

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.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

CATHOLIC CHARITIES, U.S.A.

Doing Business As

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

2050 BALLENGER AVENUE

City or town, state or province, country, and ZIP or foreign postal code

ALEXANDRIA, VA 22314

**F** Name and address of principal officer: REVEREND LARRY SNYDER

SAME AS C ABOVE

**D** Employer identification number

53-0196620

**E** Telephone number

(703) 549-1390

**G** Gross receipts \$

64,772,283.

**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 ▶

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

**J** Website: WWW.CATHOLICCHARITIESUSA.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1950

**M** State of legal domicile: VA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>EXERCISE LEADERSHIP IN ASSISTING ITS MEMBERSHIP IN THEIR MISSION OF SERVICE, ADVOCACY, AND CONVENING.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>18</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>18</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>73</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>40</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>24,216,789.</u>	<u>25,511,072.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>7,018,826.</u>	<u>4,171,375.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,054,601.</u>	<u>1,410,189.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>52,202.</u>	<u>707,837.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>32,342,418.</u>	<u>31,800,473.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>12,057,044.</u>	<u>16,226,632.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>6,864,263.</u>	<u>7,853,567.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>1,774,064.</u>	<u>1,774,064.</u>
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>8,370,709.</u>	<u>9,090,359.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>27,292,016.</u>	<u>33,170,558.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>5,050,402.</u>	<u>-1,370,085.</u>
	20	Total assets (Part X, line 16)	<u>63,464,633.</u>	<u>61,145,934.</u>
	21	Total liabilities (Part X, line 26)	<u>10,168,075.</u>	<u>8,861,912.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>53,296,558.</u>	<u>52,284,022.</u>	

## 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

BRUCE PANKEY, SVP, FINANCE/CFO  
Type or print name and title

Paid

Print/Type preparer's name

MELISSA LAFFERTY

Preparer's signature

Melissa Lafferty CPA

Date

3/27/15

Check ☐ if self-employed

PTIN

P01222987

Preparer

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶

41-0746749

Use Only

Firm's address ▶ 4250 N. FAIRFAX DRIVE, SUITE 1020  
ARLINGTON, VA 22203

Phone no. 571-227-9500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

THE MISSION OF CATHOLIC CHARITIES USA IS TO EXERCISE LEADERSHIP IN ASSISTING ITS MEMBERSHIP, PARTICULARLY THE DIOCESAN CATHOLIC CHARITIES AGENCIES AND SUPPORTING GROUP MEMBERS, IN THEIR MISSION OF SERVICE, ADVOCACY, AND CONVENING.

**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 \$ 1,932,305. including grants of \$ 515,509.) (Revenue \$ 1,969,302.)

**MEMBER SERVICES AND AGENCY REPORTS**

CCUSA SUPPORTS ITS MEMBERSHIP OF MORE THAN 175 LOCAL ORGANIZATIONS BY PROVIDING A RANGE OF SERVICES THAT PROMOTE NETWORKING, ONGOING EDUCATION, AND TECHNICAL ASSISTANCE TO IMPROVE THEIR ABILITY TO RESPOND TO THE NEEDS OF THE POOR AND VULNERABLE IN THEIR COMMUNITIES. THESE SERVICES INCLUDE: AN ANNUAL GATHERING (2013 ATTENDANCE IN SAN FRANCISCO, CA TOTALED 650), WEB-BASED TRAINING AND RESOURCES FOR OVER 13,000 USERS, CHARITIES USA (WITH A CIRCULATION OF 5,500) AND OTHER PRINTED RESOURCES. CCUSA ALSO PROVIDES GRANTS TO MEMBER AGENCIES TO SUPPORT GENERAL OPERATIONS OF LOCAL CATHOLIC CHARITIES.

**4b** (Code: ) (Expenses \$ 10,677,691. including grants of \$ 8,596,260.) (Revenue \$ 1,867,261.)

DISASTER RESPONSE - CCUSA PROVIDES LEADERSHIP, COORDINATION, AND TECHNICAL ASSISTANCE TO CATHOLIC CHARITIES AND OTHER DIOCESAN ORGANIZATIONS AS PART OF ITS ROLE AS THE LEAD CATHOLIC AGENCY IN TIMES OF DISASTER. CCUSA SUPPORT IS PROVIDED TO NOT ONLY HELP ORGANIZATIONS AND COMMUNITIES RESPOND TO DISASTERS AND TO RECOVER FROM THEM, BUT ALSO TO HELP THEM PREPARE AND PLAN FOR DISASTERS IN ORDER TO REDUCE RISK, MITIGATE FUTURE DAMAGE, AND IMPROVE RESPONSIVENESS. PREPARATION INCLUDES TRAINING, CAPACITY BUILDING, AND PARTNERSHIP DEVELOPMENT. CCUSA PROVIDES LONG-TERM GRANTS TO LOCAL CATHOLIC CHARITIES AS THE COMMUNITIES THEY SERVE RECOVER FROM NATURAL DISASTERS. ADDITIONALLY, CCUSA HAS A CONTRACT WITH THE FEDERAL GOVERNMENT TO PROVIDE DISASTER CASE MANAGEMENT SERVICES FOR INDIVIDUALS AND FAMILIES RECOVERING FROM

**4c** (Code: ) (Expenses \$ 14,047,918. including grants of \$ 7,114,863.) (Revenue \$ 334,812.)

PROGRAMS AND SERVICES - LOCAL CATHOLIC CHARITIES AGENCIES PROVIDED A WIDE RANGE OF HUMAN SERVICES TO ALMOST TEN MILLION PEOPLE IN NEED DURING 2014 FISCAL YEAR. CCUSA PROVIDES TRAINING, TECHNICAL ASSISTANCE, AND NETWORKING OPPORTUNITIES FOR ITS MEMBERSHIP ON A RANGE OF ISSUES OF CRITICAL IMPORTANCE INCLUDING AGING, ASSET DEVELOPMENT, PARISH SOCIAL MINISTRY, ADOPTION, CHILD WELFARE, HEALTHCARE, AND CATHOLIC IDENTITY. IN ADDITION, CCUSA PROVIDES OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT AND CONSULTATIONS TO ENSURE THAT MEMBERS REMAIN AT THE FOREFRONT OF EMERGING NEEDS AND QUALITY SERVICES. IN ADDITION, CCUSA APPLIES FOR FEDERAL GRANTS TO SUPPORT SPECIFIC PROGRAMS ON BEHALF OF ITS MEMBERSHIP. THESE GRANTS ARE THEN TRANSFERRED TO MEMBER AGENCIES INTERESTED IN IMPLEMENTING THESE PROGRAMS THROUGH A SUBGRANTING

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 26,657,914.

