPARTMENT OF HOMELAND SECURITY  301 7TH STREET SW #3621  WASHINGTON, DC 20407	\$664,305.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8 _	FAMILY TRUST  C/O RCA 3424 WILSHIRE BLVD  LOS ANGELES, CA 90010	\$570,403.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 9 _	US DEPARTMENT OF AGRICULTURE  1400 INDEPENDENCE AVE SW  WASHINGTON, DC 20250	\$69,498.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  US DEPARTMENT OF HOMELAND SECURITY  301 7TH STREET SW #3621	Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is
No	Name, address, and ZIP + 4  US DEPARTMENT OF HOMELAND SECURITY  301 7TH STREET SW #3621  WASHINGTON, DC 20407  (b)	\$8,702.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4  US DEPARTMENT OF HOMELAND SECURITY  301 7TH STREET SW #3621  WASHINGTON, DC 20407  (b)	\$8,702.  (c) Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95-1690973

Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
5	FOOD INVENTORY			
		\$_	876,517.	VAR
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
10	FOOD INVENTORY			
		\$_	8,702.	VAR
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
		Ψ_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No.			(c)	
from Part I	(b)  Description of noncash property given		FMV (or estimate) (see instructions)	(d) Date received
		\$_		

# **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization	Employer identification number
	THOLIC CHARITIES OF LOS ANGELES, INC.	95-1690973
Ρá	Organizations Maintaining Donor Advised Funds or Other Similar Fu organization answered "Yes" to Form 990, Part IV, line 6.	nds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
4		(2) 2112 2112 2112 2112
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	
6	funds are the organization's property, subject to the organization's exclusive legal con Did the organization inform all grantees, donors, and donor advisors in writing that gr	
6	used only for charitable purposes and not for the benefit of the donor or donor advisor	
	purpose conferring impermissible private benefit?	
Pa	art II Conservation Easements. Complete if the organization answered "Yes	s" to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	0 10 1 01111 000, 1 01111, 1110 1.
•		vation of an historically important land area
	, , , , , , , , , , , , , , , , , , , ,	vation of a certified historic structure
	Preservation of open space	valion of a certifica filotofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.	and in the form of a concentation
	·	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not or	n 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, inspec	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservat	ion easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	asements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	
	(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reve	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's organization's accounting for conservation easements.	s financial statements that describes the
Рa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	r Other Similar Assets
1 4	Complete if the organization answered "Yes" to Form 990, Part IV, line	8.
1a		
ıa	works of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of
	public service, provide, in Part XIV, the text of the footnote to its financial statements t	hat describes these items.
b		
	works of art, historical treasures, or other similar assets held for public exhibition public service, provide the following amounts relating to these items:	on, education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	<b></b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other s	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to the	=
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •

Schedule D (Form 990) 2010 95-1690973 Page **2** 

Par	t III Organizations Maintain	ing Collections of	of Art, Hi	storical	Treasures	, or Oth	ner Similar Ass	<b>ets</b> (continu	ed)	
3	Using the organization's acquisition	on accession and	l other re	ecords c	heck any of	the fol	lowing that are	a significant	use o	of its
	collection items (check all that app			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.og that are	a organicant		
а	Public exhibition		d		Loan or exc	hange p	orograms			
b	Scholarly research		е		Other					
С	Preservation for future ge	enerations								
4	Provide a description of the orga	nization's collectio	ns and e	xplain ho	w they furt	her the	organization's e	xempt purpo	se in	Part
	XIV.									
5	During the year, did the organization	on solicit or receive	donation	ns of art,	historical tre	easures,	or other similar			
	assets to be sold to raise funds rath	ner than to be mai	ntained as	s part of t	he organiza	tion's co	llection?	· · Yes	•	No
Par	t IV Escrow and Custodial A line 9, or reported an ar					answer	red "Yes" to For	m 990, Par	t IV,	
	line 9, or reported arrai	ilount on Form 9	90, Fait	A, IIIIE 2	1.					
1.	Is the organization an agent, truste	o custodian or oth	or intorm	odiary fo	r contributio	nc or of	har accets not			
ıa	included on Form 990, Part X?			-				Yes	. $ egin{array}{c} \end{array}$	No
h	If "Yes," explain the arrangement in							16	•	_ NO
b	ii res, explain the arrangement ii	ii ait XIV and con	ipiete trie	TOHOWIN	iable.		Amo	unt		
С	Beginning balance					1c	71110	unt		
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an am							Yes		No
	If "Yes," explain the arrangement in									_
Par			ation ans	swered '	Yes" to Fo	rm 990	, Part IV, line 10	).		
		(a) Current year	<b>(b)</b> Pri		(c) Two yea		(d) Three years b		ır years	back
1 a	Beginning of year balance	32,362,977.	30,	415,721.	31,78	32,778.				
b	Contributions	2,254,306.		584,715.	2,87	4,313.				
С	Net investment earnings, gains,									
	and losses	2,659,820.	3,	752,630.	-2,97	77,620.				
d	Grants or scholarships									
е	Other expenditures for facilities .									
	and programs	1,907,196.	2,	390,089.	1,26	3,750.				
f	Administrative expenses									
g	End of year balance	35,369,907.		362,977.	30,41	5,721.				
2	Provide the estimated percentage	=		d as:						
a	Board designated or quasi-endowr		%							
D	Permanent endowment   2.0									
	Term endowment ▶ 98.0000		41		لمامط مسم لممط					
Ja	Are there endowment funds not in	the possession of	the orga	nization i	nat are neid	i and ad	ministered for the		Yes	No
	organization by: (i) unrelated organizations							3a(i)	res	No X
	(ii) related organizations								y	
b	If "Yes" to 3a(ii), are the related organizations								X	
4	Describe in Part XIV the intended of	•								
	t VI Land, Buildings, and Equ									
ı aı	Description of investment	•	or other bas		ost or other bas	sic (c)	Accumulated	(d) Book v	aluo	
	Becompanie of investment		estment)	(6)	(other)		depreciation	(d) Book v	aiue	
1a	Land				2,133,53	31.		2,1	33,5	531.
	Buildings				<del>6,</del> 767,37		,680,500.	12,0		
	Leasehold improvements				1,134,56		691,083.		43,4	
	Equipment				2,092,90		,778,858.		14,0	
	Other									
Γota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, F	Part X, co.	umn (B), line	= 10(c).)	▶	14,9	77,9	37.

