

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1531 JAMES M WOOD BLVD

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90015

F Name and address of principal officer:
MONSIGNOR GREGORY A COX
1531 JAMES M WOOD BLVD
LOS ANGELES, CA 90015

D Employer identification number
95-1690973

E Telephone number
(213) 251-3410

G Gross receipts \$ 61,859,151

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CATHOLICCHARITIESLA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1937 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 CCLA PROVIDED OVER 345,000 SERVICES TO OVER 36,000 CLIENTS AT 47 LOCATIONS (20 CENTERS, 10 SHELTERS, & 18 PROGRAM SITES) IN THE LOS ANGELES, VENTURA & SANTA BARBARA COUNTIES, REGARDLESS OF RACE, RELIGION, GENDER, AGE OR DISABILITY. THE CONTINUED PANDEMIC SIGNIFICANTLY AFFECTED MANY OF THE CLIENTS AND PROGRAMS WE OPERATE. ADDITIONAL REQUIREMENTS, SOCIAL DISTANCE RESTRICTIONS AND PERIODIC CLOSURES DUE TO INFECTION EXPOSURES ALL FACTORED INTO THE REASONS FOR LOWER THAN NORMAL ANNUAL SERVICES PROVIDED AND CLIENTS SERVED.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	35
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	451
6 Total number of volunteers (estimate if necessary)	1,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	41,894,992	45,425,092
9 Program service revenue (Part VIII, line 2g)	15,068,099	9,617,345
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,435	1,510,634
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	529,880	291,412
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,663,406	56,844,483
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	35,519
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,654,242	20,413,090
16a Professional fundraising fees (Part IX, column (A), line 11e)	45,099	21,148
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 532,795		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,778,923	27,087,597
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,478,264	47,557,354
19 Revenue less expenses. Subtract line 18 from line 12	7,185,142	9,287,129

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	323,361,345	401,651,832
21 Total liabilities (Part X, line 26)	15,260,310	11,861,621
22 Net assets or fund balances. Subtract line 21 from line 20	308,101,035	389,790,211

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2022-05-10
 MONSIGNOR GREGORY A COX EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2022-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00650274
Firm's name ▶ ARMANINO LLP				Firm's EIN ▶ 94-6214841
Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025				Phone no. (310) 478-4148

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CCLA IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE, PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. CCLA PROFESSIONALLY & COMPASSIONATELY SERVES THOSE WHO COME TO IT PROVIDING A HOLISTIC COMBINATION OF SERVICES THAT REMOVE BARRIERS TO SELF-SUFFICIENCY & WHOLENESS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 15,757,350 including grants of \$ 10,000) (Revenue \$ 687,241)
See Additional Data

4b (Code:) (Expenses \$ 10,159,644 including grants of \$ 2,686) (Revenue \$ 8,667,813)
See Additional Data

4c (Code:) (Expenses \$ 10,327,255 including grants of \$ 7,833) (Revenue \$ 75,444)
See Additional Data

(Code:) (Expenses \$ 6,565,963 including grants of \$ 15,000) (Revenue \$ 180,763)

YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES PROUDLY CONTINUES TO SUPPORT DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2021, AYES PROVIDED OVER 8,400 SERVICES TO OVER 2,600 UNDER-PRIVILEGED YOUTH AND YOUNG ADULTS SUCH AS JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY & CITY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, ROSS-DRESS-FOR-LESS, WALGREENS, WSS (WAREHOUSE SHOE SALE), FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.WITH FIELD OFFICES IN CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND USC. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES INCLUDING JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- NUMERACY GAINS. THESE 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 COMMUNITYCYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH. IN FISCAL 2021, CYO SERVED ALMOST 1,500 YOUTH. THE PANDEMIC RESULTED IN MANY CANCELED ACTIVITIES GREATLY IMPACTING OUR ABILITY TO OFFER THESE ACTIVITIES, HOWEVER CREATIVE PROGRAMS WERE DEVELOPED TO AT LEAST ENGAGE SOME WITH ON-LINE EVENTS.IN ADDITION TO THE YOUTH, EACH YEAR CYO TRAINS COACHES AND PARENTS THROUGH THE "PLAY LIKE A CHAMPION" PROGRAM DEVELOPED BY THE CENTER FOR ETHICAL EDUCATION AT THE UNIVERSITY OF NOTRE DAME. CYO CONTINUES TO PROVIDE THE CHILDREN OF LOS ANGELES COUNTY- MANY OF WHOM ARE CONSIDERED "AT RISK" - WITH A QUALITY ATHLETIC PROGRAM THAT ENHANCES THEIR PHYSICAL AND MENTAL DEVELOPMENT AND MATURITY.

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	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		No
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and Yes/No columns.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (36), 1b (35), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 16 main rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAN O'BRIEN C/O CCLA 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015 (213) 251-3410

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

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

Table with 3 columns for questions 3, 4, and 5 regarding compensation reporting and thresholds.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,519	35,519		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,040		284,040	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,813,537	13,614,548	1,913,431	285,558
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	610,112	509,554	85,669	14,889
9 Other employee benefits	1,981,176	1,731,515	219,605	30,056
10 Payroll taxes	1,724,225	1,509,110	192,873	22,242
11 Fees for services (non-employees):				
a Management				
b Legal	24,894	20,637	4,257	
c Accounting	113,361	85,443	27,124	794
d Lobbying				
e Professional fundraising services. See Part IV, line 17	21,148			21,148
f Investment management fees	72,020		72,020	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,626,853	5,532,885	77,402	16,566
12 Advertising and promotion	21,107			21,107
13 Office expenses	1,025,907	635,020	320,179	70,708
14 Information technology	567,290	327,789	222,540	16,961
15 Royalties				
16 Occupancy	2,964,770	2,600,016	337,576	27,178
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,943	38,161	11,782	
20 Interest	134,586	96,296	38,290	
21 Payments to affiliates	33,402		33,402	
22 Depreciation, depletion, and amortization	675,752	646,823	28,929	
23 Insurance	660,546	602,048	52,910	5,588
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY AND FINANCIAL	11,953,651	11,953,651		
b PARTICIPANT PAYROLL	2,616,622	2,616,622		
c OPERATING EXPENSES & OT	387,025	105,681	281,344	
d VEHICLES & MILEAGE	159,868	148,894	10,974	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	47,557,354	42,810,212	4,214,347	532,795
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,594,255	1	2,277,255
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,070,365	4	6,997,261
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	583,831	9	600,185
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	53,554,049		
	b Less: accumulated depreciation	11,642,351		
	11 Investments—publicly traded securities	29,766,956	11	36,037,563
	12 Investments—other securities. See Part IV, line 11	2,166,656	12	2,697,639
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	242,213,088	15	311,130,231
16 Total assets. Add lines 1 through 15 (must equal line 33)	323,361,345	16	401,651,832	
Liabilities	17 Accounts payable and accrued expenses	4,885,985	17	5,941,623
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,300,389	23	3,110,300
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,073,936	25	2,809,698
	26 Total liabilities. Add lines 17 through 25	15,260,310	26	11,861,621
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,634,188	27	65,831,083
	28 Net assets with donor restrictions	252,466,847	28	323,959,128
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	308,101,035	32	389,790,211	
33 Total liabilities and net assets/fund balances	323,361,345	33	401,651,832	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 95-1690973