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**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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	73	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

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

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **BRUCE A. PANKEY - 703-549-1390**  
**2050 BALLENGER AVENUE, SUITE 400, ALEXANDRIA, VA 22314**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSE J. BEAN TRUSTEE	1.00	X						0.	0.	0.
(2) STEVE BOGUS TRUSTEE	1.00	X						0.	0.	0.
(3) STEVEN BRESNAHAN TRUSTEE	1.00	X						0.	0.	0.
(4) CHARLES C. CORNELIO TREASURER	1.00	X		X				0.	0.	0.
(5) ELIDA EL-GAWLY SECRETARY	1.00	X		X				0.	0.	0.
(6) NANCY GALEAZZI MEMBER TRUSTEE	1.00	X						0.	0.	0.
(7) MARTIN GUTIERREZ TRUSTEE	1.00	X						0.	0.	0.
(8) MARGUERITE D. HARMON VICE CHAIR	1.00	X		X				0.	0.	0.
(9) KAREN HAUSER TRUSTEE	1.00	X						0.	0.	0.
(10) BILL JONES TRUSTEE	1.00	X						0.	0.	0.
(11) GREGORY R. KEPFERLE TRUSTEE	1.00	X						0.	0.	0.
(12) ANDREW B. LINBECK TRUSTEE	1.00	X						0.	0.	0.
(13) ISAIAH MCKINNON TRUSTEE	1.00	X						0.	0.	0.
(14) TIMOTHY F. NOELKER TRUSTEE	1.00	X						0.	0.	0.
(15) CONSTANCE O'BRIEN PARTICIPATING OBSERVER	1.00	X						0.	0.	0.
(16) MARTINA O'SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
(17) HEATHER REYNOLDS TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAGAN SCHRIVER TRUSTEE	1.00	X						0.	0.	0.
(19) BRIAN SOUKUP TRUSTEE	1.00	X						0.	0.	0.
(20) KEVIN SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
(21) SR. LINDA YANKOSKI CHAIR	1.00	X		X				0.	0.	0.
(22) JOHN L. YOUNG TRUSTEE	1.00	X						0.	0.	0.
(23) REV. LARRY SNYDER PRESIDENT AND CEO	35.00 1.00			X				338,956.	0.	42,124.
(24) KEITH R. STYLES EVP, CHIEF OPERATING OFFICER & GENER	35.00			X				374,467.	0.	37,978.
(25) JOHN S. JACKSON SVP, FINANCE/CFO	35.00			X				178,607.	0.	42,805.
(26) CANDY S. HILL EVP, SOCIAL POLICY AND EXTERNAL AFFA	35.00				X			227,440.	0.	39,170.
<b>1b Sub-total</b>								1,119,470.	0.	162,077.
<b>c Total from continuation sheets to Part VII, Section A</b>								654,851.	0.	154,287.
<b>d Total (add lines 1b and 1c)</b>								1,774,321.	0.	316,364.

**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 **19**

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANATT PHELPS AND PHILLIPS, LLC 11355 W OLYMPIC BLVD, LOS ANGELES, CA 90064	ADVOCACY	485,000.
BULLY PULPIT INTERACTIVE LLC, 1750 K STREET, SUITE 450, WASHINGTON, DC 20006	CONSULTING	453,660.
ARENT FOX LLP P.O. BOX 644672, PITTSBURGH, PA 15264	LEGAL SERVICES	343,770.
ELIZABETH SHYDLOWSKI, 130 NORTH GARLAND COURT SUITE 4202, CHICAGO, IL 60602	CONSULTING	144,000.

**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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)





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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 531,879.			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,807,104.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 23,172,089.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	624,399.			
	<b>h Total.</b> Add lines 1a-1f	25,511,072.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>FEDERAL CONTRACTS</u>	<u>Business Code</u> 900099	1,838,156.	1,838,156.	
	<b>b</b> <u>MEMBERSHIP DUES</u>	900099	1,554,327.	1,554,327.	
	<b>c</b> <u>REGISTRATION/WORKSHOP</u>	611710	590,005.	590,005.	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue	900099	188,887.	188,887.	
	<b>g Total.</b> Add lines 2a-2f	4,171,375.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		536,258.		536,258.
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties				
	<b>6 a</b> Gross rents	(i) Real 707,837.			
	<b>b</b> Less: rental expenses	0.			
	<b>c</b> Rental income or (loss)	707,837.			
	<b>d</b> Net rental income or (loss)		707,837.		707,837.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 33,845,741.			
	<b>b</b> Less: cost or other basis and sales expenses	32,971,810.			
	<b>c</b> Gain or (loss)	873,931.			
	<b>d</b> Net gain or (loss)		873,931.		873,931.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		31,800,473.	4,171,375.	0.	2,118,026.

**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 governments and organizations in the United States. See Part IV, line 21	16,226,632.	16,226,632.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,580,135.	398,999.	1,048,137.	132,999.
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	4,750,099.	3,070,510.	1,145,565.	534,024.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	385,212.	261,153.	76,508.	47,551.
9 Other employee benefits	756,402.	457,805.	212,760.	85,837.
10 Payroll taxes	381,719.	213,979.	126,849.	40,891.
11 Fees for services (non-employees):				
a Management	173,871.		173,871.	
b Legal	293,857.	261,688.	7,671.	24,498.
c Accounting	82,337.		82,337.	
d Lobbying	150,000.	150,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	155,894.		155,894.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,538,681.	1,996,687.	320,804.	221,190.
12 Advertising and promotion	614,098.	429,190.	1,518.	183,390.
13 Office expenses	264,792.	126,020.	89,811.	48,961.
14 Information technology	350,389.	107,437.	202,956.	39,996.
15 Royalties				
16 Occupancy	404,401.	416,365.	-169,199.	157,235.
17 Travel	397,727.	336,120.	42,360.	19,247.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	150,827.		150,827.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,092,522.	157,920.	874,966.	59,636.
23 Insurance				
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 CONVENING	1,410,888.	1,287,750.	122,101.	1,037.
b INTERNAL AND EXTERNAL T	354,805.	352,193.	300.	2,312.
c EQUIPMENT SOFTWARE AND	250,608.	31,214.	189,280.	30,114.
d OTHER OUTSIDE SERVICES	230,946.	43,821.	167,039.	20,086.
e All other expenses	173,716.	332,431.	-283,775.	125,060.
25 Total functional expenses. Add lines 1 through 24e	33,170,558.	26,657,914.	4,738,580.	1,774,064.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,843,746.	2	4,439,048.
	3 Pledges and grants receivable, net	2,998,311.	3	3,826,470.
	4 Accounts receivable, net	648,647.	4	1,301,148.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	720,748.	9	642,604.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,092,448.		
	b Less: accumulated depreciation	10b 2,874,058.	30,202,484.	10c 29,218,390.
	11 Investments - publicly traded securities	21,072,412.	11	19,937,111.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	978,285.	15	1,781,163.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	63,464,633.	16	61,145,934.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,878,491.	17	1,382,014.
	18 Grants payable	299,721.	18	408,428.
	19 Deferred revenue	383,905.	19	180,444.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	5,210,000.	24	5,074,836.
	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	2,395,958.	25	1,816,190.
	26 <b>Total liabilities.</b> Add lines 17 through 25	10,168,075.	26	8,861,912.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	43,215,284.	27	39,412,152.
	28 Temporarily restricted net assets	9,966,274.	28	12,756,870.
	29 Permanently restricted net assets	115,000.	29	115,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	53,296,558.	33	52,284,022.
34 <b>Total liabilities and net assets/fund balances</b>	63,464,633.	34	61,145,934.	

Form 990 (2013)

**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	31,800,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,170,558.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,370,085.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,296,558.
5	Net unrealized gains (losses) on investments	5	411,842.
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	-54,293.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,284,022.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

	Yes	No
2a		x
2b	x	
2c	x	
3a	x	
3b	x	

Form 990 (2013)

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.

OMB No. 1545-0047

2013

**Open to Public  
Inspection**

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

Name of the organization

Employer identification number

53-0196620

CATHOLIC CHARITIES, U.S.A.

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

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

- 1 ☒ A church, convention of churches, or association of churches, described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2013

332021  
09-25-13

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
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 <b>Total.</b> Add lines 1 through 3 .....						
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2013

Name of the organization

CATHOLIC CHARITIES, U.S.A.