95-1690973 Schedule D (Form 990) 2010 Page 3

Part VII Investments - Other Securities. See Form	m 990, Part X, line	e 12.	.0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) STATE STREET FUNDS	17,056,498.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)	17 056 400		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	17,056,498.	L	
Part VIII Investments - Program Related. See For			ntion.
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	. 15		
	escription		(b) Book value
(1) BENEFICIAL INT IN SEPARATE ORG	P		25,039,497
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
_(10)			05.000.105
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	25,039,497
Part X Other Liabilities. See Form 990, Part X, I			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	255	171	
(2) ADVANCES & GOVERNMENT REIMBURSABLE	355,	1/1.	
(3)			
<u>(4)</u>			
(5)		—	
<u>(6)</u>			
(7) (8)			
(10)			
(11)			
	<b>▶</b> 355,	171.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). JSA 0E1270 1.000 84701E 700W

95-1690973 Schedule D (Form 990) 2010

	(*		1090973			Page 4
Part	-	ed F	inancial Staten		S	20 156 410
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_1_		29,156,410.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1	28,539,435.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		616,975.
4	Net unrealized gains (losses) on investments			4		726,803.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		2,048,482.
8	Other (Describe in Part XIV.)			<u>8</u> 9	+	2,775,285.
9	Total adjustments (net). Add lines 4 through 8					3,392,260.
10 Port	Excess or (deficit) for the year per audited financial statements. Combine lines:			10		3,392,200.
Part			•		4	32,111,676.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1	32,111,070.
2	1	2a	726,80	13		
a	Net unrealized gains on investments	2 a	720,00	,,,		
b	Donated services and use of facilities	2 C		-		
C C	Recoveries of prior year grants	2d	2,255,56	52		
d	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			_	2e	2,982,365.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			• •  -	3	29,129,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3	23/123/311.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,09	9		
a b	Other (Describe in Part XIV.)	4a 4b	21703	,,,		
				_	4c	27,099.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )			–	5	29,156,410.
	XIII Reconciliation of Expenses per Audited Financial Statements W				_	
1	Total and an analysis and large and an analysis of formal all at the seconds.				 1	28,719,416.
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	2 c				
d	Other (Describe in Part XIV.)	2d	207,08	30.		
е	Add lines 2a through 2d				2 e	207,080.
3	Subtract line 2e from line 1				3	28,512,336.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,09	99.		
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b				4c	27,099.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).				5	28,539,435.
Part						
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d lditional information.	2d ar	nd 4b. Also comp	lete		
SEE	PAGE 5					

Schedule D (Form 990) 2010 95-1690 973 Page **5** 

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE RESTRICTED FUNDS ARE COMPOSED OF ANGEL'S FLIGHT BENEFICIAL INTEREST IN THE SEPARATE ORGANIZATION OF \$25,039,497 AND ANGEL'S FLIGHT INVESTMENTS OF \$4,719,272 AND INVESTMENTS FOR GOOD SHEPHERD CENTERS FOR CURRENT OPERATIONS - \$337,713 AND FOR FUTURE OPERATIONS - \$1,076,591.

THERE ARE ADDITIONAL INVESTMENTS HELD FOR DISASTER RELIEF - \$427,721, FOR SANTA BARBARA PROGRAMS - \$163,710, FOR SANTA MARIA PROGRAMS - \$232,888, FOR SAN GABRIEL PROGRAMS - \$326,607 AND FOR BATTERED WOMEN - \$116,771.