Name: CATHOLIC CHARITIES OF LOS ANGELES INC

Form 990 (2020)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

THE SHELTER PROGRAMS OF CATHOLIC CHARITIES ARE AIMED AT ENDING HOMELESSNESS AND STABILIZING CLIENTS' LIVES THROUGH HOUSING, EMPLOYMENT AND SUPPORTIVE SERVICES. THEY ARE DESIGNED TO MOVE CLIENTS FROM "IN CRISIS" SITUATIONS TO A SAFE AND STABLE HOUSING. OF CATHOLIC CHARITIES' SEVEN EMERGENCY AND TRANSITIONAL HOUSING PROGRAMS, THREE ARE SOLELY FOR WOMEN AND WOMEN WITH CHILDREN. LANGUILLE EMERGENCY SHELTER, HAWKES TRANSITIONAL RESIDENCE AND FARLEY HOUSE, ALL PART OF GOOD SHEPHERD CENTER (GSC), A PROGRAM OF CATHOLIC CHARITIES, LOCATED IN THE ECHO PARK NEIGHBORHOOD OF LOS ANGELES. THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE, A TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA IS DESIGNED TO SERVE 2 FAMILY UNITS (A TOTAL OF 7 BEDS) AT A TIME. TWO EMERGENCY SHELTERS, (FOR MORE DETAILS PLEASE SEE SCHEDULE O)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COX REV MSGR GREGORY A EXEC VP	40.00	X		X				58,526	0	26,906
GOMEZ ARCHBISHOP JOSE H CHAIRMAN	0.50	X		X				0	0	0
TOSETTI PAUL D PRESIDENT	0.50	X		X				0	0	0
MONTOYA REV MSGR PAUL M VP	0.50	X		X				0	0	0
MARTIN JR VINCENT F TREASURER	0.50	X		X				0	0	0
MCALPIN-GRANT ESQ LOLA SECRETARY	0.50	X		X				0	0	0
AMARAL GUSTAVO GARY A TRUSTEE	0.50	X						0	0	0
BEACH PATRICK TRUSTEE (START 09/20)	0.50	X						0	0	0
BECERRA-JONES YOLANDA TRUSTEE	0.50	X						0	0	0
BEYZAEE ESQ AFSHIN TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COBB CATHLEEN M TRUSTEE	0.50	X						0	0	0
COLLINS TIMOTHY J TRUSTEE	0.50	X						0	0	0
DAMICO RICHARD G TRUSTEE	0.50	X						0	0	0
DAMICO SUSAN TRUSTEE	0.50	X						0	0	0
DAHLMAN WILLIAM TRUSTEE	0.50	X						0	0	0
DARNELL GARY TRUSTEE	0.50	X						0	0	0
DEVERICKS ROB TRUSTEE (START 11/20)	0.50	X						0	0	0
DOMINGO-FORASTE DOUGLAS TRUSTEE	0.50	X						0	0	0
EVANS ESQ GREGORY L TRUSTEE	0.50	X						0	0	0
GARCIA ESQ BONIFACIO BONNY TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOGAN MICHAEL MIKE TRUSTEE	0.50	X						0	0	0
KRAUSS GARY D TRUSTEE	0.50	X						0	0	0
LARSON STEPHEN G TRUSTEE	0.50	X						0	0	0
LO COCO JAMES R TRUSTEE	0.50	X						0	0	0
MALONEY ESQ MICHAEL J TRUSTEE	0.50	X						0	0	0
MCFERSON SEAN K TRUSTEE	0.50	X						0	0	0
OBRIEN MICHAEL D TRUSTEE	0.50	X						0	0	0
PSOMAS MICHAEL T TRUSTEE	0.50	X						0	0	0
RZETELJSKI VIKTOR TRUSTEE	0.50	X						0	0	0
SCHMITT FREDERICK K TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SPARROW JANET CRUZ TRUSTEE	0.50	X						0	0	0
VOGELSANG PETER J TRUSTEE	0.50	X						0	0	0
WALSH ESQ DAVID M TRUSTEE	0.50	X						0	0	0
WHITE JOHN A TRUSTEE	0.50	X						0	0	0
YOSHITAKE TODD TRUSTEE	0.50	X						0	0	0
ZAGZEBSKI ESQ SANDER C TRUSTEE	0.50	X						0	0	0
O'BRIEN DANIEL CFO	40.00			X				148,962	0	48,996
ARNOLD ALEXANDRIA DEVELOPMENT & COMMUNICATIO	40.00					X		177,535	0	27,594
VAVOUDIS JOHNATHAN IT	40.00					X		136,086	0	22,793
RATLEFF LELAND HR DIRECTOR	40.00					X		134,040	0	10,841

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRIMM DANIEL REGIONAL DIRECTOR	40.00					X		121,034	0	12,976
GUTIERREZ ROBERT AYE DIRECTOR	40.00					X		108,467	0	19,655

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

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

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

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	31,947,270	36,433,137	51,227,920	41,894,992	45,425,092	206,928,411
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	31,947,270	36,433,137	51,227,920	41,894,992	45,425,092	206,928,411
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						21,575,673
6	Public support. Subtract line 5 from line 4.						185,352,738

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	87.100 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	87.800 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number 95-1690973