Employer identification number

53-0196620

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

## Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
241		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 15,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 62,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 33,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 8,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 34,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 65,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 90,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 49,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 18,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 14,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 7,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 10,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 7,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 6,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 13,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 113,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 54,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 6,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 35,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 39,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 43,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 53,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 13,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 110,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 77,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 52,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 24,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 9,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 6,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 14,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 10,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 9,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 77,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 1,465,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 9,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 19,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 23,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

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CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 17,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 15,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 27,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 7,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 6,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 184,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 239,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 56,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 242,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 7,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 7,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 15,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 33,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 12,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 27,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 10,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 155,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 42,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 7,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 6,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 15,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 13,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 17,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 9,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 97,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 9,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 9,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 6,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 12,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 13,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 9,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 8,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 41,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 17,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 7,778,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 13,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 13,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 74,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 45,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 6,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 7,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 10,062.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 10,588.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 10,505.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 10,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 9,928.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 5,018.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 20,077.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 507,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
238	105 SHARES OF VANGUARD TOTAL STOCK MARKET	\$ 10,062.	12/31/13
245	100 SHARES OF ISHARES S&P SMALL CAPITAL ETF	\$ 10,587.	12/17/13
246	126 SHARES OF T. ROWER PRICE GROUP	\$ 10,505.	12/24/13
247	260 SHARES OF VODAFONE GROUP PLC	\$ 10,010.	12/24/13
248	400 SHARES OF EMC CORP- ST. JOSEPH	\$ 9,928.	12/31/13
249	28 SHARES OF INTERNATIONAL BUSINESS MACHINES	\$ 5,018.	12/19/13



Name of organization	Employer identification number
CATHOLIC CHARITIES, U.S.A.	53-0196620

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CATHOLIC CHARITIES, U.S.A.</b>	Employer identification number <b>53-0196620</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours ..... ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041  
11-08-13



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		150,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			150,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: CCUSA EDUCATES ITS MEMBERS AND THE PUBLIC ABOUT POVERTY

AND BY DEVELOPING MATERIALS, STATEMENTS, LETTERS, AND VISITS TO

LEGISLATIVE OFFICES. IT ADVOCATES ON BEHALF OF THE POOR AND

DISENFRANCHISED.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,000.	115,000.	115,000.	115,000.	115,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	115,000.	115,000.	115,000.	115,000.	115,000.

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.00 %  
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,560,000.		2,560,000.
b Buildings		27,039,806.	1,576,355.	25,463,451.
c Leasehold improvements				
d Equipment		1,029,241.	451,728.	577,513.
e Other		1,463,401.	845,975.	617,426.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				29,218,390.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	95,230.
(3) CAPITAL LEASE OBLIGATIONS	135,796.
(4) VALUE OF INTEREST RATE SWAP AGREEMENT	103,308.
(5) ACCRUED LOSS ON LEASE OBLIGATIONS	1,369,807.
(6) SECURITY DEPOSITS	112,049.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

1,816,190.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	32,462,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	611,103.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	51,102.
e	Add lines 2a through 2d	2e	662,205.
3	Subtract line 2e from line 1	3	31,800,473.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,800,473.

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

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

1	Total expenses and losses per audited financial statements	1	29,395,524.
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	24,966.
e	Add lines 2a through 2d	2e	24,966.
3	Subtract line 2e from line 1	3	29,370,558.
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	
b	Other (Describe in Part XIII.)	4b	3,800,000.
c	Add lines 4a and 4b	4c	3,800,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	33,170,558.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

EXPLANATION: THE CARITAS ENDOWMENT FUNDS IS TO BE HELD IN PERPETUITY BY

CCUSA. INVESTMENT INCOME EARNED IS USED TO SUPPORT PROGRAM ACTIVITIES FOR

CARITAS INTERNATIONALIS. THE TRACY ENDOWMENT FUND IS TO BE HELD IN

PERPETUITY BY CCUSA. INVESTMENT INCOME EARNED IS USED TO SUPPORT

SCHOLARSHIPS GRANTED BY CCUSA.

**PART X, LINE 2:**

EXPLANATION: CCUSA IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES ON

ACTIVITIES EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A) OF THE CODE. THE LLC IS A LIMITED LIABILITY CORPORATION AS

**Part XIII** Supplemental Information (continued)

DEFINED BY THE INTERNAL REVENUE SERVICE.

CCUSA IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT

STATUS AND IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON

UNRELATED BUSINESS INCOME, EXCISE, OR OTHER TAXES, AS OF JUNE 30, 2014,

THERE ARE NO IDENTIFIED UNCERTAIN TAX POSITIONS. AS A CHURCH RELATED

ENTITY, CCUSA DOES NOT FILE A 990 WITH THE IRS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

WILLIAM FRY FUND INVESTMENT INCOME 51,102.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WILLIAM FRY FUND EXPENSES 24,966.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE 3,800,000.

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CATHOLIC CHARITIES, U.S.A.

Employer identification number  
53-0196620**2013**  
Open to Public  
Inspection**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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES ARCHDIOCESE GALVESTON HOUSTON - 2900 LOUISIANA ST - HOUSTON, TX 77006	74-1109733	501(C)3	26,664.	0.			HUD, SOCIAL INNOVATION, WALMART GRANT
CATHOLIC CHARITIES ARCHDIOCESE OF DENVER - 4045 PECOS STREET - DENVER, CO 80211-2552	84-0686679	501(C)3	737,144.	0.			CFC GRANT, EMERGENCY DISASTER AND LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 839 ASYLUM AVENUE SUITE 841 - HARTFORD, CT 06105-2801	06-0667607	501(C)3	64,543.	0.			CFC GRANT, MENTORING, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVENUE, SUITE 200 - NEW ORLEANS, LA 70113-1964	72-0408911	501(C)3	82,220.	0.			CFC GRANT, HUD, LONG TERM DISASTER GRANTS, SOCIAL INNOVATION.
CATHOLIC CHARITIES ASHTABULA 4200 PARK AVENUE, 3RD FLOOR ASHTABULA, OH 44004	34-0714639	501(C)3	21,250.	0.			HUD 11-12
CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DRIVE, SE SMYRNA, GA 30080-8862	58-1097003	501(C)3	128,239.	0.			CFC, HUD 11-12, IFR, MGA, MENTORING, NEIGHBORWORKS, WALMART SNAP OUTREACH

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



## Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES BUREAU, INC. 258 NW BURKE AVENUE LAKE CITY, FL 32055	14-1993816	501(C)3	50,000.	0.			WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES COMMUNITY SERVICES, PHOENIX - 4747 NORTH 7TH AVENUE - PHOENIX, AZ 85013-2401	86-0223999	501(C)3	6,085.	0.			CFC GRANT, SOCIAL INNOVATION
CATHOLIC CHARITIES CORPORATION 628 POPLAR STREET ELYRIA, OH 44035	34-1318541	501(C)3	5,475.	0.			MENTORING
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN - 530 UNION BLVD - ALLENTOWN, PA 18109	23-1598117	501(C)3	57,338.	0.			CFC, HUD, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S CHURCH ST - CHARLOTTE, NC 28203-4003	56-1058954	501(C)3	17,126.	0.			CFC, IFR, MENTORING, WALMART
CATHOLIC CHARITIES DIOCESE OF HOUMA-THIBODAUX - 1220 AYCOCK STREET - HOUMA, LA 70360-6402	52-1244838	501(C)3	22,302.	0.			HUD, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES DIOCESE OF JACKSON, MISSISSIPPI - 200 N CONGRESS ST STE 100 - JACKSON, MS 39201-1902	64-0465850	501(C)3	53,846.	0.			CFC, EMERGENCY DISASTER GRANTS, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES DIOCESE OF KALAMAZOO - 1819 GULL ROAD - KALAMAZOO, MI 49048-1611	38-2072348	501(C)3	16,090.	0.			CFC, MENTORING
CATHOLIC CHARITIES DIOCESE OF PEORIA - 419 NE MADISON AVENUE - PEORIA, IL 61603-3719	37-0661190	501(C)3	12,421.	0.			CFC, EMERGENCY DISASTER GRANTS

Schedule I (Form 990)

## Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.

Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.							
Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF PUEBLO - 429 WEST 10TH STREET, SUITE 101 - PUEBLO, CO 81003-2941	84-0471001	501(C)3	74,515.	0.			CFC, EMERGENCY DISASTER GRANTS, HUD, MENTORING, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES DIOCESE OF ST. PETERSBURG, INC. - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705-1032	59-0875805	501(C)3	45,396.	0.			CFC, HUD, IFR, NEIGHBORWORKS
CATHOLIC CHARITIES DIOCESE OF YAKIMA - 5301 TIETON DR STE C - YAKIMA, WA 98908-3479	91-1370404	501(C)3	30,210.	0.			CFC, SOCIAL INNOVATION, PREGNANCY SUPPORT
CATHOLIC CHARITIES DIOCESE OF YOUNGSTOWN - 144 WEST WOOD STREET - YOUNGSTOWN, OH 44503-1030	34-1896981	501(C)3	8,290.	0.			CFC, NEIGHBORWORKS
CATHOLIC CHARITIES HAWAII, HONOLULU - 1822 KEEAUMOKU STREET - HONOLULU, HI 96822-3001	99-0073547	501(C)3	12,388.	0.			CFC, SOCIAL INNOVATION, CFC
CATHOLIC CHARITIES HOUSING OPPORTUNITIES - 225 ELM STREET - YOUNGSTOWN, OH 44503	34-1758136	501(C)3	7,750.	0.			HUD 11-12
CATHOLIC CHARITIES HOUSING SERVICES - 5301 TIETON DRIVE - YAKIMA, WA 98908	91-1955616	501(C)3	28,000.	0.			HUD 11-12
CATHOLIC CHARITIES INC., DIOCESE OF WILMINGTON DE - 2601 WEST 4TH STREET - WILMINGTON, DE 19805-3309	51-0065685	501(C)3	64,812.	0.			CFC, LONG TERM DISASTER GRANTS, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES MAINE, PORTLAND P.O. BOX 10660 PORTLAND, ME 04104-6060	01-0280225	501(C)3	9,698.	0.			CFC, WALMART

Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON - 1662 INGRAM RD - CHARLESTON, SC 29407-4242	57-0314369	501(C)3	18,070.	0.			EMERGENCY DISASTER GRANTS, MENTORING
CATHOLIC CHARITIES OF ARKANSAS 12417 PLEASANT FOREST DRIVE LITTLE ROCK, AR 72212-2212	71-0236871	501(C)3	13,285.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES OF BROOKLYN AND QUEENS - 191 JORALEMON ST 3RD FL - BROOKLYN, NY 11201-4306	11-1633548	501(C)3	416,515.	0.			CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF BROOME COUNTY - 232 MAIN STREET - BINGHAMTON, NY 13905	23-7013819	501(C)3	6,655.	0.			MENTORING
CATHOLIC CHARITIES OF CENTRAL & NORTHERN MISSOURI - PO BOX 104626 2201 W MAIN ST - JEFFERSON CITY, MO 65109-0914	45-2395310	501(C)3	12,597.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES OF CENTRAL COLORADO - 228 NORTH CASCADE AVENUE - COLORADO SPRINGS, CO 80903-1313	84-0586169	501(C)3	36,316.	0.			CFC, PREGNANCY SUPPORT, WALMART
CATHOLIC CHARITIES OF CENTRAL FLORIDA, ORLANDO - 1819 NORTH SEMORAN BOULEVARD - ORLANDO, FL 32807-3546	59-1214353	501(C)3	53,013.	0.			CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES OF CHEMUNG COUNTY - 215 E CHURCH ST, SUITE 101 - ELMIRA, NY 14901	36-4618548	501(C)3	48,460.	0.			HUD, MENTORING, NEIGHBORWORKS
CATHOLIC CHARITIES OF CORPUS CHRISTI, TEXAS - 1322 COMANCHE ST - CORPUS CHRISTI, TX 78401-2621	74-2330464	501(C)3	96,787.	0.			CFC, EMERGENCY DISASTER GRANTS, HUD, IFR, WALMART SNAP OUTREACH GRANT

Schedule I (Form 990)

Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DIOCESE OF RALEIGH - 7200 STONEHENGE ROAD - RALEIGH, NC 27613-1620	56-0529943	501(C)3	43,071.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES OF DIOCESE OF ROCKVILLE CENTRE - 90 CHERRY LN - HICKSVILLE, NY 11801-6232	11-1843801	501(C)3	439,763.	0.			IFR, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF EAST TENNESSEE, INC. - 3009 LAKE BROOK BLVD - KNOXVILLE, TN 37909-1138	62-1377551	501(C)3	15,727.	0.			CFC, HUD
CATHOLIC CHARITIES OF EASTERN VIRGINIA - 5361-A VIRGINIA BEACH BLVD - VIRGINIA BEACH, VA 23462-1897	54-0505879	501(C)3	48,881.	0.			CFC, HUD, NEIGHBORWORKS
CATHOLIC CHARITIES OF FAIRFIELD COUNTY, INC BRID - 238 JEWETT AVENUE - BRIDGEPORT, CT 06606-2845	06-0653053	501(C)3	641,429.	0.			CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF FORT WORTH 745 E 300 S SALT LAKE CITY, UT 84102-2256	75-0808769	501(C)3	309,925.	0.			MENTORING, CFC, HUD, LONG TERM DISASTER GRANTS, SOCIAL INNOVATION, WALMART SNAP OUTREACH
CATHOLIC CHARITIES OF IDAHO 1501 FEDERAL WAY, SUITE 450 BOISE, ID 83705-2588	82-0524367	501(C)3	17,261.	0.			CFC, MENTORING
CATHOLIC CHARITIES OF LOUISVILLE, INC. - 2911 SOUTH 4TH STREET - LOUISVILLE, KY 40208-1303	61-1239600	501(C)3	6,146.	0.			CFC, MENTORING
CATHOLIC CHARITIES OF METUCHEN 319 MAPLE ST PERTH AMBOY, NJ 08861-4101	22-2423496	501(C)3	778,152.	0.			CFC, LONG TERM DISASTER GRANTS, MENTORING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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 non-cash assistance
CATHOLIC CHARITIES OF MISSOURI, LLC - P.O. BOX 1127 - JEFFERSON CITY, MO 65102	45-2395310	501(C)3	319,657.	0.		LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF NEW YORK 1011 1ST AVE 11TH FLOOR NEW YORK, NY 10022-4112	13-5562184	501(C)3	433,739.	0.		CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF NORTH DAKOTA 5201 BISHOPS BLVD S STE B FARGO, ND 58104-7605	45-0226416	501(C)3	202,003.	0.		CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF NORTHERN NEVADA - 500 E 4TH STREET - RENO, NV 89512-3316	88-0339754	501(C)3	50,596.	0.		CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES OF NW FLORIDA 1000 WEST GARDEN STREET PENSACOLA, FL 32502-4623	75-3196619	501(C)3	933,218.	0.		CFC, EMERGENCY DISASTER GRANTS, LONG TERM DISASTER GRANTS, SOCIAL INNOVATION, WALMART SNAP
CATHOLIC CHARITIES OF PORTLAND, OR 2740 SE POWELL BLVD STE 5 PORTLAND, OR 97202-7494	93-0386801	501(C)3	30,022.	0.		MENTORING, CFC, MENTORING
CATHOLIC CHARITIES OF SHREVEPORT 331 EAST 71ST STREET SHREVEPORT, LA 71106	72-1077807	501(C)3	36,294.	0.		CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES OF SOUTHEAST TEXAS - 2780 EASTEX FRWY - BEAUMONT, TX 77704-0829	74-1900345	501(C)3	35,542.	0.		CFC, LONG TERM DISASTER GRANTS, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES OF SOUTHERN MISSOURI - 424 E MONASTARY ST - SPRINGFIELD, MO 65807-6099	80-0455890	501(C)3	808,967.	0.		CFC, EMERGENCY DISASTER GRANTS, HUD, LONG TERM DISASTER GRANTS, MENTORING, WALMART SNAP