THE REMAINDER OF \$2,178,024 IS HELD AS INVESTMENTS FOR VARIOUS OTHER PROGRAMS OF CATHOLIC CHARITIES.

PERMANENTLY RESTRICTED FUNDS ARE HELD FOR OPERATIONS. INCOME GENERATED

FROM PERMANENTLY RESTRICTED FUNDS IS CONSIDERED TEMPORARILY RESTRICTED.

EACH YEAR THE BOARD OF TRUSTEES APPROVES EXPENDITURES FROM THESE EARNINGS

BASED ON THE NEEDS OF THE ORGANIZATION AND THE INTENT OF THE DONORS.

ASC 740 FOOTNOTE

SCHEDULE D, PART X, LINE 2

CATHOLIC CHARITIES OPERATES AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION EXEMPT FROM INCOME TAXATION PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) ON ITS INCOME OTHER THAN UNRELATED BUSINESS INCOME AND HAS ALSO BEEN RECOGNIZED BY THE FRANCHISE TAX BOARD AS EXEMPT FROM STATE FRANCHISE OR INCOME TAX PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE SECTION

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 95-1690 973 Page **5** 

Part XIV Supplemental Information (continued)

23701(D) ON ITS INCOME OTHER THAN UNRELATED BUSINESS INCOME.

AS REQUIRED BY GAAP, CATHOLIC CHARITIES HAS IDENTIFIED AND EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAIN OPEN AND HAS DETERMINED THAT THERE IS NO MATERIAL UNRECOGNIZED BENEFIT OF LIABILITY TO BE RECORDED. THE OPEN TAX YEARS ARE THE YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2011 FOR FEDERAL TAX PURPOSES AND THE YEARS ENDED JUNE 30, 2007 THROUGH JUNE 30, 2011 FOR CALIFORNIA TAX PURPOSES. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2011. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS A TAX EXPENSE IN THE STATEMENTS OF ACTIVITIES.

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION INCLUDED IN FINANCIAL STATEMENTS BUT NOT IN RETURN.

REVENUE ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

THE TOTAL OF \$2,255,562 IS COMPOSED OF: FUNDRAISING EXPENSES OF \$205,197

AND RAFFLE EXPENSES OF \$1,883 (TOTAL \$207,080) WHICH WERE REPORTED ON THE

FINANCIAL STATEMENTS AS EXPENSES BUT NETTED WITH REVENUE ON THE RETURN

AND THE UNREALIZED INCREASE IN BENEFICIAL INTEREST IN SEPARATE

ORGANIZATION OF \$2,048,482 WHICH WAS REPORTED AS REVENUE ON THE FINANCIAL

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 95-1690973 Page **5** 

# Part XIV Supplemental Information (continued)

STATEMENTS, BUT IS NOT REPORTED ON THE RETURN.

EXPENSES ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING AND GAMING EXPENSES OF \$207,080 WERE REPORTED ON THE

FINANCIAL STATEMENTS AS EXPENSES BUT NETTED WITH REVENUE ON THE RETURN.

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-E7.

See senarate instructions

Attach to Form 990 or Form 990-EZ. See separate instructions Name of the organization Employer identification number CATHOLIC CHARITIES OF LOS ANGELES, INC. 95-1690973 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Х Internet and email solicitations f Solicitation of government grants Χ Special fundraising events Phone solicitations C X | In-person solicitations 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? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes Nο JOHN RAK JR. DINNERS & 1531 JAMES M. WOOD BLVD DANCES Х 254,619 51,994 202,625. 2 3 6 8 9 10 254,619 202,625. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing CA,

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

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
			ANGEL'S APPEAL	GOOD SHEPHERD	45.	(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	691,609.	351,382.	1,404,469.	2,447,460
Re		Less: Charitable				
		contributions	679,998.	240,314.	859,420.	1,779,732
	3	Gross income (line 1 minus	11,611.	111 060	E4E 040	667 720
		line 2)	11,011.	111,068.	545,049.	667,728
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses						
Ť	7	Food and beverages				
irec	Q	Entertainment				
	0	Entertainment				
	9	Other direct expenses	11,611.	106,403.	533,591.	651 <b>,</b> 605
	10	Direct expense summary. Add lines 4	through 9 in column (d)	<u></u>		( 651,605.) 16,123
D۵	11 rt I	Net income summary. Combine line 3 <b>Gaming.</b> Complete if the ord				· · · · · · · · · · · · · · · · · · ·
Га		than \$15,000 on Form 990-	EZ, line 6a.	165 10 F01111 990, Fa	irtiv, iiile 19, oi tepi	Jitea more
Φ			(a) Pingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Rev					25 066	25 066
	1	Gross revenue			35,066.	35,066
Ś	2	Cash prizes				
suse						
Direct Expenses	3	Noncash prizes				
ect E	,	Rent/facility costs				
Ö	•	TRETIT/Tacility costs				
	5	Other direct expenses			1,883.	1,883
			Yes%	Yes%	X Yes 100.0000 %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		( 1,883.)
	_					22 102
	8	Net gaming income summary. Comb	ine line 1, column d, and	line /	<u></u>	33,183
9	Εı	nter the state(s) in which the organizat	tion operates gaming act	tivities: CA,		
á		the organization licensed to operate g				Yes X No
ŀ	) If	"No," explain:				
		HERE IS NO LICENSE REQUIR				
10-		ROCEEDS_FROM_THE_RAFFLE_MI 'ere any of the organization's gaming I				Yes X No
		W. Z W I				. — —
•		,				