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation of land, habitat, open space, and historic structures. Includes a table for conservation easements held at the end of the year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 29.700 %
 - c** Term endowment ▶ 70.300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | Yes | No |
|--|--|-----|----|
| (i) Unrelated organizations | | | No |
| (ii) Related organizations | | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARATE ORGANIZATION	311,130,231
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	311,130,231

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM GOVERNMENT FUNDERS	709,698
(3) REFUNDABLE ADVANCE	2,100,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,809,698

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1690973

Name: CATHOLIC CHARITIES OF LOS ANGELES INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	CATHOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801,113 WHICH IS INVESTED IN PERPETUITY. THE INCOME IS RECOGNIZED AS TEMPORARILY RESTRICTED AND USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNED SINCE THE FUNDS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLESS SPECIFICALLY EXPENDED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 114,468. UNREALIZED GAIN ON BENEFICIAL INTEREST IN SEPARATE ORGANIZATION 68,917,142. COST OF GOODS SOLD 297,194.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 114,468. COST OF GOODS SOLD 297,194.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KATI ROCKY 812 ANGELES PLACE VENICE, CA 90291	SOLICITATION OF NON-GOVERNMENT GRANTS		No	144,317	5,143	139,174
KRISTAN O'DONNELL 1022 E CANON PERDIO ST SANTA BARBARA, CA 93103	SOLICITATION OF NON-GOVERNMENT GRANTS		No	65,000	12,300	52,700
Total				209,317	17,443	191,874

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number 95-1690973

Part I 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?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) SISTERS OF SOCIAL SERVICE, 95-1793704, 501(C)(3), 10,000, IN MEMORY OF SISTER GEORGIANNA CAHILL.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PRIOR TO ISSUING GRANTS, RECEIPIENTS ARE VETTED TO ENSURE THE FUNDS WILL BE USED IN THE MANNER INTENDED.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC	Employer identification number 95-1690973
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Part I Questions Regarding Compensation

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

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

Part I Types of Property

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

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

	29	0
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.
PART I, LINE 32B:	CCLA USED "CHARITABLE ADULTS RIDE SERVICES" TO SELL DONATED VEHICLES.

SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2020

**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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 1 OF 2	<p>LINKAGES TO OTHER SOURCES OF SUPPORT, LITERACY SESSIONS, MEDICAL COUNSELING AND REFERRALS, MENTAL HEALTH TREATMENT AND REFERRALS, NUTRITION AND HEALTHY FOOD CLASSES, PARENTING WORK SHOPS, SUPPORT FOR SUBSTANCE ABUSE RECOVERY, TUTORING, SPECIAL SERVICES FOR SENIORS, DAY CARE AND ARTS PROGRAMS FOR CHILDREN. CCLA PROVIDES OVER 70 DIFFERENT TYPES OF SERVICES AS DEFINED BY THE CODING SYSTEM USED BY THE IRS. CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTATED PROCESS FOR ASSESSING THE NEED OF AN INDIVIDUAL OR FAMILY FOR SPECIFIC SERVICES AND ASSISTING THEM TO OBTAIN THOSE SERVICES. OUR VOLUNTEERS ARE THE HEART OF THE ORGANIZATION. CCLA'S OVER 1,000 VOLUNTEERS PROVIDING THEIR TIME AND ENERGY TO SUPPORT OUR PROGRAMS. BECAUSE OF THEIR TIME AND ENERGY CCLA WAS ABLE TO REDUCE THE COST OF SERVICE DELIVERY, EXTEND OUR ALREADY STRETCHED SERVICES REACH AND INCREASE OUR CONTACT WITH THE GREATER COMMUNITY. ALL OF OUR CENTERS HAVE CLIENTS THAT VOLUNTEER TO HELP OTHERS HOWEVER, THE CONTINUED PANDEMIC SIGNIFICANTLY IMPACT THE VOLUNTEER BASE AS A MAJORITY OF THEM ARE ELDERLY AND WERE AT HIGHER RISK OF CONTRACTING THE VIRUS. OUR VOLUNTEERS PROVIDE COMPASSIONATE SERVICE TO CLIENTS, CLERICAL SUPPORT TO OUR STAFF, AND FUNDRAISING & LEADERSHIP TO OUR ADVISORY BOARDS AND PROGRAMS. THEY FILL VARIOUS ROLES AS TEACHERS, TUTORS, MENTORS AND COMPANIONS TO OUR CLIENTS. THEY ORGANIZE EVENTS, COACH YOUTH SPORTS TEAMS AND DEVELOP NEW RESOURCES. THEY PROVIDE LOGISTICAL SUPPORT AND LOCATE, PROCURE, PREPARE AND DELIVER FOOD. THEY PROVIDE COMFORT TO OTHERS AND ADVOCATE FOR THE GREATER GOOD. LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE DELIVER FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE MID-SAN FERNANDO VALLEY. THE LOAVES & FISHES FOOD PANTRY IN VAN NUYS, OFFERS FOOD AND POVERTY SERVICES TO CLIENTS WITH LOW INCOMES AND CLIENTS WHO WERE HOMELESS. IN FISCAL 2021, THE VAN NUYS CENTER PROVIDED OVER 1,200 SERVICES TO OVER 300 CLIENTS. THE GLENDALE COMMUNITY CENTER HELPS FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES, IMMIGRANTS AND REFUGEES, AND THE WORKING POOR. PARTICIPANTS HAVE ACCESS TO JOB COUNSELING, RESUME BUILDING SERVICES, RENTAL ASSISTANCE, MOTEL VOUCHERS, ADVOCACY, AND FOOD AND DISTRIBUTION SERVICES. THE CENTER SERVED OVER 1,200 CLIENTS, PROVIDING THEM WITH OVER 11,000 SERVICES IN FISCAL 2021. GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPS INDIVIDUALS WITH BASIC NEEDS SERVICES SUCH AS FOOD, CLOTHING AND DIAPERS. THE CENTER ALSO HOSTS A M Y CLUB FOR AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE WHICH OFFERS A MULTITUDE OF ENRICHMENT PROGRAMS INCLUDING ART, DANCE, MUSIC, CULTURAL HERITAGE PROGRAMS AND RECREATIONAL FACILITIES. THE ALL-DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS BENEFIT LOW-INCOME CHILDREN. THE OASIS PROGRAM BASED AT THE GUADALUPE COMMUNITY CENTER IN CANOGA PARK ASSISTS SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES WHO HELPED KEEP THE ELDERLY LI</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>PART III, LINE 4A 1 OF 2</p>	<p>VING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT H OUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS. THE GUADALUPE CO MMUNITY CENTER PROVIDED ALMOST 14,000 SERVICES TO ROUGHLY 2,000 CLIENTS IN FISCAL 2021. TH E TEMPORARY SKILLED WORKERS PROGRAM IN BURBANK IS A COLLABORATIVE EFFORT BETWEEN THE CITY OF BURBANK, THE BURBANK POLICE DEPT., CCLA AND DAY LABORERS THAT MANAGE AND OPERATE A FIXE D HIRING SITE WHERE PROSPECTIVE LABORERS CAN ASSEMBLE TO LAWFULLY SOLICIT TEMPORARY EMPLOYMENT WITHOUT CAUSING PROBLEMS FOR THE SURROUNDING COMMUNITY. THIS PROGRAM SERVED 106 WORKE RS IN FISCAL 2021. THE SAN GABRIEL REGION HAS TWO CENTERS THAT OPERATE THE SNAP-ED PROGRAM . THE PROGRAM IS SUPPORTED WITH FEDERAL FUNDING THROUGH CATHOLIC CHARITIES OF CALIFORNIA A ND IS FOCUSED ON PROVIDING INFORMATION AND SKILLS TO PROMOTE HEALTHY EATING HABITS AND ACT IVE LIFESTYLES. A SIX-WEEK COURSE WITH AN EVIDENCE-BASED CURRICULUM PROVIDES THE FOUNDATIO N FOR HEALTH INFORMATION. THE STAFF, AS WELL AS THE CLIENTS, BENEFIT FROM