Schedule I (Form 990) CATHOLIC CHARITIES, U.S.A.								
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
Part II	(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 non-cash assistance	(h) Purpose of grant or assistance
	CATHOLIC CHARITIES OF SPOKANE 12 E 5TH AVE P.O. BOX 2253 SPOKANE, WA 99210-2253	91-0569880	501(C)3	5,322.	0.			CFC, SOCIAL INNOVATION
	CATHOLIC CHARITIES OF ST. LOUIS 4532 LINDELL BLVD SAINT LOUIS, MO 63108-2002	43-0653270	501(C)3	6,000.	0.			CFC, IFR
	CATHOLIC CHARITIES OF ST. PAUL AND MINNEAPOLIS - 1200 2ND AVE S - MINNEAPOLIS, MN 55403-2513	41-1302487	501(C)3	60,105.	0.			CFC, WALMART SNAP OUTREACH GRANT
	CATHOLIC CHARITIES OF STOCKTON 1106 NORTH EL DORADO STREET STOCKTON, CA 95202-1332	94-1629114	501(C)3	33,369.	0.			CFC, EMERGENCY DISASTER GRANTS, MENTORING, WALMART
	CATHOLIC CHARITIES OF SYRACUSE 240 E ONONDAGA ST SYRACUSE, NY 13202-2608	15-0532085	501(C)3	125,594.	0.			CFC, EMERGENCY DISASTER GRANTS, LONG TERM DISASTER GRANTS
	CATHOLIC CHARITIES OF TENNESSEE, INC., NASHVILLE - 30 WHITE BRIDGE RD - NASHVILLE, TN 37205-1401	62-0679520	501(C)3	103,857.	0.			CFC, MENTORING, WALMART SNAP OUTREACH GRANT
	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 721 NORTH LA SALLE DRIVE - CHICAGO, IL 60654	36-2170821	501(C)3	223,324.	0.			HUD, IFR, LONG TERM DISASTER GRANTS, MENTORING, WALMART SNAP OUTREACH GRANT
	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE - 320 CATHEDRAL STREET - BALTIMORE, MD 21201-4421	56-2401335	501(C)3	72,119.	0.			CFC, MENTORING, WALMART SNAP OUTREACH GRANT
	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF INDIANAPOLIS, INC - 1400 NORTH MERIDIAN STREET - INDIANAPOLIS, IN 46202-2305	35-0867980	501(C)3	10,000.	0.			EMERGENCY DISASTER GRANTS

Schedule I (Form 990) 33-0196620 Page

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK - 590 N 7TH ST - NEWARK, NJ 07107-2522	22-2164120	501(C)3	228,953.	0.			CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 924 G STREET, NW - WASHINGTON, DC 20001-4532	53-0196524	501(C)3	81,613.	0.			CFC
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 N MAIN AVE STE 1 - ALBANY, NY 12203-1484	14-1340033	501(C)3	224,990.	0.			CFC, EMERGENCY DISASTER GRANTS, HUD, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON, IN - 200 N GLEBE RD SUITE 506 - ARLINGTON, VA 22203-3728	54-0515706	501(C)3	81,613.	0.			CFC
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE - 1900 SOUTH ACADUAN THRUWAY - BATON ROUGE, LA 70808-1665	72-0590685	501(C)3	8,885.	0.			CFC, MENTORING
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, I - 1662 INGRAM RD - CHARLESTON, SC 29407-4242	57-0314369	501(C)3	8,450.	0.			CFC
CATHOLIC CHARITIES OF THE DIOCESE OF GREEN BAY - 1825 RIVERSIDE DR, PO BOX 23825 - GREEN BAY, WI 54305-3825	39-0808438	501(C)3	27,803.	0.			CFC, HUD
CATHOLIC CHARITIES OF THE DIOCESE OF PATERSON - 777 VALLEY ROAD - CLIFTON, NJ 07013-2205	45-5382921	501(C)3	19,067.	0.			CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607-3539	94-2677202	501(C)3	42,119.	0.			CFC, HUD, IFR, NEIGHBORWORKS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY - 700 VIRGIN DE SAN JUAN - SAN JUAN, TX 78589-3030	68-0599307	501(C)3	10,393.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES OF TOMPKINS/TIOGA - 324 W. BUFFALO STREET - ITHACA, NY 14850	51-0621633	501(C)3	37,000.	0.			WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES REGIONAL AGENCY 2401 BELMONT AVE. YOUNGSTOWN, OH 44505	34-0714330	501(C)3	34,518.	0.			HUD, NEIGHBORWORKS
CATHOLIC CHARITIES SERVING PORTAGE AND STARK COUNT - 206 W. MAIN STREET - RAVENNA, OH 44266	34-1903646	501(C)3	25,000.	0.			WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES WEST VIRGINIA, INC. - 2000 MAIN STREET - WHEELING, WV 26003	55-0391262	501(C)3	73,412.	0.			CFC, EMERGENCY DISASTER GRANTS, LONG TERM DISASTER GRANTS, MENTORING, WALMART SNAP
CATHOLIC CHARITIES, BOSTON 51 SLEEPER STREET, SUITE 100 BOSTON, MA 02210-1285	04-2534041	501(C)3	35,395.	0.			CFC, MENTORING
CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)3	143,946.	0.			CFC, LONG TERM DISASTER GRANTS, SOCIAL INNOVATION, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309-2501	42-0680255	501(C)3	5,054.	0.			CFC, MENTORING
CATHOLIC CHARITIES, DIOCESE OF TRENTON - 383 W STATE ST - TRENTON, NJ 08618-5705	21-0634494	501(C)3	412,145.	0.			CFC, LONG TERM DISASTER GRANTS, MENTORING, WALMART SNAP OUTREACH GRANT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, DIOCESE OF VENICE, INC. - 1000 PINEBROOK ROAD - VENICE, FL 34285	59-2473176	501(C)3	85,743.	0.			CFC, HUD, MHA, MENTORING, NEIGHBORWORKS, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, DUBUQUE 1229 MOUNT LORETTA AVENUE DUBUQUE, IA 52003-8787	42-0680493	501(C)3	41,574.	0.			CFC, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES, FORT WAYNE-SOUTH BEND - 915 SOUTH CLINTON STREET - FORT WAYNE, IN 46802-2601	35-1038653	501(C)3	19,842.	0.			CFC, MENTORING
CATHOLIC CHARITIES, GARY 940 BROADWAY GARY, IN 46402	35-1122204	501(C)3	23,065.	0.			CFC, HUD
CATHOLIC CHARITIES, INC 200 NORTH CONGRESS ST. JACKSON, MS 39201	64-0466850	501(C)3	6,449.	0.			MENTORING
CATHOLIC CHARITIES, INC., PALM BEACH, FL - 9995 NORTH MILITARY TRAIL - PALM BEACH GARDENS, FL 33410-5460	59-2470479	501(C)3	53,490.	0.			CFC, EMERGENCY DISASTER GRANTS, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, INC., COVINGTON, KY - 3629 CHURCH STREET - COVINGTON, KY 41015	61-0461728	501(C)3	27,657.	0.			CFC, HUD, NEIGHBORWORKS
CATHOLIC CHARITIES, INC., SPRINGFIELD, IL - 1625 W WASHINGTON STREET - SPRINGFIELD, IL 62702-4757	37-0661499	501(C)3	11,829.	0.			CFC, WALMART
CATHOLIC CHARITIES, INC., WICHITA 437 NORTH TOPEKA STREET WICHITA, KS 67202	48-0543703	501(C)3	11,387.	0.			CFC, EMERGENCY DISASTER GRANTS