Sched	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers? X 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?
13	Indicate the percentage of gaming activity operated in:
	The organization's facility
a	
b	,
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ► SARAH ELDER
	Address ► 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
h	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:
·	Tes, effect fluine and address of the time party.
	Nama N
	Name ▶
	Address
	Address ▶
4.0	Coming manager information.
16	Gaming manager information:
	Name N
	Name ►
	Coming manager companyation N. C.
	Gaming manager compensation ▶ \$
	Description of corvings provided •
	Description of services provided ▶
	Director/officer Employee Independent contractor
	Director/officer Employee maependent contractor
4-7	Mandatan, distributions.
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? X 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 ▶ \$ 31,559.
Part	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).
CHA	RITABLE DISTRIBUTIONS FROM GAMING PROCEEDS
SCH	EDULE G, PART III, LINE 17A
THE	RE IS NO LICENSE REQUIRED IN CALIFORNIA FOR RAFFLES, BUT 90% OF THE
PRO	CEEDS FROM THE RAFFLE MUST BE USED FOR EXEMPT PURPOSES.

Sched	ule G (Form 990 or 990-EZ) 2010 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address
	Address ►
16	Gaming manager information:
10	Gaining manager information.
	Nama ►
	Name ►
	Gaming manager compensation ▶\$
	3 3
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).
BRE.	AKDOWN ON REQUIRED STATE DISTRIBUTIONS
0.011	EDULE C. DADM III IINE 17D
SCH	EDULE G, PART III, LINE 17B
TUE	\$21 550 OF DECLITORS DISTRIBUTIONS ADE 100% SOUDCED TO CALLEODALA
THE	\$31,559 OF REQUIRED DISTRIBUTIONS ARE 100% SOURCED TO CALIFORNIA.

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC. 95-1690973 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  $X \gamma_{es}$ 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (h) Purpose of grant (book, FMV, appraisal, or government if applicable non-cash assistance or assistance assistance (1) CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201 13-5563422 501(C)(3) 25,000. DISASTER RELIEF 1. 2 Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

,	· /· /	
Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_ 7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE GRANT REPORTED IS A CHARITABLE DONATION TO SUPPORT DISASTER RELIEF IN

HAITI. THE DONATION WAS APPROVED BY THE BOARD OF TRUSTEES.

# **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95-1690973

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

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

Schedule J (Form 990) 2010

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
	(i)	147,357.	0.	3,048.	9,183.	18,097.	177,685.	0.
1 JAMES E BATHKER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
_3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
7	(ii)							
	(i)							
_8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)		<del> </del>				<del> </del>	
14	(ii)							
	(i)		<del> </del>				<del> </del>	
15	(ii)							
	(i)		<del> </del>				<del> </del>	
16	(ii)						_	edule J (Form 990) 2010

# Part III Supplemental Information

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95–1690973

OMB No. 1545-0047

Par	t 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	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		669,544.	FAIR MAR	KET	VALU	JΕ
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	Х		886,601.	FAIR MAR	KET	VALU	JE
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( UTILITIES )	Х		245,038.	FAIR MAR	KET	VALU	JE
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	inization during the tax ye	ar for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three year							
	used for exempt purposes for the er		period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a	• .						
	contributions?					31	Х	
32 a	Does the organization hire or use	third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization did not report an	amount in	column (c) for a type of pro	pperty for which column (a)	) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2010)

Schedule M (Form 990) (2010) 95-1690973 Page **2** 

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

CATHOLIC CHARITIES USE CARS FOR CAUSES TO SELL DONATED VEHICLES.

A Schedule M (Form 990) (2010)

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number CATHOLIC CHARITIES OF LOS ANGELES, INC.

95-1690973

OTHER PROGRAM SERVICES

PART III, LINE 4D

ALLEVIATE HUNGER:

HUNGER HAS NO BOUNDARIES. IT AFFECTS EVERY COMMUNITY AND EXISTS EVERYWHERE IN THE COUNTRY.

CATHOLIC CHARITIES' 25 FOOD PANTRIES ARE SITUATED IN MANY OF THE POOREST NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREAT.