THE EMPHASIS ON HEALTHY CHOICES. BROWNSON HOUSE (EAST LA), SAN JUAN DIEGO IN EL MONTE, AND THE POMONA COMM UNITY SERVICES CENTER DELIVER SERVICES SUCH AS THE BASIC NEEDS PROGRAM (FOOD, CLOTHING, EM ERGENCY SHELTER, TRANSPORTATION, AND UTILITIES SUBSIDIES) AND WORKSHOPS THAT FOCUS ON MENT AL WELLNESS, LIFE SKILLS TRAINING, AND REMOVING THE STIGMA OF MENTAL ILLNESS. ADDITIONALLY , AT BROWNSON HOUSE THERE ARE EXERCISE CLASSES FOR ADULTS, KARATE CLASSES FOR YOUTH, A SUM MER PROGRAM FOR CHILDREN AND EDUCATIONAL LECTURES DESIGNED FOR SENIORS SPECIFICALLY FOR TH EM. HOLIDAYS ARE BRIGHTENED FOR LOW-INCOME CLIENTS BY DONATIONS OF THANKSGIVING, CHRISTMAS AND EASTER BASKETS. AT THE ANNUAL BACK-TO-SCHOOL PARTY, CHILDREN RECEIVE BACKPACKS FILLED WITH SCHOOL SUPPLIES. WHENEVER POSSIBLE, THE HOMELESS ARE INVOLVED IN THE DESIGNING THE P ROGRAM SERVICES. IN FISCAL 2021, BROWNSON HOUSE SERVED NEARLY 3,000 CLIENTS WITH OVER 14,0 00 SERVICES. IN ADDITION TO THE BASIC NEEDS PROGRAM, THE SAN JUAN DIEGO CENTER PROVIDES AL SO PROVIDES NUTRITION WORKSHOPS, RENTAL ASSISTANCE, BACK TO SCHOOL HAIRCUTS & SUPPLIES, CH RISTMAS BASKETS, AND HELP IN APPLYING FOR CALFRESH. THIS CENTER IN EL MONTE PROVIDED OVER 9,400 SERVICES TO MORE THAN 3,600 CLIENTS IN FISCAL 2021. AT THE POMONA COMMUNITY SERVICES CENTER, IN THE CITY SPONSORED SOCIAL SERVICES BUILDING, CCLA ASSISTS CLIENTS WITH PROGRAM S SUCH AS HOMELESS PREVENTION, UTILITIES ASSISTANCE, AND CHRISTMAS ADOPT-A-FAMILY PROGRAM, AS WELL AS LINKAGES TO COMMUNITY RESOURCES AND RENTAL ASSISTANCE IN COLLABORATION WITH IN LAND VALLEY HOPE PARTNERSHIP. IN FISCAL 2021, THE CENTER SERVED OVER 1,200 CLIENTS IN THE SAN PEDRO REGION, THE LONG BEACH COMMUNITY CENTER AND PICO RIVERA FAMILY RESOURCE CENTER H ELP NEEDY CLIENTS AND PROVIDE THEM WITH SERVICES SUCH AS FOOD, MOTEL AND TAXI VOUCHERS, CL OTHING, LINKAGES TO COMMUNITY UTILITY ASSISTANCE, BABY DIAPERS & FORMULA, HYGIENE KITS, CA SE MANAGEMENT, JOB FINDING SER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 1 OF 2	<p>VICES, MAIL SERVICES, AND RENTAL ASSISTANCE TO HOMELESS FAMILIES. ASSISTANCE WITH APPLYING FOR FOOD STAMPS AND NAVIGATING THE NEW CALIFORNIA HEALTH INSURANCE SYSTEM IS ALSO OFFERED . ONCE A WEEK THE ST. MARY'S MOBILE HEALTH CLINIC COMES TO OFFER HEALTH SCREENINGS. THE LONG BEACH COMMUNITY CENTER OPERATES THE GATEWAY PROJECT, A FRIENDLY VISITOR PROGRAM, WHICH SUPPLIES GROCERIES, UTILITIES' ASSISTANCE, AND TAXI & VOUCHERS TO THE FRAIL ELDERLY. THE PROJECT PROVIDES CASE MANAGEMENT AND REFERRAL SERVICES FOR QUALIFIED LOW-INCOME CLIENTS WITH SPECIFIC NEEDS AND HARSHIPS. IN FISCAL 2021, ALMOST 13,500 SERVICES WERE PROVIDED TO OVER 1,700 CLIENTS AT THE LONG BEACH COMMUNITY CENTER, WHILE APPROXIMATELY 10,300 SERVICES WERE PROVIDED TO ABOUT 650 CLIENTS AT THE PICO RIVERA FAMILY RESOURCE CENTER. ST. ROBERT'S CENTER IN VENICE, CA HAS A WEEKEND FOOD PROGRAM WHICH SUPPLIES HOMELESS AND LOW- INCOME PERSONS WITH LUNCHESES, GROCERIES, CLOTHING AND HYGIENE ITEMS, AS WELL AS REFERRALS TO COMMUNITY RESOURCES. VOLUNTEERS ASSIST IN PREPARING SACK MEALS AND DISTRIBUTING OTHER BASIC NEEDS ITEMS WHEN MOST OTHER RESOURCE CENTERS ARE CLOSED. THE CENTER PROVIDED OVER 10,600 SERVICES TO ALMOST 600 CLIENTS IN FISCAL 2021. AT ST. MARGARET'S CENTER, WHICH COVERS THE LENNOX , INGLEWOOD AND HAWTHORNE AREAS, CHRONICALLY HOMELESS INDIVIDUALS AND THOSE WITH DISABILITIES ARE HELPED SECURE AND MAINTAIN PERMANENT HOUSING. THE FOOD OFFERED IS ONLY THE FIRST STEP IN EARNING THE TRUST OF OUR CLIENTS SO THEY WILL ACCEPT FURTHER HELP, SUCH AS SHELTER VOUCHERS, RENTAL AND UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO OTHER COMMUNITY RESOURCES. PROGRAMS DESIGNED FOR FAMILIES INCLUDE NUTRITIONAL EDUCATION AND EXERCISE, AS WELL AS FOOD, ARE PART OF A HOLISTIC PROGRAM THAT NOURISHES THE WHOLE FAMILY. AS AN EXAMPLE, AT ST. MARGARET'S CENTER A FULL- TIME NUTRITIONAL EDUCATOR AND PEER EDUCATORS OFFER GROUP CLASSES ON HEALTHY EATING, PHYSICAL ACTIVITY AND DISEASE PREVENTION TO THE COMMUNITY. IN ADDITION, THEY ALSO EDUCATE FOOD PANTRY RECIPIENTS ABOUT THE MOST ECONOMICAL WAY TO LIVE A HEALTHY LIFE. FREE WEEKLY YOGA AND AEROBICS CLASSES ARE ALSO OFFERED AT THE CENTER. IN ADDITION TO FAMILIES AND THE HOMELESS, ST. MARGARET'S CENTER ALSO HAS A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR SENIORS OR ELDERLY CLIENTS. APPROXIMATELY 28,400 SERVICES WERE PROVIDED BY THIS CENTER TO OVER 5,800 CLIENTS IN FISCAL 2021. EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL LA, PRIMARILY SERVES CHILDREN AND YOUTH THROUGH ITS CHILD CARE CENTER AND AN AFTER-SCHOOL TUTORING & MENTORING PROGRAM. THE CHILD CARE PROGRAM AND THE MY CLUB PROGRAM PROVIDES ACADEMIC , RECREATIONAL, AND CULTURAL ACTIVITIES FOR YOUTH.