Schedule I (Form 990)

Schedule I (Form 990)		CATHOLIC CHARITIES, U.S.A.		53-0196620		Page	
Part II		Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, JOLIET 203 NORTH OTTAWA STREET, 3RD FLOOR JOLIET, IL 60432-4006	36-2170817	501(C)3	12,925.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES, LA CROSSE 3710 EAST AVE S PO BOX 266 LA CROSSE, WI 54602-0266	39-1896823	501(C)3	44,066.	0.			CFC, HUD, NEIGHBORWORKS
CATHOLIC CHARITIES, OKLAHOMA CITY 1501 N CLASSEN BLVD OKLAHOMA CITY, OK 73106-6611	73-0636561	501(C)3	183,459.	0.			CFC, EMERGENCY DISASTER GRANTS, IFR, LONG TERM DISASTER GRANTS
CATHOLIC CHARITIES, OMAHA 3300 N 60TH ST OMAHA, NE 68104-3402	47-0376612	501(C)3	50,282.	0.			CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, ROCHESTER 1150 BUFFALO RD ROCHESTER, NY 14624-1823	30-0553416	501(C)3	10,076.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES, SAN ANTONIO 202 W FRENCH PL SAN ANTONIO, TX 78212-5818	74-1109743	501(C)3	18,240.	0.			CFC, SOCIAL INNOVATION
CATHOLIC CHARITIES, SAN DIEGO 349 CEDAR STREET SAN DIEGO, CA 92101-3112	23-7334012	501(C)3	8,667.	0.			CFC
CATHOLIC CHARITIES, SANTA FE 3301 CANDELARIA ROAD NE ALBUQUERQUE, NM 87107	85-0132582	501(C)3	71,004.	0.			CFC, MENTORING, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, SANTA ROSA 987 AIRWAY COURT SANTA ROSA, CA 95403-2048	94-2479393	501(C)3	19,196.	0.			CFC, HUD

Schedule I (Form 990)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, TOLEDO 1933 SPIELBUSCH AVE TOLEDO, OH 43604-5360	34-4428254	501(C)3	38,107.	0.			CFC, HUD, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES, TULSA PO BOX 580460 TULSA, OK 74158-0460	73-1171950	501(C)3	10,000.	0.			EMERGENCY DISASTER GRANTS
CATHOLIC CHARITIES, WEST TENNESSEE, MEMPHIS - 1325 JEFFERSON AVE - MEMPHIS, TN 38104-2013	62-1451404	501(C)3	27,386.	0.			CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC CHARITIES-DIOCESE OF FRESNO - 149 NORTH FULTON STREET - FRESNO, CA 93701-1607	94-1678938	501(C)3	9,379.	0.			WALMART
CATHOLIC CHARITIES-DIOCESE OF LAS CRUCES - 1400 NORHT MERIDIAN STREET - INDIANAPOLIS, IN 46202-2305	20-1144913	501(C)3	32,652.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, INC. - 1025 G STREET - SPRINGFIELD, OR 97477	93-0409105	501(C)3	23,550.	0.			HUD, WALMART SNAP OUTREACH GRANT
CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, INC., - 140 W. SPEEDWAY BOULEVARD, SUITE 230 - TUCSON, AZ 85705-7688	86-0100880	501(C)3	129,104.	0.			CFC, HUD, IFR, MHA, MENTORING, NEIGHBORWORKS, SOCIAL INNOVATION, WALMART SNAP OUTREACH
CATHOLIC COMMUNITY SERVICES OF UTAH, SALT LAKE CIT - 745 E 300 S - SALT LAKE CITY, UT 84102-2256	87-0212450	501(C)3	7,532.	0.			MENTORING, CFC
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 100 23RD AVE S - SEATTLE, WA 98144-2302	91-1585652	501(C)3	26,815.	0.			EMERGENCY DISASTER GRANTS, MENTORING, CFC

Schedule I (Form 990)

Schedule I (Form 990)

CATHOLIC CHARITIES, U.S.A.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES, INC. 1416 CUMMING AVENUE, SUITE A SUPERIOR, WI 54880	39-0940744	501(C)3	15,000.	0.			HUD
CATHOLIC FAMILY AND COMMUNITY SERVICES, INC. - 24 DE GRASSE STREET - PATERSON, NJ 07505	22-1487121	501(C)3	27,013.	0.			HUD
CATHOLIC HUMAN SERVICES, PHILADELPHIA - 222 N 17TH ST - PHILADELPHIA, PA 19103-1202	23-1352063	501(C)3	21,346.	0.			CFC, IFR
CATHOLIC SOCIAL & COMMUNITY SERVICES, BILOXI - 1790 POPPS FERRY RD - BILOXI, MS 39532-2118	64-0598426	501(C)3	10,891.	0.			CFC, EMERGENCY DISASTER GRANTS
CATHOLIC SOCIAL SERVICE, DODGE CITY - 906 CENTRAL AVENUE - DODGE CITY, KS 67801-4905	48-0697602	501(C)3	11,721.	0.			CFC, MENTORING
CATHOLIC SOCIAL SERVICES OF DIOCESE OF SCRANTON - 33 E NORTHAMPTON STREET - WILKES BARRE, PA 18701-2406	24-0818341	501(C)3	34,905.	0.			CFC, MENTORING, SOCIAL INNOVATION
CATHOLIC SOCIAL SERVICES OF MONTANA, HELENA - 1301 11TH AVE - HELENA, MT 59601-3919	81-0245570	501(C)3	23,070.	0.			CFC, MENTORING
CATHOLIC SOCIAL SERVICES, ANCHORAGE - 3710 E 20TH AVENUE - ANCHORAGE, AK 99508-3418	92-0037322	501(C)3	41,827.	0.			CFC, WALMART SNAP OUTREACH GRANT
CATHOLIC SOCIAL SERVICES, FALL RIVER - PO BOX M/SO. STATION 1600 BAY STREET - FALL RIVER, MA 02724-1216	04-2106394	501(C)3	32,162.	0.			CFC, NEIGHBORWORKS, WALMART SNAP OUTREACH GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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 non-cash assistance	(h) Purpose of grant or assistance		
CATHOLIC SOCIAL SERVICES, RAPID CITY - 529 KANSAS CITY ST STE 100 - RAPID CITY, SD 57701-3688	46-0418272	501(C)3	11,206.	0.			CFC, EMERGENCY DISASTER GRANTS		
CATHOLIC SOCIAL SERVICES, SAVANNAH 601 E LIBERTY STREET SAVANNAH, GA 31401-5118	58-0566171	501(C)3	8,412.	0.			CFC		
CC HOUSING RESOURCE CENTER 800 N. TUCKER BLVD ST. LOUIS, MO 63101	43-1338511	501(C)3	33,750.	0.			HUD		
CHILD CENTER MARYGROVE 2705 MULLANPHY LANE FLORISSANT, MO 63031	43-1024440	501(C)3	11,906.	0.			MENTORING		
COMMONWEALTH CATHOLIC CHARITIES, RICHMOND - 1512 WILLOW LAWN DR - RICHMOND, VA 23230-3117	54-0505877	501(C)3	45,543.	0.			CFC, HUD, MENTORING		
CSS-LACKAWANNA COUNTY 516 FIG STREET SCRANTON, PA 18505	24-0818341	501(C)3	16,433.	0.			HUD		
DIOCESE OF ROCKVILLE CENTRE PO BOX 9023 ROCKVILLE CENTRE, NY 11571-9023	11-1837437	501(C)3	75,803.	0.			LONG TERM DISASTER GRANTS		
DIOCESE OF TRENTON 701 LAWRENCEVILLE RD TRENTON, NJ 08638-0147	21-0634494	501(C)3	531,665.	0.			LONG TERM DISASTER GRANTS		
FAMILIES IN SCHOOLS 1545 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90017	95-4818894	501(C)3	22,500.	0.			AECF		