#### STRENGTHEN COMMUNITIES:

AT 19 STRATEGICALLY LOCATED SITES, CATHOLIC CHARITIES' COMMUNITY CENTERS 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, ALWAYS RESPONDING TO THE COMMUNITY'S NEEDS. ΤN ADDITION TO PROVIDING FOOD, CLOTHING, RENT AND UTILITIES' STIPENDS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: CHILD ABUSE PREVENTION, ENGLISH AS A SECOND LANGUAGE, FINANCIAL LITERACY, GED, PREPARATION HEALTHY MARRIAGE TOOLS, HOMELESS PREVENTION, JOB TRAINING, LEGAL ASSISTANCE, LINKAGES TO OTHER SOURCES OF SUPPORT, LITERACY SESSIONS, MEDICAL COUNSELING AND REFERRALS, MENTAL HEALTH TREATMENT AND REFERRALS, NUTRITION AND HEALTHY FOOD CLASSES, PARENTING WORKSHOPS SUPPORT FOR SUBSTANCE ABUSE RECOVERY, TUTORING AND MORE.

#### PROTECT THE AGING:

CATHOLIC CHARITIES' PROGRAMS FOR THE ELDERLY PROVIDE COMPASSIONATE

IN-HOME CARE. WITH FINANCIAL ASSISTANCE, NUTRITIOUS FOOD DELIVERY AND

ACCESS TO COMMUNITY RESOURCES, SENIORS CAN LIVE DIGNIFIED AND INDEPENDENT

LIVES.

#### REFUGEE AND IMMIGRATION SERVICES:

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

CATHOLIC CHARITIES' IMMIGRATION AND REFUGEE PROGRAMS HAVE INSISTED ON LEGALITY, RESPONSIBILITY AND INDEPENDENCE. SERVICES ARE STRUCTURED TO ASSIST NEWLY-ARRIVED IMMIGRANTS IN LEARNING ENGLISH, OBTAINING EDUCATION AND TRAINING FOR JOBS THAT WILL PROVIDE AT LEAST A LIVING WAGE. AMERICAN VALUES AND SOCIAL NORMS ARE TAUGHT, AS WELL. THESE PROGRAMS HAVE A PROVEN TRACK RECORD OF HELPING IMMIGRANTS BECOME PRODUCTIVE MEMBERS OF SOCIETY.

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

WE HAVE TWO MARRIED COUPLES, MR. RICHARD G D'AMICO & MRS. SUSAN D'AMICO AND MR. VIKTOR RZETELJSKI & MRS. MARY BETH RZETELJSKI WHO SERVE ON THE BOARD OF TRUSTEES.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95–1690973

ORGANIZATION MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 6

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

ELECTION OF GOVERNING BODY MEMBERS BY MEMBERS

PART VI, SECTION A, LINE 7A

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

MEMBER APPROVAL OF GOVERNING BODY DETERMINATION

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 OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OF MERGER OR CONSOLIDATION OR A VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION PROCEEDINGS, 5) THE AUTHORIZATION OF A SALE, EXCHANGE, MORTGAGING OR ENCUMBERING OF ANY REAL PROPERTY (WITH CERTAIN EXCEPTIONS) OR ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION AND, 6) ANY SELF-DEALING TRANSACTIONS.

Employer identification number 95-1690973

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

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

WRITTEN CONFLICT OF INTEREST POLICY

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 QUESTIONNAIRE BEFORE OR AT THE FIRST REGULARLY SCHEDULED MEETING OF THE BOARD OF TRUSTEES OF THAT YEAR. THE RESPONSES ARE TRACKED BY THE EXECUTIVE DIRECTOR'S OFFICE. THE NAMES OF ANY TRUSTEES WHO HAVE NOT SUBMITTED THEIR QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME ARE FORWARDED TO THE CORPORATE SECRETARY WHO CONTINUES TO PERSONALLY FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINES 15A & 15B

THE REVEREND MONSIGNOR GREGORY A COX'S COMPENSATION IS COMPARABLE TO OTHER RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95-1690973

DIRECTOR COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANT'S INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

DISCLOSURE OF ORGANIZATION DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S 990 IS AVAILABLE ON GUIDE STAR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE 990 AND OTHER DOCUMENTS UPON REQUEST.

RECONCILAITION OF NET ASSETS

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES IS COMPRISED OF UNREALIZED GAINS ON INVESTMENTS OF \$726,803 AND UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$2,048,482.

ATTACHMENT 1

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

THROUGH THE POWER OF THE HOLY SPIRIT, CATHOLIC CHARITIES OF LOS ANGELES COMMITS TO SERVE THE VULNERABLE AND TO STRIVE FOR A JUST SOCIETY. TODAY THE AGENCY OPERATES 19 COMMUNITY CENTERS AND 7 HOMELESS SHELTERS. IN 2010-2011 CATHOLIC CHARITIES PROVIDED OVER 1,238,600 SERVICES TO MORE THAN 289,000 PEOPLE. SINCE 1919, PEOPLE

Employer identification number 95–1690973

ATTACHMENT 1 (CONT'D)

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

THROUGHOUT LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES HAVE
TURNED TO US WITH CHALLENGES SUCH AS UNEMPLOYMENT, HOMELESSNESS,
HUNGER, POVERTY, AND COMMUNITY CONCERNS. ALL CATHOLIC CHARITIES
PROGRAMS AND SERVICES ARE DELIVERED TO ALL IN NEED REGARDLESS OF
RACE, RELIGION, GENDER, AGE OR DISABILITY.

ATTACHMENT 2

## FORM 990, PART III - PROGRAM SERVICE, LINE 4A

YOUTH EMPLOYMENT SERVICES (AYES) PROVIDES YOUNG PEOPLE FROM THE MOST ECONOMICALLY DEPRESSED NEIGHBORHOODS IN LOS ANGELES WITH PAID JOB EXPERIENCE, MENTORSHIP, TRAINING, EDUCATION, AND COUNSELING SO THAT THEY BECOME SELF-SUFFICIENT AND PRODUCTIVE. OUR GOAL IS TO ALLEVIATE SOME OF THE SERIOUS PROBLEMS FACING YOUTH, SUCH AS HIGH SCHOOL DROPOUT, ILLITERACY, CRIME, AND UNEMPLOYMENT. WE STRIVE TO ACHIEVE THIS THROUGH PARTNERSHIPS WITH EMPLOYERS, COMMUNITY ORGANIZATIONS, AND LOCAL EDUCATIONAL AGENCIES TO LEVERAGE LIMITED RESOURCES AND IMPART GREATER VALUE TO THE COMMUNITY AT LARGE AND THE YOUNG PEOPLE WE SERVE.

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, AYE HAS SERVED OVER

75,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2011, AYES PROVIDED

2,800 LESS PRIVILEGED YOUTH WITH JOB TRAINING, EDUCATIONAL AND

CAREER SERVICES. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH MANY

Employer identification number 95-1690973

ATTACHMENT 2 (CONT'D)

FIRMS SUCH AS BANK OF AMERICA, FEDEX-KINKO, AND THE AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA.

WITH FIELD OFFICES IN ANTELOPE VALLEY, DOWNTOWN LOS ANGELES, EAST LOS ANGELES, HOLLYWOOD AND SOUTH LOS ANGELES, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LOS ANGELES TRADE TECH COLLEGE, LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD), BRESEE FOUNDATION, COVENANT HOUSE, MARRIOTT FOUNDATION, AND THE UNIVERSITY OF SOUTHERN CALIFORNIA. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM. THESE PROGRAMS ARE VITAL IN HELPING YOUNG PEOPLE PREPARE FOR AMERICA'S FUTURE WORKFORCE. THESE JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS, REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION. IMPROVING THE FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND OPPORTUNITIES FOR THE ENTIRE COMMUNITY.

ATTACHMENT 3

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

OF THE 48,000 PEOPLE IN LOS ANGELES COUNTY WHO ARE HOMELESS, NEARLY 40% ARE WOMEN AND CHILDREN. GOOD SHEPHERD CENTER FOR HOMELESS WOMEN AND CHILDREN IS DEDICATED TO MEETING THE UNIQUE

Employer identification number 95–1690973

ATTACHMENT 3 (CONT'D)

NEEDS OF THIS VULNERABLE POPULATION. IN 1984, CATHOLIC CHARITIES

OPENED GOOD SHEPHERD CENTER AS A 20-BED SHELTER. TODAY, SERVICES

ARE PROVIDED TO OVER 726 WOMEN EACH YEAR THROUGH SEVERAL

PROGRAMS.

LANGUILLE EMERGENCY SHELTER PROVIDES UP TO SIX 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 STREETS.

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. PHASE I/HAWKES
TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE
SERVICES TO FORMERLY HOMELESS WOMEN. PHASE II/ANGEL GUARDIAN
HOME, WHICH IS OPERATED BY A SEPARATE CORPORATION, PROVIDES
LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR
CHILDREN. PHASE III/SISTER JULIA MARY FARLEY CENTER CONSISTS OF
21 TRANSITIONAL APARTMENTS, A COMPUTER LAB, A JOB-TRAINING AND
CAREER CENTER, AND THE VILLAGE KITCHEN, WHICH COMBINES A CULINARY
ARTS JOB TRAINING PROGRAM WITH A CAFE THAT IS OPEN TO THE PUBLIC.

ATTACHMENT 4	4
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Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC. Employer identification number 95-1690973

ATTACHMENT 4 (CONT'D)

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

ANGEL'S FLIGHT PROVIDES YOUTH AND YOUTH AT RISK WITH A VARIETY OF SERVICES.

AT ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, MOST OF WHOM ARE FLEEING ABUSIVE FAMILIES, FIND REFUGE. TEENS ARE WELCOMED WITH SHELTER, FOOD, CLOTHING, MENTAL HEALTH CARE, COUNSELING AND EDUCATION. THE PROGRAM INCLUDES A DROP-IN CENTER AND AN OUTREACH COMPONENT, REACHING AT LEAST 3,000 ADOLESCENTS EACH YEAR, WITH SERVICES FOCUSED ON EMOTIONAL HEALING, GROWTH AND EMPOWERMENT. SUBSTANCE ABUSE TREATMENT AND RECOVERY, MENTAL HEALTH COUNSELING, FOOD AND TOILETRIES, JOB SEARCH GUIDANCE, GANG PREVENTION AND INTERVENTION, TUTORING, ART, DANCE AND MUSIC INSTRUCTION ARE CENTRAL PROGRAM SERVICES.

ANOTHER COMPONENT IS ADESTE BEFORE-AND-AFTER-SCHOOL CARE. FOR MOST HARD WORKING, LOW-INCOME FAMILIES, THERE IS A SERIOUS LACK OF AFFORDABLE BEFORE-AND-AFTER SCHOOL PROGRAMS FOR THEIR CHILDREN. ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILD CARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILD CARE.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number 95-1690973

ATTACHMENT 4 (CONT'D)

THE PROGRAM HELPS ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS
THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A
SAFE, NURTURING ENVIRONMENT. ADESTE'S PROGRAM FOCUSES ON
STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER DEVELOPMENT, WHILE
PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED
IT.

THE THIRD COMPONENT, CATHOLIC YOUTH ORGANIZATION (CYO), OFFERS
BASKETBALL, GOLF, SOCCER, VOLLEYBALL, CHEER & SONG AND TRACK &
FIELD FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES. LAST
YEAR, OVER 24,000 YOUNGSTERS ACTIVELY PARTICIPATED IN THE PROGRAM,
LEARNING LIFE-LONG VALUES AND CHALLENGING THEMSELVES ON THEIR
PATHS OF PERSONAL GROWTH. 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. PLAYING SPORTS
THROUGH CYO CHANGES THE COURSE OF MANY LIVES AND CREATES HEALTHIER
COMMUNITIES.

ATTACHMENT 5

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,

KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

			(C) POSITION	COMPENSATION FROM			
	(A) NAME AND TITLE	(B) HOURS	(1)(2)(3)(4)(5)(6)	(D)ORG.	(E)REL.	ORG.	(F)OTHER
29	DANIEL R. PEATE						
	TRUSTEE	1.00	X		0.	0.	0.
30	JON L. REWINSKI, ESQ.						
	TRUSTEE	1.00	X		0.	0.	0.
31	JACQUES G RIGAUD						

Name of the organization  CATHOLIC CHARITIES OF LOS ANGELES,	INC.				' '	identification n	umber
					ATTA	CHMENT 5	(CONT'D)
TRUSTEE-CYPT	1.00	Х			0.	0.	0.
32 VIKTOR RZETELJSKI							
TRUSTEE	1.00	Х			0.	0.	0.
33 MARY BETH RZETELJSKI							
TRUSTEE	1.00	Х			0.	0.	0.
34 BISHOP ALEXANDER SALAZAR							
TRUSTEE	1.00	Х			0.	0.	0.
35 FREDERICK K. SCHMITT							
TRUSTEE	1.00	Х			0.	0.	0.
36 STACY M. SPROULL							
TRUSTEE	1.00	Х			0.	0.	0.
37 THOMAS P. SULLIVAN							
TRUSTEE	1.00	Х			0.	0.	0.
38 JOHN J. SWENSON, ESQ.							
TRUSTEE	1.00	Х			0.	0.	0.
39 MARIE THORPE							
TRUSTEE-CYPT	1.00	Х			0.	0.	0.
40 FRANK E VELASCO							
TRUSTEE-CYPT	1.00	Х			0.	0.	0.
41 PETER J. VOGELSANG, M.D.							
TRUSTEE	1.00	Х			0.	0.	0.
42 DAVID M. WALSH, ESQ.							
TRUSTEE	1.00	Х			0.	0.	0.
43 JOHN A. WHITE							
TRUSTEE	1.00	Х			0.	0.	0.
44 JOHN YANEZ							
TRUSTEE	1.00	Х			0.	0.	0.
45 SANDER C. ZAGZEBSKI, ESQ.							
TRUSTEE	1.00	Х			0.	0.	0.
46 JAMES E BATHKER							
CFO	40.00		Х		150,405.	0.	27,280.
47 RONALD LOPEZ					•		
CAO	40.00			X	127,186.	0.	22,212.
48 ALEXANDRIA M. ARNOLD							·
DIR DEVELOPMT & COMMUNICATIONS	40.00			Х	122,384.	0.	15,260.

ATTACHMENT	6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRANT THORNTON 515 S. FLOWER STREET LOS ANGELES, CA 90071	AUDITING	173,342.
MONIQUE LAMORE MORAGA 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015	DESIGN & PRINTING	169,538.

Schedule O (Form 990 or 990-EZ) 2010 Page **2** 

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES, INC.

Employer identification number

95-1690973

ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS		DESCRIP	TION OF SERVICES	COMPENSATION
LA UAW TRAINING & EDUCATION 11010 ARTESIA BLVD CERRITOS, CA 90703		CLIENT	TRAINING	146,943.
BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004		CLIENT	TRAINING	114,566.
ARBOR EDUCATION & TRAINING 5301 WHITTIER BLVD LOS ANGELES, CA 90022		CLIENT	TRAINING	112,883.
TOI	AL COMPENSATION			717,272.

ATTACHMENT 7

## FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
ANGEL'S APPEAL	679,998.
GOOD SHEPHERD GALA	240,314.
OTHER EVENTS	859,420.
TOTAL	1,779,732.

ATTACHMENT 8

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ANGEL'S APPEAL	11,611.	11,611.	0.
GOOD SHEPHERD GALA	111,069.	106,403.	4,666.
OTHER EVENTS	545,048.	533,591.	11,457.
TOTALS	667,728.	651,605.	16,123.

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Part I	Identification of Disregarded Entities (Complete if t	he organization a	nswered "Yes"	on Form 990, Part	IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(Complete if the he tax year.)	organization a	nswered "Yes" on F	Form 990, Part I	V, line 34 becaus	se it had
	(a)	(b)	(c)	(d)	(e)	(f)	(g)

(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	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) ROMAN CATHOLIC ARCHDIOCESE OF LA 95-1642382							
3424 WILSHIRE BLVD. LOS ANGELES, CA 90010	RELIGIOUS	CA	501 (C) (3)	01	N/A		Х
(2) OPUS CARITATIS, INC 20-1021326							
1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	SUPPORTING	CA	501 (C) (3)	11	N/A		Х
(3) CATHOLIC CHARITIES COMM DEVELOPMENT CORP 95-4172572							
PO BOX 15095 LOS ANGELES, CA 90015	COM. DEVELOP	CA	501 (C) (3)	9	N/A		Х
	_						
_(5)							
<u>(6)</u>							

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

Schedule R (Form 990) 2010

Page 2

95-1690973 Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (b) Primary activity (g) (e) Predominant (h) (j) (k) Direct controlling Share of total Percentage Name, address, and EIN Lègal Share of end-of-year Code V-UBI General or Disproportionate income (related, domicile entity income amount in box 20 of assets managing ownership allocations? unrelated, excluded from related organization (state or partner? foreign tax under Schedule K-1 sections 512-514) country) (Form 1065) Yes No Yes No (5)\_\_\_\_\_ (7) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (4)

(a)  Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u>							
(2)							
(3)							
(4)							

95-1690973 Page 3 Schedule R (Form 990) 2010

#### Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

						Yes	Nο
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					100	110
1	During the tax year, did the organization engage in any of the following transactions with one or more r	_			4 -		Х
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						X
b	Gift, grant, or capital contribution to other organization(s)					37	Λ
С	Gift, grant, or capital contribution from other organization(s)				1c	Х	
d	Loans or loan guarantees to or for other organization(s)				1d		Х
е	Loans or loan guarantees by other organization(s)				1 e		Х
f	Sale of assets to other organization(s)				1f		Х
g	Purchase of assets from other organization(s)						Х
h	Exchange of assets						Х
i	Lease of facilities, equipment, or other assets to other organization(s)					X	
i	Lease of facilities, equipment, or other assets from other organization(s)				1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)					Х	
ı	Performance of services or membership or fundraising solicitations by other organization(s)					Х	
m	Sharing of facilities, equipment, mailing lists, or other assets						Х
	Sharing of paid employees						Х
"	onaling of paid employees						
_	Deimburgement neid to other organization for expenses				10	Х	
-	Reimbursement paid to other organization for expenses					Х	
р	Reimbursement paid by other organization for expenses				. 6		
	Other transfer of each as many orbits of the companies time (a)				1q		х
q	Other transfer of cash or property to other organization(s)				1r		X
<u>'</u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				1		
	(a)	(b)	·		(d)	<b>J.</b>	
	Name of other organization	Transaction	(c) Amount involved		d of det		ng
		type (a-r)		amo	ount inv	olved	
(1)	OPUS CARITATIS, INC.	С	2,100,000.	COST			
	·						

(a) Name of other organization	<b>(b)</b> Transaction type (a–r)	<b>(c)</b> Amount involved	( <b>d</b> ) Method of determining amount involved
(1) OPUS CARITATIS, INC.	С	2,100,000.	COST
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2010 95-1690 973 Page **4** 

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No	(F0IIII 1005)	Yes	s No
_(1)										
<u>(2)</u>										
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2010 Page 5

# Part VII

Supplemental Information

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