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 2 OF 2	<p>IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) OUT IN CAM ARILLO OFFERS DIRECT ASSISTANCE TO SENIORS AS WELL AS ANSWERING INFORMATION CALLS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE REASSURANCE CALLS AND TRANSPORTATION TO MEDICAL APPOINTMENTS THAT ENABLE OLDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UNNECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY. IN FISCAL 2021, OVER 3,900 SERVICES WERE PROVIDED TO MORE THAN 300 SENIORS WITH THIS PROGRAM. THE VENTURA COMMUNITY CENTER PROVIDES GROCERIES TO INDIVIDUALS AND FAMILIES AND SERVES LUNCHESES. IN ADDITION, THEY PROVIDE CASE MANAGEMENT, RENTAL ASSISTANCE AND UTILITY ASSISTANCE. THE CENTER PARTNERS WITH LIFE CENTERS OF VENTURA COUNTY WHO PROVIDES NEW LOW-INCOME MOTHERS WITH BABY CLOTHES, FORMULA, DIAPERS AND OTHER BASIC SUPPLIES. THE VENTURA CENTER SERVED OVER 2,700 CLIENTS AND PROVIDED OVER 15,700 SERVICES IN FISCAL 2021. IN PARTNERSHIP WITH THE CITY OF MOORPARK, THE RUBEN CASTRO MOORPARK COMMUNITY CENTER (NAMED TO HONOR A CATHOLIC CHARITIES EMPLOYEE) PROVIDES SEVERAL SERVICES TO CLIENTS. THE NEW SHOES FOR SCHOOL PROGRAM HELPS PUT NEW SHOES ON THE FEET OF CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. IN FISCAL 2021, THE MOORPARK CENTER PROVIDED OVER 32,700 SERVICES TO CLOSE TO 2,100 CLIENTS. OUR COMMUNITY CENTER IN SANTA BARBARA PROVIDES SEVERAL TYPES OF SERVICES THAT ARE RENDERED TO THE WORKING POOR. OVER 27,400 SERVICES WERE PROVIDED AT THESE CENTERS TO APPROXIMATELY 3,700 CLIENTS IN FISCAL 2021. CCLA'S LOMPOC COMMUNITY CENTER HELPS INDIVIDUALS WITH RENTAL ASSISTANCE AND UTILITIES SUBSIDIES. THE LOMPOC FOOD PANTRY, IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, AS WELL AS GENEROUS RETAIL CHAINS SUCH AS STARBUCKS AND ALBERTSONS, PROVIDES FOOD PEOPLE IN THE COMMUNITY. IN FISCAL 2021, THE CENTER SERVED OVER 2,800 CLIENTS WITH OVER 44,000 SERVICES. THE SANTA MARIA COMMUNITY SERVICES CENTER CONTINUES TO DELIVER ESSENTIAL SUPPORT SERVICES INCLUDING MOBILE FOOD DISTRIBUTION TO THE CLIENTS FROM SANTA MARIA AND THE OUTLYING AREAS OF GUADALUPE AND NEW CUYAMA VALLEY. OVER 10,600 SERVICES WERE PROVIDED TO ALMOST 1,100 CLIENTS IN THIS AREA IN FISCAL 2021. IN SANTA BARBARA COUNTY, GRANTS ALLOWED ALL COMMUNITY CENTERS TO OFFER FINANCIAL ASSISTANCE TO QUALIFYING, LOW-INCOME SENIOR PET OWNERS FOR EMERGENCY MEDICAL VETERINARY ASSISTANCE. ADDITIONALLY, IN LOMPOC AND SANTA MARIA, THE C.A.R.E 4PAWS PARTNERSHIP PROVIDED QUALIFYING LOW-INCOME, OLDER ADULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THESE COMMUNITY CENTERS. THRIFT STORES: THRIFT STORES RUN BY CCLA AT THE GUADALUPE, VAN NUYS, SANT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A 2 OF 2	A BARBARA & SANTA MARIA CENTERS PROVIDE DIRECT ASSISTANCE BY ALLOWING LOW INCOME CLIENTS TO SHOP FOR A CERTAIN AMOUNT OF CLOTHING & HOUSEHOLD ITEMS FOR FREE AND TO PURCHASE GENTLY USED MERCHANDISE AT GREATLY DISCOUNTED PRICES. CATHOLIC CHARITIES USES A COMPREHENSIVE CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS TO ASSESS AND IMPROVE ORGANIZATIONAL PERFORMANCE, TO EVALUATE THE EFFECTIVENESS AND EFFICIENCY OF SERVICES PROVIDED, TO DETERMINE WHETHER THESE SERVICES MEET PRE-DETERMINED PERFORMANCE EXPECTATIONS FOR POSITIVE CLIENT OUTCOMES, AND TO IDENTIFY AND CORRECT ORGANIZATIONAL ISSUES AND OBSERVED DEFICIENCIES. THE PROCESS ALSO OFFERS CLIENTS ONGOING OPPORTUNITIES TO EVALUATE AND COMMENT UPON THE SERVICES THEY RECEIVE, TO RECOMMEND CHANGES, AND TO INDICATE SATISFACTION WITH THOSE SERVICES. DATA FROM THESE ACTIVITIES IS SYSTEMATICALLY COLLECTED, AGGREGATED AND SHARED REGULARLY WITH STAKEHOLDERS, INCLUDING CLIENTS, EMPLOYEES, VOLUNTEERS, CONSULTANTS, FUNDERS, ADVISORY BOARDS AND THE GOVERNING BODY.