Schedule I (Form 990)



Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

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

PART I, LINE 2:

EXPLANATION: FEDERAL GRANT PROGRAM - ALL GRANT-RECEIVING ORGANIZATIONS ARE REQUIRED TO FILE QUARTERLY REPORTS WITH THE FEDERAL GOVERNMENT.

DISASTER RESPONSE PROGRAM - ALL GRANT-RECEIVING ORGANIZATIONS ARE REQUIRED TO SUBMIT PROGRESS REPORTS WITH CCUSA.

PART II, LINE 1, COLUMN (H):

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTORING, CFC, HUD, LONG TERM

DISASTER GRANTS, SOCIAL INNOVATION, WALMART SNAP OUTREACH GRANT

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF NW FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: CFC, EMERGENCY DISASTER GRANTS, LONG

TERM DISASTER GRANTS, SOCIAL INNOVATION, WALMART SNAP OUTREACH GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF SOUTHERN MISSOURI

(H) PURPOSE OF GRANT OR ASSISTANCE: CFC, EMERGENCY DISASTER GRANTS, HUD,

LONG TERM DISASTER GRANTS, MENTORING, WALMART SNAP OUTREACH GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES WEST VIRGINIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CFC, EMERGENCY DISASTER GRANTS, LONG

TERM DISASTER GRANTS, MENTORING, WALMART SNAP OUTREACH GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, INC.,

(H) PURPOSE OF GRANT OR ASSISTANCE: CFC, HUD, IFR, MHA, MENTORING,

NEIGHBORWORKS, SOCIAL INNOVATION, WALMART SNAP OUTREACH GRANT



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES, U.S.A.

Employer identification number

53-0196620

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2013



**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.

PART I, LINE 1A:

EXPLANATION: REV. LARRY SNYDER - HOUSING ALLOWANCE OR RESIDENCE FOR

PERSONAL USE - \$7,615. THIS AMOUNT IS INCLUDED IN REV. LARRY'S W-2.

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Employer identification number

CATHOLIC CHARITIES, U.S.A.

53-0196620

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT AUTHORITY OF A THE CITY OF ALEXANDRIA, VA	52-1381432	NONE	07/14/11	5,210,000.	FINANCING AND REFINANCING ACQUISITION OF PORTION O				X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		135,164.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		5,210,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		5,210,000.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2012							
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <b>▶</b>		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <b>▶</b>		%		%		%		%
<b>6</b> Total of lines 4 and 5		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X						
<b>b</b> Exception to rebate?	X							
<b>c</b> No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?		X						
<b>e</b> Was the hedge terminated?		X						

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA, VA

(F) DESCRIPTION OF PURPOSE:

FINANCING AND REFINANCING ACQUISITION OF PORTION OF BUILDING

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

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**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 .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	24	624,399.	FMV
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 .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( .....				
26 Other ► ( .....				
27 Other ► ( .....				
28 Other ► ( .....				

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

29

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

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

b If "Yes," describe in Part II.

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

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Schedule M (Form 990) (2013)

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

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

NATURAL DISASTERS.

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

PROCESS, CCUSA ALSO PROVIDES A NATIONAL VOICE FOR THE NEEDS AND CONCERNS

OF IT'S MEMBERSHIP AND THE PEOPLE THEY SERVE, WORKING WITH IT'S

MEMBERSHIP, CCUSA DEVELOPS AND ADVOCATES FOR JUST PUBLIC POLICIES THAT

EMPOWER PEOPLE AND ALLEVIATE THE CONDITIONS THAT PERPETUATE POVERTY.

CCUSA ALSO WORKS WITH IT'S MEMBERSHIP AROUND RACIAL EQUALITY AND

DIVERSITY.

FORM 990, PART VI, SECTION A, LINE 1:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD WAS FORM TO ACT ON BOARD

BEHALF IN BETWEEN THE BOARD MEETINGS. THE EXECUTIVE COMMITTEE SHALL BE

COMPOSED OF THE OFFICERS OF THE BOARD OF CATHOLIC CHARITIES USA AND TWO

ADDITIONAL TRUSTEES SELECTED BY THE CHAIR AND APPROVED BY THE BOARD. THE

CHAIR OF THE BOARD OF TRUSTEES SHALL SERVE AS THE CHAIR OF THE EXECUTIVE

COMMITTEE. DUTIES: ACT ON BEHALF OF THE FULL BOARD BETWEEN REGULARLY

SCHEDULED BOARD MEETINGS AS REQUIRED. ALL SUCH ACTIONS SHOULD BE REPORTED

TO THE FULL BOARD AT ITS NEXT SCHEDULED MEETING FOR APPROPRIATE

ACTION/RATIFICATION.

OVERSEE THE ANNUAL EVALUATION OF THE CEO. SOLICIT INPUT FROM THE FULL

BOARD; ENSURE THAT AN EVALUATION WITH THE CEO IS CONDUCTED AND THAT THE

RESULTS ARE REPORTED TO FULL BOARD.

APPROVE CEO COMPENSATION PACKAGE.

DEVELOP THE PROCESS BY WHICH THE BOARD OF TRUSTEES WILL GENERATE, MONITOR

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Schedule O (Form 990 or 990-EZ) (2013)

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AND REVISE THE ANNUAL PLAN OF CATHOLIC CHARITIES USA.

PERIODICALLY REVIEW THE PROGRAMS AND SERVICES OF THE NATIONAL OFFICE TO

ENSURE RELEVANCE TO MISSION AND QUALITY IN IMPLEMENTATION.

ANNUALLY PRESENT A DIVERSITY REPORT TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: A "MEMBER" IS AN AGENCY, ORGANIZATION, CORPORATION, OR

ASSOCIATION OF PERSONS THAT (I) IS SUPPORTIVE OF THE PURPOSES AND

ACTIVITIES OF CATHOLIC CHARITIES USA, (II) COMPLETES THE MEMBERSHIP

PROCEDURES SET BY THE BOARD FROM TIME TO TIME, AND (III) IS ACCEPTED BY,

AND PAYS THE DUES, IF ANY, PRESCRIBED BY THE BOARD. THERE SHALL BE TWO

CATEGORIES OF GROUP MEMBERS: AGENCY AND AFFILIATE. THE QUALIFICATIONS FOR

EACH CATEGORY ARE AS FOLLOWS: A) "AGENCY MEMBER," DIOCESAN CATHOLIC

CHARITIES AGENCIES THAT PAY DUES DIRECTLY TO CATHOLIC CHARITIES USA SHALL

BE AN AGENCY MEMBER. A DIOCESAN CATHOLIC CHARITIES AGENCY IS DEFINED AS AN

AGENCY CREATED, CONTROLLED OR OWNED BY A DIOCESE OF THE CATHOLIC CHURCH. B)

"AFFILIATE MEMBER," AN "AFFILIATE MEMBER" IS A ROMAN CATHOLIC RELIGIOUS

CONGREGATION, HOUSING, EDUCATIONAL OR SOCIAL WELFARE AGENCY OR INSTITUTION,

OR OTHER GROUP, OTHER THAN A DIOCESAN CATHOLIC CHARITIES AGENCY, WHICH PAYS

DUES DIRECTLY TO CATHOLIC CHARITIES USA AND WHICH CONTRIBUTES TO THE

ACHIEVEMENT OF THE SOCIAL MISSION OF THE CHURCH AND ADHERES TO THE PURPOSES

OF CATHOLIC CHARITIES USA.

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

EXPLANATION: THE GOVERNANCE COMMITTEE WILL SERVE AS THE NOMINATING

COMMITTEE AND WILL RECOMMEND THE ELECTION OF TRUSTEES TO THE BOARD;

PROVIDED, THAT WITH RESPECT TO AGENCY MEMBER TRUSTEE NOMINATIONS, THOSE

SHALL BE MADE BY THE COUNCIL OF DIOCESAN DIRECTORS SUBJECT TO A

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DETERMINATION BY THE GOVERNANCE COMMITTEE THAT EACH SUCH NOMINEE MEETS THE  
COMPETENCY REQUIREMENTS.

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

EXPLANATION: THE MEMBERS OF THE BOARD OF TRUSTEES MAY VOTE ON AMENDMENTS TO  
THE BYLAWS. AN AMENDMENT SHALL BE CONSIDERED ADOPTED IF A MAJORITY OF  
AGENCY MEMBERS VOTING BY BALLOT VOTE IN FAVOR OF THE AMENDMENT.  
ADDITIONALLY, MEMBERS OF CATHOLIC CHARITIES USA SHALL HAVE THE RIGHT TO  
PARTICIPATE IN CATHOLIC CHARITIES USA TRANSFORMATIVE INITIATIVES, SHAPING  
NATIONAL STRATEGY, RECOMMENDING POLICY TO ADVANCE SOCIAL WELFARE, RESEARCH,  
ADVOCACY, PROGRAMS, AND SUCH OTHER RIGHTS, RESPONSIBILITIES AND BENEFITS AS  
MAY BE CONFERRED UPON THEM BY A MAJORITY VOTE OF THE BOARD. MEMBERS SHALL  
HAVE NO ROLE IN THE DAY-TO-DAY OPERATIONS OF CATHOLIC CHARITIES USA.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS NOT REQUIRED TO BE FILED WITH THE IRS OR ANY  
STATE. RATHER, IT IS PREPARED FOR THE PUBLIC WHOM AT TIMES MAKE REQUESTS  
FOR IT. THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM, AND THEN, IS  
APPROVED BY THE CEO. THE FORM 990 IS PROVIDED TO THE BOARD BEFORE IT IS  
FILED.

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

EXPLANATION: THE MEMBERS OF THE BOARD OF TRUSTEES ANNUALLY MUST COMPLETE  
THE ORGANIZATION'S CONFLICT OF INTEREST FORM TO DECLARE ANY POTENTIAL  
CONFLICT. THE INDEPENDENT DIRECTORS ARE IDENTIFIED ON THE BOARD ROSTER.  
GUIDANCE ON THE APPROPRIATE HANDLING OF CONFLICT OF INTEREST COMPLIANCE IS  
PROVIDED TO THE BOARD CHAIR AND ORGANIZATION PRESIDENT BY OUTSIDE

INDEPENDENT GENERAL COUNSEL. THE BOARD CONDUCTS ITS BUSINESS THROUGH BOARD

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RESOLUTIONS. EACH MEMBER PRESENT AND CASTING A VOTE MUST INDIVIDUALLY SIGN

THE RESOLUTION CERTIFYING THEIR PRESENCE AT THE MEETING AND PARTICIPATION

IN THE DELIBERATION PRIOR TO THE BOARD'S ACTION. AS EACH RESOLUTION IS

CONSIDERED, THE BOARD CHAIR INDICATES WHETHER CERTAIN BOARD MEMBERS,

BECAUSE OF THE NATURE OF THE RESOLUTION, AND THEIR POTENTIAL CONFLICT OF

INTEREST, WILL BE EXCLUDED FROM VOTING ON THE MATTER AND IN SOME CASES WILL

NEED TO LEAVE THE ROOM DURING DELIBERATION AND ACTUAL VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES

THE CEO'S COMPENSATION, THE EXECUTIVE DISCUSSES THE RECOMMENDATIONS PROVIDED

BY THE TOTAL COMPENSATIONS SOLUTION (TCS) COMPENSATION ANALYSIS AND

REVIEW, FOLLOWING DISCUSSIONS, A VOTE IS HELD TO DETERMINE ANY CHANGES TO THE

CEO'S SALARY.

THE PROCESS OF DETERMINING THE COMPENSATION OF OTHER OFFICERS IS TO FIRST

ASSIGN A TITLE TO EACH OFFICER, THE SALARY CORRESPONDS TO THE SALARY GRADE

AND SALARY RANGE, THIS INFORMATION IS THEN USED TO DETERMINE THE OFFICER'S

SALARY. THE HUMAN RESOURCES DIRECTOR REVIEWS THIS INFORMATION WITH THE CEO.

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

EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

GAIN ON VALUE OF INTEREST RATE SWAP AGREEMENT

29,373.

LOSS ON LEASE OBLIGATIONS

-83,666.

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TOTAL TO FORM 990, PART XI, LINE 9

-54,293.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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

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**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
2050 BALLENGER LLC - 45-1059087	COMMERCIAL REAL ESTATE				
2050 BALLENGER	RENTAL OF ORGANIZATION'S				
ALEXANDRIA, VA 22314	EXCESS OFFICE SPACE	VIRGINIA	887,643	33,522,095	N/A

**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
CATHOLIC CHARITIES USA EMPLOYEE WELFARE	PROVIDE HEALTH CARE						
BENEFIT TRUST - 45-6491273, 2050 BALLENGER	BENEFITS TO CCUSA						
STREET, ALEXANDRIA, VA 22314	EMPLOYEES, MEMBER	VIRGINIA	501(C)(9)				X
WILLIAM R. FRY FUND TRUST - 46-4140684	PROVIDE GRANTS TO CCUSA						
2050 BALLENGER STREET	MEMBER AGENCIES TO SUPPORT						
ALEXANDRIA, VA 22314	WORK ON POVERTY REDUCTION	VIRGINIA	501(C)(3)	LINE 9			X

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

SEE PART VII FOR CONTINUATIONS

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**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST	M	696,491	ACCRUAL
(2) CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST	L	64,222	ACCRUAL
(3) CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST	Q	103,294	ACCRUAL
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

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

**PART II. IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME OF RELATED ORGANIZATION:**

CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST

PRIMARY ACTIVITY: PROVIDE HEALTH CARE BENEFITS TO CCUSA EMPLOYEES, MEMBER

**AGENCIES, & AFFIL.**