990 Schedule O, Organizational Information

Return Reference	Explanation
PART III, LINE 4B 1 OF 1	<p>OUR EMPLOYMENT SUPPORT PARTNERSHIP (ESP) FORMERLY CENTRAL INTAKE UNIT (CIU) PROVIDES ASSISTANCE TO REFUGEES, IMMIGRANTS AND OTHERS THROUGH DIFFERENT PROGRAMS SUCH AS THE REFUGEE EMPLOYMENT AND ACCULTURATION SERVICES (REAS), WHICH PROVIDES EMPLOYMENT READINESS THROUGH COMPREHENSIVE CASE MANAGEMENT TO REFUGEES WHO HAVE BEEN IN THE COUNTRY FOR LESS THAN FIVE YEARS AND RESIDE IN THE WEST SAN FERNANDO VALLEY AND GLENDALE/BURBANK AREAS OF LOS ANGELES COUNTY. THE HOME BASED CHILDCARE PROGRAM PROVIDES TRAINING (HBC) PROVIDES TRAINING IN PREPARATION FOR STATE LICENSING AND ASSISTANCE IN OPENING HOME BASED CHILDCARE BUSINESSES. THE TRANSITIONAL SUBSIDIZED EMPLOYMENT SERVICES (TSE) PROVIDES PLACEMENT OF CALWORKS PARTICIPANTS INTO SUBSIDIZED EMPLOYMENT FOLLOWED BY PLACEMENT IN UNSUBSIDIZED EMPLOYMENT. COMMUNITY BLOCK GRANTS (EMPLOYMENT SERVICES & EMERGENCY SERVICES) PROVIDES EMPLOYMENT READINESS AND SAFETY NET SERVICES. THE TRAFFICKING VICTIM ASSISTANCE PROGRAM (TVAP) PROVIDES WIDERANGING CASE MANAGEMENT SERVICES TO FOREIGN NATIONAL SURVIVORS OF TRAFFICKING. IN FISCAL 2021, ESP PROVIDED OVER 3,900 SERVICES TO OVER 135 CLIENTS. THE REFUGEE RESETTLEMENT PROGRAM (RRP) AIMS TO ASSIST RECENTLY ARRIVED REFUGEES AND RECENTLY GRANTED ASYLEES TO QUICKLY GAIN ECONOMIC SELF-SUFFICIENCY AND TO SMOOTHLY ADJUST TO LIFE IN A NEW CULTURE. RRP OFFERS AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS, ESL CLASSES, MENTORSHIPS, AND LIFE SKILLS ORIENTATIONS TO HELP RECENTLY ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. MOST CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES (USCCB) WHICH IS PARTIALLY FUNDED BY THE US DEPARTMENTS OF STATE AND HEALTH & HUMAN SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH LOCAL GOVERNMENT ENTITIES AND OTHERS. CLIENTS ARE SERVED BY OUR STAFF MEMBERS WHO ARE FORMER REFUGEES OR ASYLEES THEMSELVES. USCCB HALTED ITS FUNDING FOR THIS PROGRAM BY THE END OF DECEMBER 2018 DUE TO THE DECREASE IN INFLUX OF REFUGEES INTO THE COUNTRY. BECAUSE OF THE LAPSE OF FUNDING ZERO CLIENTS WERE SERVED IN FY 2021. HOWEVER, ARE HOPING TO RECEIVE FUNDING IN FY 22 TO RESTART THIS PROGRAM. OUR IMMIGRATION SERVICES PROGRAMS PROVIDE SUPPORTIVE IMMIGRATION SERVICES TO CLIENTS WHILE OUR ESPERANZA PROGRAM GRANTS DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO DETAINED IMMIGRANTS, INCLUDING CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL WITHOUT THESE PROGRAMS. ADDITIONALLY, ESPERANZA GIVES FREE REPRESENTATION TO UNACCOMPANIED MINORS THROUGH VOLUNTEER ATTORNEY PROBONO WORK WHO WERE RELEASED FROM GOVERNMENT CUSTODY TO THEIR FAMILIES. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES. IN FISCAL 2021, OVER 1,700 CLIENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4B 1 OF 1	ENTS WERE SERVED BY THE IMMIGRATION SERVICES WHILE ESPERANZA HELPED OVER 700 CLIENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C 1 OF 2	<p>PROJECT ACHIEVE FOR SINGLE MEN AND WOMEN AND THE ELIZABETH ANN SETON RESIDENCE FOR HOMELESS FAMILIES, DISABLED, AND OLDER ADULTS ARE LOCATED IN LONG BEACH, WHILE THE ANGEL'S FLIGHT SHELTER FOR HOMELESS, RUNAWAY, AND AT-RISK YOUTH IS IN DOWNTOWN LOS ANGELES. ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE AND ANGEL'S FLIGHT MY CLUB PROGRAMS ADDRESS AT RISK YOUTH. ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN. AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSE, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. THE SHELTER ALSO OPERATES A HOTLINE 24/7 CONCERNING SERVICES THAT ANGEL'S FLIGHT OR OTHER AGENCIES CAN PROVIDE TO RUNAWAY TEENS. IN FISCAL 2021, THE ANGEL'S FLIGHT SHELTER SERVED 35 YOUTH. ANGEL'S FLIGHT MY CLUB, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND PROVIDES A MEANS OF IDENTIFYING AND ASSISTING YOUTH WHO MAY NOT BE IDENTIFIED BY TRADITIONAL STREET OUTREACH. MY CLUB HAD A TOTAL OF 92 PARTICIPANTS WHO AVAILED THEMSELVES OF SERVICES AND ACTIVITIES THAT INCLUDED TUTORING, COOKING WORKSHOPS, MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOPS, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND PARENTING SKILLS. ANGEL'S FLIGHT YESS (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTS CLIENTS FROM 16 TO 24 YEARS OF AGE WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING, PROVIDING APPROPRIATE INTERVIEW CLOTHING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS. ANGEL'S FLIGHT ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILDCARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILDCARE. THIS PAST YEAR, 54 CHILDREN WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. THE PANDEMIC IMPACTED THE OTHER TWO SITES NORMALLY RUNNING SIMILAR PROGRAMS. ANGEL'S FLIGHT SAFE PASSAGES WORKS TO ENSURE SAFE AND APPROPRIATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C 1 OF 2	<p>LATE FAMILY REUNIFICATIONS FOR UNACCOMPANIED, UNDOCUMENTED CHILDREN WHO ARE REFERRED THROUGH GOVERNMENT PROGRAMS FOR CHILDREN IN IMMIGRATION PROCEEDINGS AS FOR EITHER A HOME STUDY/ POST RELEASE SERVICES OR FOR POST RELEASE SERVICES ONLY. WHEN THE CASE IS REFERRED AS A HOME STUDY, A FAMILY REUNIFICATION SPECIALIST (FRS) VISITS THE HOME AND AFTER A THOROUGH PROCESS MAKES A RECOMMENDATION ON WHETHER THE CHILD SHOULD BE RELEASED TO THE PROPOSED SPONSOR. AFTER THE CHILD HAS BEEN REMOVED FROM DETENTION, THE POST RELEASE SERVICES BEGIN. THE FRS MAINTAINS CONTACT WITH THE CHILD UNTIL THE CHILD'S IMMIGRATION CASE PROCEEDINGS HAVE BEEN COMPLETED, AND/OR THE CHILD TURNS 18. THE FRS PROVIDES THE FAMILY WITH REFERRALS TO RESOURCES SUCH AS MEDICAL, MENTAL HEALTH/DRUG PROGRAMS, AND PRO-BONO/LOW COST LEGAL REPRESENTATION FOR THE CHILD'S IMMIGRATION CASE TO MAKE SURE THAT THE CHILD'S NEEDS ARE BEING MET. IN FISCAL 2021, 79 CHILDREN WERE SERVED. THE ELIZABETH ANN SETON RESIDENCE (EASR) IS AN EMERGENCY SHELTER OF UP TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES, AND THE ELDERLY. THE GOAL IS TO MOVE PERSONS FROM "IN CRISIS" TO "SAFE AND STABLE" HOUSING. IT SERVED 53 CLIENTS IN FISCAL 2021. EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT CENTURY VILLAGES AT CABRILLO, CHILDCARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE. THE PROJECT EMERGENCY SHELTER IS A 59-BED YEAR-ROUND SHELTER THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN 60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED. BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN FISCAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C 1 OF 2	<p>2021, PROJECT ACHIEVE DELIVERED OVER 15,700 SERVICES TO OVER 24 CLIENTS. GOOD SHEPHERD CENTER FOR HOMELESS WOMEN (GSC) PROVIDES EMERGENCY SHELTER WITH DROP-IN AND MOBILE OUTREACH PROGRAMS; TRANSITIONAL RESIDENCES WITH SUPPORTIVE SERVICES, INCLUDING EMPLOYMENT SKILLS DEVELOPMENT AND CASE MANAGEMENT. CCLA OPENED THE FIRST GSC SHELTER, LANGUILLE EMERGENCY SHELTER, IN 1984. IT STILL PROVIDES UP TO 6 WEEKS OF SHELTER AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET. NEXT, CCLA OPENED THE HAWKES TRANSITIONAL RESIDENCE FOR HOMELESS WOMEN IN 1987. IN 1998 GSC OPENED THE FIRST OF THREE PHASES OF THE WOMEN'S VILLAGE AND THE HAWKES TRANSITIONAL RESIDENCE MOVED TO THE WOMEN'S VILLAGE AND EXPANDED TO SERVE 30 WOMEN. THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. HAWKES TRANSITIONAL RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED THROUGH A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THIRD PHASE, SR. JULIA MARY FARLEY RESIDENCE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH THEIR CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER. THE GOOD SHEPHERD CENTER SHELTERS PROVIDED OVER 350 SERVICES AND 69 WOMEN IN FISCAL 2021. GOOD SHEPHERD SHELTER (GSS) IS A TRANSITIONAL FACILITY, WHICH PROVIDES INDIVIDUALIZED, COMPREHENSIVE, TRAUMA-INFORMED CARE FOR MOTHERS AND CHILDREN TO HELP THEM HEAL FROM THE DEVASTATING EFFECTS OF SURVIVING DOMESTIC VIOLENCE. THE SHELTER WAS ACQUIRED BY CCLA IN OCTOBER 2019 AND ITS PROGRAMS ARE DESIGNED TO HEAL FAMILIES AND GIVE THEM THE TOOLS THEY NEED TO LEAD STABLE, VIOLENCE-FREE LIVES, THUS BREAKING THE INTER-GENERATIONAL CYCLE OF DOMESTIC VIOLENCE. GOOD SHEPHERD SHELTER'S FOCUS IS ON MOTHERS WITH YOUNG CHILDREN WHO ARE READY TO COMMIT TO OUR COMPREHENSIVE PROGRAM DESIGNED TO PROMOTE HEALING, INDEPENDENCE AND A PATHWAY TO THE FULFILLMENT OF THEIR DREAMS. TRAUMA-INFORMED SERVICES ARE COMPRISED OF A TEN-MONTH PROGRAM THAT OFFERS THE FOLLOWING COMPONENTS TO CREATE A HOLISTIC ENVIRONMENT FOR HEALING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C 2 OF 2	<p>THE SERVICES INCLUDE TRANSITIONAL, RENT-FREE HOUSING IN INDIVIDUAL APARTMENT UNITS, CASE MANAGEMENT, THERAPY, A K-5 ELEMENTARY SCHOOL ON-SITE WITH TRANSFERABLE CREDITS, AN ADULT LEARNING CENTER, LEGAL ASSISTANCE, A CHILD WATCH PROGRAM FOR CHILDREN AGES 0 TO 4 YEARS, SPIRITUAL SUPPORT AND AN AFTER CARE PROGRAM TO SUPPORT MOTHERS AND CHILDREN LONG AFTER THEY HAVE COMPLETED THE PROGRAM AND MOVED INTO HOMES OF THEIR OWN. THE ADULT LEARNING CENTER OFFERS A WIDE ARRAY OF CLASSES INCLUDING PARENTING, JOB SKILLS TRAINING, TYPING, RESUME BUILDING, AND A WINDOW BETWEEN WORLDS WHICH IS AN ART-THERAPY PROGRAM DESIGNED FOR BOTH THE MOTHERS AND THE CHILDREN, TO CHANNEL THEIR TRAUMA INTO A PIECE OF ART. THE CHILDREN ARE ALSO PROVIDED WITH COUNSELING AND MANY TRAUMA-INFORMED ACTIVITIES DESIGNED TO QUIET THEIR MINDS AND BODIES ALL WHILE ENGAGING IN PLAYTIME. JOBE TRANSITIONAL LIVING PROGRAM ACQUIRED BY CCLA IN OCTOBER 2019 IS DESIGNED TO SUPPORT TRANSITIONAL AGED YOUTH (TAY) AND/OR HOMELESS YOUTH, AGES 18-25 YEARS OLD, WHO HAVE EXPERIENCE THE FOSTER CARE SYSTEM AND/OR HAVE STRUGGLED WITH HOMELESSNESS. JOBE TLP PROVIDES AN OPPORTUNITY FOR YOUNG MEN AND WOMEN TO THRIVE IN A SAFE AND STABLE ENVIRONMENT WHILE THEY PURSUE THEIR EDUCATIONAL AND VOCATIONAL DREAMS. RESIDENTS OF JOBE TLP WILL RECEIVE ASSISTANCE AND GUIDANCE FROM THE PROGRAM DIRECTOR, CASE MANAGER, AND COUNSELORS. WHAT MAKES JOBE TRULY, ONE-OF-A-KIND IS THAT IT INTENDS TO GIVE THE RESIDENTS A TRUE SENSE OF FAMILY AND SUPPORT. MCGILL STREET HOUSE ALSO OPERATES A HOUSING REFERRAL SERVICE WHICH IS A BIG HELP TO MOST CLIENTS. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR UP TO ONE YEAR. IN FISCAL 2021, NEARLY 190 INDIVIDUALS STAYED AT THE MCGILL STREET HOUSE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS MR. RICHARD D'AMICO AND MRS. SUSAN D'AMICO ARE MARRIED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE INCUMBENT ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES IS THE SOLE MEMBER OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES, OTHER THAN THOSE SERVING BY BEING AN AUTHORIZED REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS THE SOLE POWER TO APPROVE 1) THE ELECTION, APPOINTMENT OR REMOVAL OF ANY TRUSTEE OR OFFICER, 2) ANY ACTION, AMENDMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR BY-LAWS, 3) THE AMENDMENT OR REPEAL OF ANY AMENDMENT BY THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OR MERGER OR CONSOLIDATION OR A VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION PROCEEDINGS, 5) THE AUTHORIZATION OF A SALE, EXCHANGE MORTGAGING OR ENCUMBERING OF ANY REAL PROPERTY (WITH CERTAIN EXCEPTIONS) OR ADOPTION OF A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION, AND 6) ANY SELF-DEALING TRANSACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO ALL BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH CALENDAR YEAR, ALL TRUSTEES ARE REQUIRED TO SUBMIT A "CONFLICT OF INTEREST QUESTIONNAIRE." THEY ARE ASKED TO RETURN THE QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME TO THE CORPORATE SECRETARY WHO CONTINUES TO FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE REVEREND MONSIGNOR GREGORY A. COX'S SALARY IS COMPARABLE TO OTHER RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE DIRECTOR COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANTS' INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FORM 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE ON GUIDESTAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE FORM 990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROGRAM SUBCONTRACTOR: PROGRAM SERVICE EXPENSES 5,288,686. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,288,686. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 244,199. MANAGEMENT AND GENERAL EXPENSES 77,402. FUNDRAISING EXPENSES 16,566. TOTAL EXPENSES 338,167.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	GAIN ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION 68,917,142.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD LOS ANGELES, CA 90010 95-1642382	RELIGIOUS	CA	501(C)(3)	LINE 1			No
(2) OPUS CARITATISINC 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015 20-1021326	SUPPORTING	CA	501(C)(3)	LINE 12B, II		Yes	
(3) CATHOLIC CHARITIES COMMUNITY DEVELOPMENT CORPORATION PO BOX 15095 LOS ANGELES, CA 90015 95-4172572	COMMUNITY DEVELOPMENT	CA	501(C)(3)	LINE 11			No
(4) CATHOLIC COMMUNITY FOUNDATION OF LOS ANGELES 3440 WILSHIRE BLVD SUITE 530 LOS ANGELES, CA 90010 38-3941057	COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 7			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation