

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization CATHOLIC CHARITIES OF LOS ANGELES INC			D Employer identification number 95-1690973		
	<input type="checkbox"/>	Name change				Doing Business As		
	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			G Gross receipts \$ 36,305,075.		
	<input type="checkbox"/>	Terminated	1531 JAMES M WOOD BLVD.					
<input type="checkbox"/>	Amended return	City or town, state or country, and ZIP + 4			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	Application pending	LOS ANGELES, CA 90015-0095			if "No," attach a list. (see instructions)			
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	H(c) Group exemption number ▶		
J Website: ▶ WWW.CATHOLICCHARITIESLA.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1937		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE, PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE.			
	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)	40.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	38.	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	398.	
	6	Total number of volunteers (estimate if necessary)	1,038.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,107,192.	25,988,295.
	9	Program service revenue (Part VIII, line 2g)	2,166,959.	2,063,367.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,319,131.	278,207.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	563,128.	573,784.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,156,410.	28,903,653.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,454,305.	13,701,140.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	51,994.	65,460.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	500,349.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,008,136.	15,143,205.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,539,435.	28,973,805.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	616,975.	-70,152.
	20	Total assets (Part X, line 16)	62,148,212.	63,018,977.
	21	Total liabilities (Part X, line 26)	8,438,804.	8,265,420.
	22	Net assets or fund balances. Subtract line 21 from line 20	53,709,408.	54,753,557.

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	Rev. Monsignor Gregory A. Cox	Executive Director	Date
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JOSEPH S. DE TRANE			P00329386
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558		
	Firm's address ▶ ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111		Phone no. 415-986-3900	
May the IRS discuss this return with the preparer shown above? (see instructions)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the due date for filing your return. See instructions.</small>	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. Catholic Charities of Los Angeles, Inc.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-1690973
	Number, street, and room or suite no. If a P.O. box, see instructions. 1531 James M. Wood Blvd	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, CA 90015		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Sarah Elder, 1531 James M. Wood Blvd., Los Angeles, CA 90015
Telephone No. 213-251-3475 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until May 15, 20 13 .
- 5 For calendar year _____, or other tax year beginning July 1, 20 11, and ending June 30, 20 12 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension Additional time is requested to gather the information for a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Sarah Elder Title Controller Date 2/8/13

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CATHOLIC CHARITIES OF LOS ANGELES, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-1690973
	Number, street, and room or suite no. If a P.O. box, see instructions. 1531 JAMES M WOOD BLVD.	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90015-0095	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SARAH ELDER

Telephone No. ► 213 251-3475 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 or

► tax year beginning 07/01, 2011, and ending 06/30, 2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 and section 4947(a)(1) trusts 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 \$ 4,569,909. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 2,840,959. including grants of \$) (Revenue \$ 175,464.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 2,711,386. including grants of \$) (Revenue \$)

ATTACHMENT 4

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

(Expenses \$ 15,185,631. including grants of \$) (Revenue \$ 1,940,919.)

4e Total program service expenses **▶** 25,307,885.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 441		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 398		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for numerical responses. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, and 9.

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

Table with 4 columns: Question, Yes, No, and a column for numerical responses. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its 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.
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: SARAH ELDER 1531 JAMES M. WOOD BLVD LOS ANGELES, CA 90015 213-251-3400

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) ARCHBISHOP JOSE H. GOMEZ CHAIRMAN	1.00	X		X			0	0	0	
(2) PAUL D. TOSETTI PRESIDENT	1.00	X		X			0	0	0	
(3) REV. MSGR. GREGORY A. COX EXECUTIVE DIRECTOR EVP	40.00	X		X			28,812.	0	20,928.	
(4) REV. MSGR. PAUL M. MONTOYA VICE PRESIDENT	1.00	X		X			0	0	0	
(5) LOLA MCALPIN-GRANT, ESQ. SECRETARY	1.00	X		X			0	0	0	
(6) VINCENT F. MARTIN, JR. TREASURER	1.00	X		X			0	0	0	
(7) YOLANDA BECERRA-JONES TRUSTEE	1.00	X					0	0	0	
(8) RAYMOND T. BENNETT TRUSTEE	1.00	X					0	0	0	
(9) CATHLEEN M. COBB TRUSTEE	1.00	X					0	0	0	
(10) TIMOTHY J. COLLINS TRUSTEE	1.00	X					0	0	0	
(11) YVONNE CHAVEZ-MEINZER TRUSTEE	1.00	X					0	0	0	
(12) WILLIAM R. DAHLMAN TRUSTEE-CYPT	1.00	X					0	0	0	
(13) RICHARD G. D'AMICO TRUSTEE	1.00	X					0	0	0	
(14) SUSAN D'AMICO 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 (describe hours for related organizations in Schedule O)	(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			
(15) ROBERT M. EBINER, ESQ. TRUSTEE	1.00	X					0	0	0	
(16) GREGORY L. EVANS, ESQ. TRUSTEE	1.00	X					0	0	0	
(17) BONIFACIO BONNY GARCIA, ESQ. TRUSTEE	1.00	X					0	0	0	
(18) HAROLD GREEN TRUSTEE	1.00	X					0	0	0	
(19) STANLEY D. HAYDEN TRUSTEE	1.00	X					0	0	0	
(20) NANCY KAILEY TRUSTEE	1.00	X					0	0	0	
(21) GARY D. KRAUSS TRUSTEE	1.00	X					0	0	0	
(22) CHRIS KROES TRUSTEE	1.00	X					0	0	0	
(23) IVAN J. HOUSTON TRUSTEE	1.00	X					0	0	0	
(24) MICHAEL J. MALONEY, ESQ. TRUSTEE	1.00	X					0	0	0	
(25) JANET MAULHARDT TRUSTEE	1.00	X					0	0	0	
1b Sub-total							28,812.	0	20,928.	
c Total from continuation sheets to Part VII, Section A							414,846.	0	79,064.	
d Total (add lines 1b and 1c)							443,658.	0	99,992.	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(26) LAWRENCE P. MCNEIL TRUSTEE	1.00	X					0	0	0	
(27) KENNETH J. MURPHY, ESQ. TRUSTEE	1.00	X					0	0	0	
(28) MONSIGNOR PADRAIC LOFTUS TRUSTEE	1.00	X					0	0	0	
(29) ANNE NOLAN TRUSTEE-CYPT	1.00	X					0	0	0	
(30) MICHAEL D. O'BRIEN TRUSTEE	1.00	X					0	0	0	
(31) DANIEL R. PEATE TRUSTEE-CYPT	1.00	X					0	0	0	
(32) JON L. REWINSKI, ESQ. TRUSTEE	1.00	X					0	0	0	
(33) VIKTOR RZETELJSKI TRUSTEE	1.00	X					0	0	0	
(34) MARY BETH RZETELJSKI TRUSTEE	1.00	X					0	0	0	
(35) BISHOP ALEXANDER SALAZAR TRUSTEE	1.00	X					0	0	0	
(36) FREDERICK K. SCHMITT TRUSTEE	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(37) STACY M. SPROULL TRUSTEE-CYPT	1.00	X						0	0	0
(38) THOMAS P. SULLIVAN TRUSTEE-CYPT	1.00	X						0	0	0
(39) JOHN J. SWENSON, ESQ. TRUSTEE	1.00	X						0	0	0
(40) PETER J. VOGELSANG, M.D. TRUSTEE	1.00	X						0	0	0
(41) DAVID M. WALSH, ESQ. TRUSTEE	1.00	X						0	0	0
(42) MARCIA WILSON HOBSS TRUSTEE	1.00	X						0	0	0
(43) JOHN A. WHITE TRUSTEE	1.00	X						0	0	0
(44) JOHN YANEZ TRUSTEE	1.00	X						0	0	0
(45) SANDER C. ZAGZEBSKI, ESQ. TRUSTEE	1.00	X						0	0	0
(46) JAMES E. BATHKER CFO	40.00			X				155,791.	0	33,019.
(47) RONALD LOPEZ CAO	40.00					X		130,714.	0	28,874.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 613,494.					
	b	Membership dues	1b					
	c	Fundraising events	1c 1,918,600.					
	d	Related organizations	1d 1,730,000.					
	e	Government grants (contributions)	1e 12,893,389.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,832,812.					
	g	Noncash contributions included in lines 1a-1f: \$	5,696,575.					
	h	Total. Add lines 1a-1f ▶		25,988,295.				
	Program Service Revenue	2a	LEGAL SERVICES FOR GOVERNMENT AGENCIES	Business Code 541100	867,019.	867,019.		
b		DAY CARE TUITION	624410	299,511.	299,511.			
c		YOUTH SPORTS LEAGUE & ADMISSIONS	713990	272,474.	272,474.			
d		CITIZENSHIP SERVICE FEES	900099	206,213.	206,213.			
e		SALES BY JOB TRAINEES	722210	104,218.	104,218.			
f		All other program service revenue	900099	313,932.	313,932.			
g		Total. Add lines 2a-2f ▶		2,063,367.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) ▶		151,058.			151,058.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	6,807,567.			
			c	Gain or (loss)	127,149.			
	d	Net gain or (loss) ▶		127,149.			127,149.	
	8a	Gross income from fundraising events (not including \$ 1,918,600. of contributions reported on line 1c). See Part IV, line 18 a	687,268.					
	b	Less: direct expenses b	592,355.					
c	Net income or (loss) from fundraising events ▶		94,913.			94,913.		
9a	Gross income from gaming activities. See Part IV, line 19 a	29,765.						
b	Less: direct expenses b	1,500.						
c	Net income or (loss) from gaming activities ▶		28,265.			28,265.		
10a	Gross sales of inventory, less returns and allowances a							
		b	Less: cost of goods sold b					
		c	Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue			Business Code					
11a	THRIFT STORE	453310	397,590.			397,590.		
b	CYO SALES	711210	12,466.	12,466.				
c	OTHER	900099	40,550.	40,550.				
d	All other revenue							
e	Total. Add lines 11a-11d ▶		450,606.					
12	Total revenue. See instructions ▶		28,903,653.	2,116,383.		798,975.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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	64,000.	64,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	229,336.		229,336.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	10,417,068.	8,735,174.	1,492,055.	189,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	484,903.	403,967.	69,554.	11,382.
9 Other employee benefits	1,445,193.	1,222,872.	196,383.	25,938.
10 Payroll taxes	1,124,640.	950,608.	158,395.	15,637.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	233,750.	215,710.	15,456.	2,584.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	65,460.			65,460.
f Investment management fees	29,499.		29,499.	
g Other	537,771.	471,417.	66,354.	
12 Advertising and promotion	0			
13 Office expenses	760,880.	525,399.	81,899.	153,582.
14 Information technology	514,424.	202,080.	303,650.	8,694.
15 Royalties	0			
16 Occupancy	1,900,957.	1,581,902.	300,282.	18,773.
17 Travel	14,850.	14,137.	713.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	102,493.	48,854.	53,141.	498.
20 Interest	124,489.	124,489.		
21 Payments to affiliates	33,965.		33,965.	
22 Depreciation, depletion, and amortization	683,682.	644,582.	39,100.	
23 Insurance	305,208.	304,686.		522.
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 <u>EMERGENCY FOOD & SHELTER</u>	6,760,445.	6,760,445.		
b <u>PARTICIPANT PAYROLL & RELATE</u>	1,764,622.	1,764,622.		
c <u>DONATED THRIFT STORE GOODS</u>	390,903.	390,903.		
d <u>OTHER SUPPLIES</u>	398,263.	385,177.	9,131.	3,955.
e All other expenses	587,004.	496,861.	86,658.	3,485.
25 Total functional expenses. Add lines 1 through 24e	28,973,805.	25,307,885.	3,165,571.	500,349.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,419,983.	1	1,552,288.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	308,924.	3	271,814.
	4 Accounts receivable, net	3,010,700.	4	2,607,412.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	334,673.	9	262,562.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,234,837.		
	b Less: accumulated depreciation	10b 7,221,801.	14,977,937.	10c 17,013,036.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	17,056,498.	12	15,327,789.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	25,039,497.	15	25,984,076.
16 Total assets. Add lines 1 through 15 (must equal line 34)	62,148,212.	16	63,018,977.	
Liabilities	17 Accounts payable and accrued expenses	4,147,396.	17	3,438,339.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	3,936,237.	23	4,616,573.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	355,171.	25	210,508.
	26 Total liabilities. Add lines 17 through 25	8,438,804.	26	8,265,420.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,339,501.	27	19,671,822.
	28 Temporarily restricted net assets	34,618,794.	28	34,330,622.
	29 Permanently restricted net assets	751,113.	29	751,113.
	Organizations that do not follow SFAS 117, 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	53,709,408.	33	54,753,557.	
34 Total liabilities and net assets/fund balances	62,148,212.	34	63,018,977.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,903,653.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,973,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	-70,152.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,709,408.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,114,301.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54,753,557.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Other
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,080,826.	24,195,778.	22,341,527.	25,107,192.	25,988,294.	124,713,617.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,080,826.	24,195,778.	22,341,527.	25,107,192.	25,988,294.	124,713,617.
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 Public support. Subtract line 5 from line 4.						124,713,617.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	27,080,826.	24,195,778.	22,341,527.	25,107,192.	25,988,294.	124,713,617.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,011,994.	-48,848.	312,284.	291,875.	151,058.	1,718,363.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						126,431,980.
12 Gross receipts from related activities, etc. (see instructions)					12	10,184,918.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.64%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.76%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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 - 2010. 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.** Complete this part to 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 of Contributors

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

2011

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 4,022,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 2,603,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPT OF HOUSING & URBAN DEVELOPMENT 451 7TH STREET WASHINGTON, DC 20410	\$ 2,216,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	OPUS CARITATIS 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015	\$ 1,730,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	\$ 1,421,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LOS ANGELES COUNTY, CALIFORNIA 3175 WEST 6TH STREET LOS ANGELES, CA 90020	\$ 912,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CATHOLIC CHARITIES OF LOS ANGELES INC**

Employer identification number
95-1690973

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CENTURY HOUSING ----- 1000 CORPORATE POINTE ----- CULVER CITY, CA 90230 -----	\$ 862,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	UNITED WAY ----- 1150 SOUTH OLIVE STREET ----- LOS ANGELES, CA 90015 -----	\$ 350,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	UNITED WAY ----- 1150 SOUTH OLIVE STREET ----- LOS ANGELES, CA 90015 -----	\$ 219,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	US DEPARTMENT OF AGRICULTURE ----- 1401 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20250 -----	\$ 61,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CATHOLIC CHARITIES OF LOS ANGELES INC	Employer identification number 95-1690973
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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
5	FOOD INVENTORY _____ _____ _____	\$ 1,421,132.	VAR
7	BUILDING, FURNITURE & EQUIPMENT _____ _____ _____	\$ 862,804.	VAR
9	TRANSPORTATION & UTILITY VOUCHERS _____ _____ _____	\$ 219,777.	VAR
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

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. See instructions.) ► \$ _____

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Line number, Description, Amount. Rows include questions about reporting collections of art and historical treasures.

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

Schedule D (Form 990) 2011

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 XIV.

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 XIV 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 XIV.

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	35,369,907.	32,362,977.	30,415,721.	31,782,778.	
b Contributions	1,243,426.	2,254,306.	584,715.	2,874,313.	
c Net investment earnings, gains, and losses	985,996.	2,659,820.	3,752,630.	-2,977,620.	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,517,594.	1,907,196.	2,390,089.	1,263,750.	
f Administrative expenses					
g End of year balance	35,081,735.	35,369,907.	32,362,977.	30,415,721.	

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 ▶ 2.1410 %
 - c Temporarily restricted endowment ▶ 97.8590 %
- 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:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

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

Part VI Land, Buildings, and Equipment. 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		2,822,666.		2,822,666.
b Buildings		18,581,154.	5,141,589.	13,439,565.
c Leasehold improvements		883,372.	416,472.	466,900.
d Equipment		1,916,245.	1,663,740.	252,505.
e Other		31,400.		31,400.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶ style="text-align: right;">17,013,036.

Part VII Investments - Other Securities. 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) STATE STREET FUNDS	15,327,789.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	15,327,789.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARAT	25,984,076.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,984,076.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES	210,508.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	210,508.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,903,653.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,973,805.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-70,152.
4	Net unrealized gains (losses) on investments	4	169,723.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	944,579.
9	Total adjustments (net). Add lines 4 through 8	9	1,114,302.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,044,150.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	30,589,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	169,723.
b	Donated services and use of facilities	2b	362,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,183,977.
e	Add lines 2a through 2d	2e	1,715,700.
3	Subtract line 2e from line 1	3	28,874,154.
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	29,499.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	29,499.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,903,653.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	29,545,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	362,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	239,398.
e	Add lines 2a through 2d	2e	601,398.
3	Subtract line 2e from line 1	3	28,944,306.
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 XIV.)	4b	29,499.
c	Add lines 4a and 4b	4c	29,499.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,973,805.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE RESTRICTED FUNDS ARE COMPOSED OF ANGEL'S FLIGHT BENEFICIAL INTEREST IN THE SEPARATE ORGANIZATION OF (\$25,984,076) AND INVESTMENTS FOR: ANGEL'S FLIGHT (\$3,241,306), GOOD SHEPHERD CENTER (\$1,257,820), DISASTER RELIEF (\$427,721), SANTA BARBARA (\$249,816), SANTA MARIA PROGRAMS (\$248,027), SAN GABRIEL (\$428,509), SAN FERNANDO (\$406,806), OUR LADY OF THE ANGEL'S WEST (\$210,801), VENTURA (\$212,476) AND FOR BATTERED WOMEN - \$116,771. THERE IS A PLEDGE OF \$271,814 FOR ST. MARGARET'S CENTER AND THE REMAINDER OF \$1,274,679 IS HELD AS INVESTMENTS FOR VARIOUS OTHER PROGRAMS OF CATHOLIC CHARITIES.

PERMANENTLY RESTRICTED FUNDS ARE HELD FOR OPERATIONS. INCOME GENERATED FROM PERMANENTLY RESTRICTED FUNDS IS CONSIDERED TEMPORARILY RESTRICTED. EACH YEAR THE BOARD OF TRUSTEES APPROVES EXPENDITURES FROM THESE EARNINGS BASED ON THE NEEDS OF THE ORGANIZATION AND THE INTENT OF THE DONORS.

ASC 740 FOOTNOTE

SCHEDULE D, PART X, LINE 2

AS REQUIRED BY GAAP, CATHOLIC CHARITIES HAS IDENTIFIED AND EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAIN OPEN AND HAS DETERMINED THAT THERE IS NO MATERIAL UNRECOGNIZED BENEFIT OF LIABILITY TO BE RECORDED. THE OPEN TAX YEARS ARE THE YEARS ENDED JUNE 30, 2009 THROUGH JUNE 30, 2012 FOR FEDERAL TAX PURPOSES AND THE YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2012 FOR CALIFORNIA TAX PURPOSES. THERE

Part XIV Supplemental Information (continued)

HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2012, NOR ARE ANY MATERIAL CHANGES ANTICIPATED IN THE TWELVE MONTHS FOLLOWING JUNE 30, 2012. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS A TAX EXPENSE IN THE STATEMENTS OF ACTIVITIES.

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$944,579 INCLUDED IN FINANCIAL STATEMENTS BUT NOT IN RETURN UNDER IRS RULES.

REVENUE ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

THE TOTAL OF \$1,183,977 IS COMPOSED OF: FUNDRAISING EXPENSES OF \$237,898 AND RAFFLE EXPENSES OF \$1,500 (TOTAL \$239,398) WHICH WERE REPORTED ON THE FINANCIAL STATEMENTS AS EXPENSES UNDER US GAAP (GENERALLY ACCEPTED ACCOUNTING PRINCIPLES) BUT NETTED WITH REVENUE ON THE RETURN AND THE UNREALIZED INCREASE IN BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$944,579 WHICH IS REPORTED AS REVENUE UNDER GAAP ON THE FINANCIAL STATEMENTS, BUT IS NOT REPORTED ON THE RETURN UNDER IRS RULES.

Part XIV Supplemental Information *(continued)*

EXPENSES ON FINANCIAL STATEMENTS BUT NOT ON RETURN

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING AND GAMING EXPENSES OF \$239,398 WERE REPORTED ON THE
FINANCIAL STATEMENTS AS EXPENSES UNDER GAAP BUT NETTED WITH REVENUE ON
THE RETURN UNDER IRS RULES.

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

	(a) Event #1		(b) Event #2		(c) Other Events	(d) Total events (add col. (a) through col. (c))
	GSC	GALA	SILENT	ANGELS	52	
	(event type)		(event type)		(total number)	
Revenue	1	Gross receipts	363,779.	788,355.	1,453,734.	2,605,868.
	2	Less: Charitable contributions	195,000.	766,800.	956,800.	1,918,600.
	3	Gross income (line 1 minus line 2)	168,779.	21,555.	496,934.	687,268.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	76,790.		277,669.	354,459.
	8	Entertainment				
	9	Other direct expenses	84,416.	21,552.	131,928.	237,896.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					94,913.

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

	(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Yes	No	Yes	No	Yes	
Revenue					29,765.	29,765.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			1,500.	1,500.
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100.0000%
7	Direct expense summary. Add lines 2 through 5 in column (d)					(1,500.)
8	Net gaming income summary. Combine line 1, column d, and line 7					28,265.

9 Enter the state(s) in which the organization operates gaming activities: CA,

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

b If "No," explain:
SEE ATTACHED

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

b If "Yes," explain:

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

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

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

Name ▶ SARAH ELDER

Address ▶ 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
 - b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
 - c If "Yes," enter name and address of the third party:
- Name ▶ _____
- Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 26,789.

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

CHARITABLE DISTRIBUTIONS FROM GAMING PROCEEDS

SCHEDULE G, PART III, LINE 17A

THERE IS NO LICENSE REQUIRED IN CALIFORNIA FOR RAFFLES, BUT 90% OF THE PROCEEDS FROM THE RAFFLE MUST BE USED FOR EXEMPT PURPOSES.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

BREAKDOWN ON REQUIRED STATE DISTRIBUTIONS

SCHEDULE G, PART III, LINE 17B

THE \$26,789 OF REQUIRED DISTRIBUTIONS ARE 100% SOURCED TO CALIFORNIA.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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. Check this box if no one recipient 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
(1)	ANGEL'S NEST 10962 WAGNER STREET, CULVER CITY, CA 90230	45-3252737	501 (C) (3)	64,000.				YOUTH AT RISK
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2011)

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

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

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

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE GRANT REPORTED IS A CHARITABLE DONATION TO SUPPORT YOUTH AT RISK. THE DONATION WAS APPROVED BY THE BOARD OF TRUSTEES.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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 officers, directors, trustees, and 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. Explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E. BATHKER	(i)	144,796.	0	10,995.	9,047.	23,972.	188,810.	0
	(ii)	0	0	0	0	0	0	0
2 RONALD LOPEZ	(i)	127,793.	0	2,921.	8,093.	20,781.	159,588.	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

**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.

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC	Employer identification number 95-1690973
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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	X		1,032,272.	FAIR MARKET VALUE
6 Cars and other vehicles	X	1.	16,865.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		3,432,122.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		5.	1,215,316.	
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	1.
---	-----------	----

	Yes	No
30 a 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) (2011)

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

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

CATHOLIC CHARITIES USED CARS FOR CAUSES TO SELL DONATED VEHICLES.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BUILDING	X	1.	767,586.	FMV
FURNITURE	X	2.	105,253.	FMV
TRANSPORTATION VOUCHERS	X	1.	122,700.	FMV
UTILITY VOUCHERS	X	1.	219,777.	FMV
TOTALS		<u>5.</u>	<u>1,215,316.</u>	

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

OTHER PROGRAM SERVICES

PART III, LINE 4D

COMMUNITY CENTERS (P28):

AT 20 STRATEGICALLY LOCATED SITES, CATHOLIC CHARITIES OF LOS ANGELES (CCLA)'S COMMUNITY CENTERS ARE A FIRST POINT OF HELP FOR PEOPLE IN NEED. CCLA'S CENTERS OFFER SUPPORTIVE SERVICES AIMED AT BREAKING CYCLES OF POVERTY AND HOMELESSNESS IN COMMUNITIES. EACH CENTER IS UNIQUE IN ITS APPROACH AND IN ITS DELIVERY OF HELP, ALWAYS RESPONDING TO THE COMMUNITY'S NEEDS.

CCLA PROVIDES OVER 50 DIFFERENT TYPES OF SERVICES AS DEFINED BY NTEE (NATIONAL TAXONOMY OF EXEMPT ENTITIES) CODING SYSTEM USED BY THE IRS AND NON-PROFIT RATING AND STATISTICS GATHERERS. TO MAKE IT EASIER TO FIND US ON THE WEB, WE HAVE CODED A SERVICE WITH ITS NTEE CODE THE FIRST TIME IT IS MENTIONED IN THE FOLLOWING PARAGRAPHS.

IN ADDITION TO EMERGENCY SERVICES (P6) SUCH AS PROVIDING FOOD (K31), CLOTHING, RENT AND UTILITIES' STIPENDS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: CHILD ABUSE PREVENTION (I72), ENGLISH AS A SECOND LANGUAGE (B90), FINANCIAL LITERACY (P51), GED PREPARATION, HEALTHY MARRIAGE TOOLS (P46), HOMELESS PREVENTION (P85, L30), JOB TRAINING (J22), LEGAL ASSISTANCE (I80), LINKAGES TO OTHER SOURCES OF SUPPORT (P50), LITERACY SESSIONS, MEDICAL COUNSELING AND REFERRALS (E90), MENTAL HEALTH TREATMENT AND REFERRALS (F30, F60), NUTRITION AND HEALTHY FOOD CLASSES

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

(K40), PARENTING WORKSHOPS (P40), SUPPORT FOR SUBSTANCE ABUSE RECOVERY (F20), TUTORING AND MORE. COMMUNITY SERVICES PROVIDES SERVICES TO THE HOMELESS AND HUNGRY INDIVIDUALS AND FAMILIES AND UNEMPLOYED AT-RISK ADULTS. AGES RANGE FROM INFANT TO ELDERLY. SOME PEOPLE ARE MENTALLY AND PHYSICALLY DISABLED AND UNEMPLOYABLE. SOME ARE VICTIMS OF CRIME OR DISASTER, SUCH AS EARTHQUAKE AND FIRE. CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTATED PROCESS FOR ASSESSING THE NEED OF AN INDIVIDUAL OR FAMILY FOR PARTICULAR SERVICES AND ASSISTING THEM TO OBTAIN THOSE SERVICES.

HUNGER HAS NO BOUNDARIES. IT AFFECTS EVERY COMMUNITY AND EXISTS EVERYWHERE IN THE COUNTRY. NEW RESEARCH SHOWS THAT 1.7 MILLION PEOPLE IN LA COUNTY CURRENTLY CONFRONT FOOD INSECURITY AND OVER 400,000 CHILDREN FACE HUNGER. FOOD ASSISTANCE FROM FOOD BANKS AND AGENCIES LIKE CATHOLIC CHARITIES (P20) HAS INCREASED BY 27% OVER THE LAST THREE YEARS IN LA COUNTY AND THERE IS CURRENTLY AN ESTIMATED GAP BETWEEN SUPPLY AND DEMAND OF 1.3 MILLION POUNDS OF FOOD COUNTY-WIDE. SANTA BARBARA COUNTY HAS WITNESSED A 20% INCREASE IN FOOD PANTY VISITS SINCE THE BEGINNING OF THE CRISIS IN 2008.

LAST YEAR, CCLA PROVIDED OVER 350,000 FOOD SERVICES CONSISTING OF BAGS OF GROCERIES, SACK LUNCHES, PREPARED MEALS AND FOOD DISTRIBUTION (K30) TO LOW-INCOME INDIVIDUALS AND FAMILIES. CCLA'S 23 FOOD PANTRIES ARE SITUATED IN MANY OF THE POOREST NEIGHBORHOODS, WHERE THE NEED FOR FOOD IS GREAT.

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

FOR EXAMPLE, ST. ROBERT'S CENTER IS THE ONLY FOOD PROGRAM ON THE WESTSIDE OF LA THAT IS OPEN ON WEEKENDS. ST. ROBERT'S CENTER SERVED MEALS (K35) AND SUPPLIED TOILETRIES, CLOTHING, AND FOOD TO OVER 2,700 HOMELESS AND LOW-INCOME PERSONS. VOLUNTEERS, MADE AVAILABLE THROUGH PARTNERSHIPS WITH SIX LOCAL CATHOLIC PARISHES, ASSISTED IN PREPARING SANDWICHES AND DISTRIBUTING OTHER BASIC NEEDS ITEMS.

IN SOUTH LA, ST. MICHAEL'S CHURCH PARTNERED WITH CCLA TO PROVIDE SUPPLEMENTAL FOOD TO THE NEEDY RESIDENTS OF THE AREAS AROUND THE PARISH. FOOD DISTRIBUTION WAS HANDLED BY A GROUP OF DEDICATED CHURCH VOLUNTEERS. IN THE FIRST SIX MONTHS, APPROXIMATELY 450 FAMILIES BENEFITTED FROM THE PROGRAM.

CCLA'S LOMPOC COMMUNITY CENTER HELPED OVER 5,000 INDIVIDUALS. IN PARTNERSHIP WITH THE SANTA BARBARA FOOD BANK AND OTHER FOOD WHOLESALERS, THE LOMPOC FOOD PANTRY DELIVERED 2.1 MILLION POUNDS OF FOOD TO CLIENTS. RENTAL ASSISTANCE AND UTILITIES SUBSIDIES WERE JUST TWO OF THE OVER 80,000 OTHER SOURCES OF AID OFFERED TO THOSE IN NEED.

LOAVES AND FISHES FOOD PANTRIES IN VAN NUYS, CANOGA PARK AND GLENDALE DELIVERED FOOD AND CLOTHING TO LOW-INCOME AND HOMELESS INDIVIDUALS RESIDING IN THE MID-SAN FERNANDO VALLEY. REFLECTIVE OF THE POOR ECONOMY, 73% OF THESE CLIENTS ACCESSED SERVICES MULTIPLE TIMES.

IN THE HOLLYWOOD AREA, ST. MARY'S COMMUNITY CENTER ASSISTED OVER 6,000

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CLIENTS WITH THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING, EMERGENCY SHELTER AND LINKAGE TO COMMUNITY RESOURCES. SACK LUNCHES WERE ALSO PREPARED FOR THE HOMELESS WHO CAME TO THE CENTER. A PARTNERSHIP WITH QUEENS CARE AND CHRISTIAN LEGAL AID ENABLED CLIENTS TO RECEIVE BASIC MEDICAL CARE AND LEGAL CONSULTATIONS.

EL SANTO NINO COMMUNITY CENTER, SET IN A POOR NEIGHBORHOOD OF CENTRAL LA, PRIMARILY SERVED CHILDREN AND YOUTH THROUGH ITS ADESTE CHILD CARE CENTER AND AN AFTER-SCHOOL TUTORING AND MENTORING PROGRAM FOR MIDDLE AND SENIOR HIGH SCHOOL STUDENTS. EL SANTO NIÑO'S SERVICES, WHICH INCLUDED A VERY SUCCESSFUL GANG-PREVENTION PROGRAM, ASSISTED APPROXIMATELY 400 (I21).

ST. MARGARET'S COMMUNITY CENTER, WHICH COVERS THE LENNOX, INGLEWOOD AND HAWTHORNE AREAS, ASSISTED OVER 15,000 INDIVIDUALS WITH EMERGENCY FOOD, SHELTER VOUCHERS, RENTAL AND UTILITIES PAYMENTS, COUNSELING, ENGLISH AND U.S. CITIZENSHIP CLASSES, LITERACY PROGRAMS AND REFERRALS TO COMMUNITY RESOURCES. LOCAL LOW-INCOME RESIDENTS ALSO AVAILED OF THE ON-SITE APPLICATION ASSISTANCE FOR THE CALFRESH/FOOD STAMPS PROGRAM RUN BY LA COUNTY PERSONNEL.

AS ONE OF THE LARGEST POVERTY PROGRAMS IN THE CITY, THE GLENDALE COMMUNITY CENTER OFFERED AFTER-SCHOOL PROGRAMS FOR CHILDREN AND A HOMELESS PREVENTION PROGRAM. THE CENTER ALSO HELPED FAMILIES ON WELFARE, DISABLED VETERANS, SENIORS ON FIXED INCOMES IMMIGRANTS AND REFUGEES, AND THE WORKING POOR. PARTICIPANTS HAD ACCESS TO JOB COUNSELING, RESUME

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

GUADALUPE COMMUNITY CENTER IN CANOGA PARK HELPED AT-RISK, SCHOOL AGE BOYS AND GIRLS BETWEEN SIX AND TWELVE YEARS OF AGE. THE ALL DAY PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS SERVED OVER 40 LOW-INCOME CHILDREN (050). THE CENTER ALSO HAS PROGRAMS TO ASSIST IMMIGRANTS AND REFUGEES.

THE DAY LABOR PROGRAM IN BURBANK MANAGES AND OPERATES A FIXED HIRING SITE WHERE PROSPECTIVE LABORERS COULD ASSEMBLE TO LAWFULLY SOLICIT TEMPORARY EMPLOYMENT WITHOUT CAUSING PROBLEMS FOR THE SURROUNDING COMMUNITY. IT IS A COLLABORATIVE EFFORT BETWEEN THE CITY OF BURBANK, THE BURBANK POLICE AND CCLA. THE PROGRAM SERVED APPROXIMATELY 100 CLIENTS IN 2011-12.

SAN JUAN DIEGO CENTER IN EL MONTE AND BROWNSON HOUSE COMMUNITY CENTER IN EAST LOS ANGELES SERVED OVER 14,000 CLIENTS AND DELIVERED APPROXIMATELY 30,600 SERVICES. THE BASIC NEEDS PROGRAM SUPPLIED FOOD, CLOTHING, EMERGENCY SHELTER, TRANSPORTATION (P52), AND UTILITIES SUBSIDIES WHILE THE SAN GABRIEL VALLEY BEST BABIES COLLABORATIVE REFERRED TEENS AND WOMEN WITH HIGH RISK PREGNANCIES TO LIFE SKILLS CLASSES FOCUSING ON HEALTHY BIRTHS. VARIOUS WEEKLY ACTIVITIES WERE ARRANGED FOR OVER 180 CLIENTS, INCLUDING A SUPPORT GROUP FOR STAY-AT-HOME WOMEN, EDUCATION WORKSHOPS, ARTS AND CRAFTS AND ZUMBA EXERCISE CLASSES, OPEN TO ALL AGES.

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IN POMONA CCLA SERVED OVER 800 INDIVIDUALS WITH HOMELESS PREVENTION BY HELPING THEM MAINTAIN CURRENT HOUSING AND THEREBY AVOIDING EVICTION. WORKING WITH THE INLAND VALLEY HOPE PARTNERS, OVER 30 HOUSEHOLDS RECEIVED RENTAL AND/OR UTILITIES ASSISTANCE.

IN SANTA BARBARA, CARPINTERIA AND ISLA VISTA, OVER 60,000 SERVICES WERE RENDERED TO THE WORKING POOR. OF THE 5,000 UNDUPLICATED CLIENTS SERVED, APPROXIMATELY 88% QUALIFIED AS "LOW INCOME" UNDER FEDERAL POVERTY GUIDELINES.

CCLA'S THRIFTY SHOPPER STORES (P29) IN SANTA BARBARA AND SANTA MARIA PROVIDED, AT NO COST, CLOTHING AND HOUSEHOLD ITEMS TO MORE THAN 3,000 PERSONS. IN CONJUNCTION WITH THE VARIOUS HUMAN SERVICES PROGRAMS PROVIDED BY CCLA IN SANTA BARBARA COUNTY, VOUCHERS WERE ISSUED TO CLIENTS TO BE REDEEMED AT ANY OF THE THRIFTY SHOPPER STORES. THERE ARE TWO ADDITIONAL THRIFT STORES, ONE IN GLENDALE AND THE OTHER AT GUADALUPE CENTER IN CANOGA PARK.

CCLA'S COMMUNITY CENTERS IN MOORPARK, OXNARD, THOUSAND OAKS AND VENTURA DELIVERED APPROXIMATELY 86,000 SERVICES. THIS NUMBER INCLUDES AN INCREASE TO AN ESTIMATED 25,000 INFORMATION AND REFERRAL CONTACTS, AS WELL AS DELIVERIES OF OVER 14,000 SACK LUNCHES AND OVER 50,000 GROCERY ORDERS.

THE OXNARD COMMUNITY CENTER PROVIDED GROCERIES TO AN ALMOST 4,000 INDIVIDUALS AND SERVED AN ESTIMATED 6,500 LUNCHES. THE OXNARD CLIENT

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RESOURCE COORDINATOR AND SUPPORT STAFF HELPED APPROXIMATELY 50 HOUSEHOLDS PER MONTH WITH CASE WORK INTERVENTION, HOMELESS PREVENTION AND JOB PLACEMENT, ASSISTING OVER 180 ADULTS TO FIND EMPLOYMENT.

IN PARTNERSHIP WITH THE CITY OF MOORPARK, THE NEW RUBEN CASTRO HUMAN SERVICES BUILDING IS ANTICIPATED TO EXPAND CATHOLIC CHARITIES' OUTREACH SERVICES THROUGHOUT VENTURA COUNTY. THE CITY NAMED THE BUILDING IN MEMORY OF A LONG TERM CATHOLIC CHARITIES EMPLOYEE WHO DIED IN 2009.

CCLA PROVIDED COUNSELING SERVICES AT TWO SITES IN LA (VENICE AND LENNOX) AND AT ONE SITE IN SANTA BARBARA TO OVER 250 CLIENTS. CLINICAL STAFF INCLUDES LICENSED MARRIAGE AND FAMILY THERAPISTS. SERVICES ADDRESS A BROAD RANGE OF CLIENT ISSUES SUCH AS BEHAVIOR PROBLEMS, SCHOOL PROBLEMS, CHILD ABUSE, PARENT/CHILD CONFLICT, DEPRESSION, FAMILY VIOLENCE (I71), ANGER, ANXIETY, STRESS, BEREAVEMENT AND OTHER ISSUES. THE PROGRAM ALSO SERVES TWO SPECIALIZED POPULATIONS: VICTIMS OF CRIME (P62) AND VICTIMS OF DOMESTIC VIOLENCE (P43).

IN VENTURA COUNTY, THE OASIS PROGRAM (OLDER ADULT SERVICES INTERVENTION SYSTEM) (P81) OFFERED ASSISTANCE TO OVER 450 SENIORS. OASIS PROVIDES IN-HOME ASSESSMENTS, SERVICE COORDINATION, INFORMATION AND REFERRALS, AND ADVOCACY. CLIENT AND CASE MANAGER WORK TOWARD RESOLVING THE NEEDS AND RESOURCES NEEDED TO ASSIST THE INDIVIDUAL SUCH AS HELP WITH BILL PAYING AND CARE PLANNING. PROGRESS IS MONITORED WEEKLY, MONTHLY OR AS NEEDED. TRAINED VOLUNTEERS ORGANIZED THOUSANDS OF FRIENDLY VISITS, TELEPHONE

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REASSURANCE CALLS AND TRANSPORTATION TO MEDICAL APPOINTMENTS THAT ENABLE OLDER ADULTS TO REMAIN INDEPENDENT AND AVOID PREMATURE OR UNNECESSARY INSTITUTIONALIZATION AND THAT ALSO AFFIRMS THEIR VALUE AND DIGNITY IN SOCIETY.

THE OASIS PROGRAM BASED AT GUADALUPE COMMUNITY CENTER IN CANOGA PARK ASSISTED OVER 160 SENIORS IN COLLABORATION WITH VOLUNTEERS FROM SURROUNDING CATHOLIC PARISHES. EIGHTY-EIGHT VOLUNTEERS HELPED TO KEEP THE ELDERLY LIVING IN THEIR OWN HOMES BY OFFERING SUPPORT SERVICES WHICH INCLUDED COMPANIONSHIP, LIGHT HOUSEHOLD CHORES AND TRANSPORTATION TO STORES AND TO MEDICAL APPOINTMENTS (P80).

AT BROWNSON HOUSE IN EAST LA, 35 OLDER ADULTS PARTICIPATED IN THE WEEKLY SENIOR RECREATIONAL CLUB PLAYING LOTERIA AND ENJOYING EDUCATIONAL LECTURES ON TOPICS SUCH AS OSTEOPOROSIS, RETIREMENT PLANNING AND SOCIAL SECURITY BENEFITS.

IN LOMPOC, A UNIQUE PARTNERSHIP WITH THE CITY ALLOWS CCLA TO REPAIR ROOFS FOR SENIORS WITH MOBILE HOMES (L81), THEREBY ALLOWING THEM TO STAY IN THEIR HOMES AND REMAIN INDEPENDENT.

IN LOMPOC AND SANTA MARIA, THE C.A.R.E. 4PAWS PARTNERSHIP ALLOWED QUALIFYING LOW-INCOME, OLDER ADULT CLIENTS, TO RECEIVE NO-COST PET FOOD AT THE CCLA'S COMMUNITY CENTERS. IN ADDITION, THE WAGGING DOG TALES PROJECT OFFERED FINANCIAL ASSISTANCE TO QUALIFYING, LOW-INCOME SENIOR PET

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OWNERS FOR DOG-ONLY, EMERGENCY MEDICAL VETERINARY ASSISTANCE (D40).

REFUGEE AND IMMIGRATION SERVICES:

CCLA BEGAN PROVIDING IMMIGRATION ASSISTANCE DURING WORLD WAR II, WHEN REFUGEES SOUGHT SAFETY ON AMERICAN SHORES (P84). TODAY, MOST REFUGEE CLIENTS SEEKING IMMIGRATION SERVICES ARE COMING FROM IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA.

CCLA'S IMMIGRATION AND REFUGEE PROGRAMS HAVE INSISTED ON LEGALITY, RESPONSIBILITY AND INDEPENDENCE. SERVICES ARE STRUCTURED TO ASSIST NEWLY-ARRIVED IMMIGRANTS IN LEARNING ENGLISH, OBTAINING EDUCATION AND TRAINING FOR JOBS THAT WILL PROVIDE AT LEAST A LIVING WAGE. AMERICAN VALUES AND SOCIAL NORMS ARE TAUGHT AS WELL.

REFUGEE RESETTLEMENT (RRP) OFFERED AN ARRAY OF SERVICES SUCH AS ESL CLASSES, MENTORSHIPS, LIFE SKILLS ORIENTATIONS AND JOB READINESS WORKSHOPS TO HELP RECENTLY ARRIVED REFUGEES AND ASYLEES ADAPT TO THE NEW U.S. CULTURE, GAIN SELF-SUFFICIENCY AND SMOOTHLY INTEGRATE INTO MAINSTREAM SOCIETY. A GRANT FROM PARISHES ORGANIZED TO WELCOME REFUGEES (POWR), AN ARCHDIOCESAN-BASED RESOURCE PROGRAM TO DEEPEN PARISH AND COMMUNITY INVOLVEMENT IN RESETTLEMENT WORK, ENGAGED PARISHIONERS IN "WELCOMING STRANGERS." MOST CLIENTS ARE REFERRED TO THE PROGRAM THROUGH UNITED STATES CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES WHICH IS SUBSTANTIALLY FUNDED BY THE DEPARTMENTS OF STATE AND HEALTH & HUMAN SERVICES. ASYLEE AND TRAFFICKING VICTIMS CLIENTS ARE REFERRED THROUGH FAMILY, FRIENDS, AND LOCAL GOVERNMENT ENTITIES.

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IN 2011-12 IMMIGRATION AND REFUGEE SERVICES PROVIDED HELP TO OVER 900 CLIENTS. CLIENTS ARE SERVED BY OUR STAFF MEMBERS WHO ARE ALL FORMER REFUGEES OR ASYLEES THEMSELVES AND ABLE TO SPEAK ARABIC, ARMENIAN, FARSI, CHINESE (MANDARIN AND CANTONESE), VIETNAMESE, AND ENGLISH.

OUR ESPERANZA PROGRAM GRANTED DIRECT LEGAL SERVICES, ORIENTATIONS, EDUCATION AND ADVOCACY TO DETAINED IMMIGRANTS, INCLUDING CHILDREN, WHO WOULD OTHERWISE HAVE NO ACCESS TO LEGAL COUNSEL. ESPERANZA TRAVELS TO A VARIETY OF IMMIGRATION DETENTION CENTERS IN THE LA REGION, INCLUDING THE MIRA LOMA DETENTION CENTER IN LANCASTER, THE LA COUNTY MEN'S CENTRAL JAIL AND CRITTENTON SERVICES FOR CHILDREN AND FAMILIES IN FULLERTON, CA. LEGAL ASSISTANCE WAS PROVIDED TO OVER AN ESTIMATED 8,000 MEN, WOMEN AND CHILDREN. SUBSTANTIAL FUNDING COMES FROM THE GOVERNMENT FOR NON-REPRESENTATIONAL ACTIVITIES. THE TYPES OF LEGAL REMEDIES THAT ESPERANZA PURSUES ON BEHALF OF OUR CLIENTS INCLUDE SPECIAL VISAS FOR ABUSED, ABANDONED AND NEGLECTED CHILDREN AND ASYLUM FOR PEOPLE FLEEING PERSECUTION OR TORTURE IN THEIR HOME COUNTRIES. OVER 20 VOLUNTEER ATTORNEYS, LAW STUDENTS, AND OTHER PROFESSIONALS PARTNERED WITH ESPERANZA TO PROVIDE HOPE, AND ADVANCE SOCIAL JUSTICE, TO THE COMMUNITIES' MOST VULNERABLE IMMIGRANTS.

OUR CENTRAL INTAKE UNIT (CIU) IS CONTRACTED BY THE COUNTY OF LA TO PROVIDE ASSISTANCE TO REFUGEES AND IMMIGRANTS THROUGH TWO PROGRAMS REFUGEE EMPLOYMENT TRAINING PROGRAM (REP) AND COMMUNITY SERVICES BLOCK GRANTS. CIU SERVED AN ESTIMATED 2,600 CLIENTS WITH CASE MANAGEMENT, JOB

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SERVICES AND LIFE-SKILLS WORKSHOPS. REFUGEES ARE REFERRED FOR CIU SERVICES FROM LA COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS); IT IS THE GOAL OF THE PROGRAM TO REMOVE THESE INDIVIDUALS FROM THE WELFARE ROLLS BY PROVIDING OPPORTUNITIES LEADING TO SELF-SUFFICIENCY.

REP SERVICES PROVIDED INCLUDE CREATING A FAMILY SELF SUFFICIENCY PLAN, EXPLAINING PARTICIPANT RIGHTS AND RESPONSIBILITIES, AND REFERRING TO CLIENTS TO OTHER APPROPRIATE SERVICES. CIU ALSO IS INVOLVED WITH TRACKING PARTICIPANT PROGRESS AND REPORTING CASE INFORMATION TO DPSS. ADDITIONALLY CIU WORKS WITH THE SOUTHBAY WORKFORCE INVESTMENT BOARD TO PROVIDE DEVELOPMENT AND PLACEMENT OF REP PARTICIPANTS INTO SUBSIDIZED EMPLOYMENT OR ESL PROGRAMS FOLLOWED BY PLACEMENT INTO UNSUBSIDIZED EMPLOYMENT.

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

OUT OF OUR 40 BOARD MEMBERS, WE HAVE TWO MARRIED COUPLES, MR. RICHARD G D'AMICO & MRS. SUSAN D'AMICO AND MR. VIKTOR RZETELJSKI & MRS. MARY BETH RZETELJSKI WHO SERVE ON THE BOARD OF TRUSTEES.

ORGANIZATION MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 6

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

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ELECTION OF GOVERNING BODY MEMBERS BY MEMBERS

PART VI, SECTION A, LINE 7A

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

MEMBER APPROVAL OF GOVERNING BODY DETERMINATION

PART VI, SECTION A, LINE 7B

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

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE

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RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO THE BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

AT THE BEGINNING OF EACH CALENDAR YEAR, ALL TRUSTEES ARE REQUIRED TO SUBMIT A "CONFLICT OF INTEREST QUESTIONNAIRE." THEY ARE ASKED TO RETURN THE QUESTIONNAIRE BEFORE OR AT THE FIRST REGULARLY SCHEDULED MEETING OF THE BOARD OF TRUSTEES OF THAT YEAR. THE RESPONSES ARE TRACKED BY THE EXECUTIVE DIRECTOR'S OFFICE. THE NAMES OF ANY TRUSTEES WHO HAVE NOT SUBMITTED THEIR QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME ARE FORWARDED TO THE CORPORATE SECRETARY WHO CONTINUES TO PERSONALLY FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

DETERMINATION OF COMPENSATION

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

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

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DISCLOSURE OF ORGANIZATION DOCUMENTS

PART VI, SECTION C, LINE 19

OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR 990 IS ALSO AVAILABLE ON GUIDE STAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE 990 AND OTHER DOCUMENTS UPON REQUEST.

REASONABLE EFFORTS

PART VII, SECTION A

CCLA HAS MADE REASONABLE EFFORTS AND EXERCISED DUE CARE AND DILIGENCE REQUESTING COMPENSATION INFORMATION FOR ITS CURRENT AND FORMER DIRECTORS. HOWEVER, NOT ALL OF THE REQUESTED INFORMATION WAS PROVIDED TO CCLA.

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

"OTHER CHANGES" IN NET ASSETS OR FUND BALANCES IS COMPRISED OF TWO ITEMS THAT ARE REQUIRED TO BE RECOGNIZED IN OUR AUDITED FINANCIAL STATEMENTS BUT ARE EXCLUDED FROM REVENUES AND EXPENSES IN THE 990. THESE ARE UNREALIZED GAINS ON INVESTMENTS OF \$169,723 AND THE UNREALIZED INCREASE IN VALUE OF BENEFICIAL INTEREST IN SEPARATE ORGANIZATION OF \$944,578.

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

THROUGH THE POWER OF THE HOLY SPIRIT, CATHOLIC CHARITIES OF LOS ANGELES COMMITS TO SERVE THE VULNERABLE AND TO STRIVE FOR A JUST SOCIETY. ACCREDITED BY THE COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES, CATHOLIC CHARITIES OPERATES PROGRAMS IN A GEOGRAPHICAL AREA THAT COVERS OVER 8,500 SQUARE MILES AND ENCOMPASSES LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES. TODAY THE AGENCY OPERATES 20 COMMUNITY CENTERS AND 7 HOMELESS SHELTERS PROVIDING A HOLISTIC COMBINATION OF ACCREDITED SOCIAL SERVICES THAT REMOVE BARRIERS TO SELF SUFFICIENCY AND WHOLENESS. THE PROGRAMS, SUCH AS LIFE SKILLS EDUCATION, COUNSELING, AND IMMIGRATION SERVICES, ARE TAILORED FOR THE UNIQUE CIRCUMSTANCES OF THE PEOPLE WHO ARE SERVED, AND THE IMPACT IS REAL AND MEASURABLE.

IN 2011-2012 CATHOLIC CHARITIES PROVIDED NEARLY 1 MILLION SERVICES TO MORE THAN A 100,000 PEOPLE. SINCE 1919, PEOPLE THROUGHOUT LOS ANGELES, VENTURA AND SANTA BARBARA COUNTIES HAVE TURNED TO US WITH CHALLENGES SUCH AS UNEMPLOYMENT, HOMELESSNESS, HUNGER, POVERTY, AND COMMUNITY CONCERNS. ALMOST ONE HUNDRED YEARS LATER, CATHOLIC CHARITIES CONTINUES TO BE A FRIEND AND ADVOCATE FOR THOSE FACING ADVERSITY AND REMAINS STRONG IN ITS COMMITMENT TO PROVIDE HELP AND CREATE HOPE FOR THE NEEDY.

ALL CATHOLIC CHARITIES PROGRAMS AND SERVICES ARE DELIVERED TO PEOPLE IN NEED REGARDLESS OF RACE, RELIGION, GENDER, AGE OR DISABILITY. CATHOLIC CHARITIES IS FAITH-BASED AND, PROFESSIONALLY AND COMPASSIONATELY, SERVES THE PEOPLE WHO COME TO THE COMMUNITY CENTERS.

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AGENCY IS FOCUSED ON IMPROVING THE QUALITY OF LIFE FOR PEOPLE, REGARDLESS OF THEIR BACKGROUNDS. THE STAFF AND VOLUNTEERS OF CATHOLIC CHARITIES CULTIVATE A GENUINE PASSION OF MINISTERING TO THE NEEDS OF THE POOR AND VULNERABLE. MANY ARE MULTI-CULTURAL AND MULTILINGUAL, ALLOWING THE AGENCY TO EFFECTIVELY SUPPORT PERSONS OF EVERY RACE AND LANGUAGE IN OUR COMMUNITIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

YOUTH EMPLOYMENT SERVICES (AYES) (J20, J21) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES HAS SERVED OVER 80,000 DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2012, AYES PROVIDED OVER 1,700 LESS PRIVILEGED YOUTH AND YOUNG ADULTS WITH JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INVESTMENT (WIA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF-SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND

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ATTACHMENT 2 (CONT'D)

PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.

WITH FIELD OFFICES IN ANTELOPE VALLEY, CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND THE USC. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES INCLUDE JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- NUMERACY GAINS. THESE JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS, REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION. IMPROVING THE FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND OPPORTUNITIES FOR THE ENTIRE COMMUNITY.

ATTACHMENT 3

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

HOMELESS SHELTERS (L41):

BETWEEN 2009 - 2011, HOMELESSNESS INCREASED IN THE SAN FERNANDO

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ATTACHMENT 3 (CONT'D)

VALLEY (26%), SAN GABRIEL VALLEY (19.9%), CITY OF LOS ANGELES (1.7%) AND SOUTH BAY (50.9%).

THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE IS A 7-BED TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA. IN PARTNERSHIP WITH THE CITY, CCLA PROVIDES A WIDE ARRAY OF SOCIAL SERVICES TO WOMEN AND CHILDREN WHO ARE EXPERIENCING MULTIPLE AND COMPLEX BARRIERS TOWARDS A SELF-DETERMINED LIFE AND SECURE PERMANENT HOUSING. CLIENTS CAN STAY AT THE SHELTER FOR UP TO ONE YEAR.

THE ELIZABETH ANN SETON RESIDENCE AND PROJECT ACHIEVE SHELTER ARE TWO EMERGENCY SHELTERS IN LONG BEACH. THE ELIZABETH ANN SETON RESIDENCE (EASR) IS AN EMERGENCY SHELTER OF UP TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES, AND THE ELDERLY. IN MARCH IT MOVED INTO A NEW, LARGER FACILITY. THE GOAL IS TO MOVE PERSONS FROM "IN CRISIS" TO "SAFE AND STABLE" HOUSING. IT SERVED OVER 300 CLIENTS IN 2011-12.

EASR OFFERS PRIVATE ROOMS, NUTRITIOUS MEALS AND SNACKS, TRANSPORTATION, CLOTHING, BABY FOOD AND BABY ITEMS, PERSONAL HYGIENE ITEMS AND ADDRESSES OTHER IMMEDIATE NEEDS. CLIENTS WORK WITH THE CASE MANAGER TO DESIGN A PLAN TO ACHIEVE SELF-SUFFICIENCY

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ATTACHMENT 3 (CONT'D)

AND HOUSING. A FAMILY LIFE SKILLS COORDINATOR TEACHES PARENTING, LIFE SKILLS, COMMUNICATION SKILLS, FINANCIAL LITERACY AND JOB PREPARATION. FAMILY ACTIVITIES ARE HELD ON SITE OR WITH FIELD TRIPS. THROUGH COLLABORATION WITH THE LONG BEACH MULTI-SERVICE CENTER FOR THE HOMELESS AND THROUGH ON-SITE SERVICES AT CENTURY VILLAGES AT CABRILLO, CHILD CARE, HEALTH CARE, JOB OPPORTUNITIES, SCHOOL PLACEMENT FOR CHILDREN, LEGAL SERVICES, AND APPLICATIONS FOR GOVERNMENT BENEFITS ARE AVAILABLE. THIS YEAR, OVER 90% OF FAMILIES MOVED TO TRANSITIONAL OR PERMANENT HOUSING.

THE PROJECT ACHIEVE EMERGENCY SHELTER IS A 59 BED YEAR ROUND SHELTER THAT OFFERS EMERGENCY SHELTER TO SINGLE MEN AND WOMEN AGES 18 AND OLDER. THE MAIN OBJECTIVE IS TO MOVE RESIDENTS INTO MORE STABLE HOUSING SUCH AS TRANSITIONAL, PERMANENT SUPPORTIVE OR PERMANENT HOUSING WITHIN 60 DAYS AFTER ENTERING THE PROGRAM. ALL RESIDENTS DEVELOP AN INDIVIDUALIZED SERVICE PLAN (ISP) WITH THEIR CASE MANAGER PRIOR TO ENTRY AND ARE REQUIRED TO MEET WITH THE CASE MANAGER ON A REGULAR BASIS TO REVIEW PROGRESS TOWARD THEIR GOALS AND DEVELOP NEW GOALS AS NEEDED.

BASIC SHELTER SERVICES INCLUDE ASSIGNED BEDS, BATHROOMS, SHOWERS, GROUP SOCIAL DEVELOPMENT AND A RECREATIONAL AREA. THE SHELTER IS

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ATTACHMENT 3 (CONT'D)

DESIGNED FOR COMMUNITY LIVING. THE SLEEPING QUARTERS ARE SECTIONED INTO TWO SEPARATE "DORM" AREAS: ONE FOR MEN WHICH HOUSES 43 BEDS; ONE FOR WOMEN WHICH HOUSES 16 BEDS. TWO MEALS A DAY ARE PROVIDED BY EITHER THE SHELTER OR OUR "GUEST CHEF" PROGRAM. THE "GUEST CHEF" PROGRAM INCLUDES TRAINEES WHO, ALONG WITH DEDICATED VOLUNTEERS, HELP COOK AND DELIVER FOOD 7 DAYS PER WEEK. IN 2011-12, PROJECT ACHIEVE SERVED ALMOST 400 CLIENTS.

CCLA OPENED THE FIRST GOOD SHEPHERD CENTER (GSC) SHELTER, LANGUILLE EMERGENCY SHELTER, IN 1984. IT STILL PROVIDES UP TO 6 WEEKS OF SHELTER AND EMERGENCY SERVICES WHILE HELPING WOMEN OBTAIN TRANSITIONAL OR PERMANENT HOUSING. THE SHELTER ALSO OFFERS DROP-IN SERVICES, WHICH INCLUDE WARM SHOWERS AND FRESH MEALS, AND MOBILE OUTREACH TO THE HOMELESS LIVING ON THE STREET.

NEXT CCLA OPENED THE HAWKES TRANSITIONAL RESIDENCE FOR HOMELESS WOMEN IN 1987. IN 1998 GSC OPENED THE FIRST OF THREE PHASES OF THE WOMEN'S VILLAGE AND THE HAWKES TRANSITIONAL RESIDENCE MOVED TO THE WOMEN'S VILLAGE AND EXPANDED TO SERVE 30 WOMEN. THE WOMEN'S VILLAGE HAS PROGRESSIVELY GROWN INTO A LARGE COMPLEX, CONSISTING OF THREE DISTINCT PHASES THAT ADDRESS DIFFERENT AREAS IN WOMEN'S LIVES AS THEY MOVE TOWARD INDEPENDENCE. HAWKES TRANSITIONAL

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ATTACHMENT 3 (CONT'D)

RESIDENCE OFFERS TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES TO FORMERLY HOMELESS WOMEN. THE SECOND PHASE OF THE WOMEN'S VILLAGE, ANGEL GUARDIAN HOME, WAS DEDICATED IN MAY 2000. ANGEL GUARDIAN HOME, WHICH IS OPERATED BY A SEPARATE CORPORATION, PROVIDES LONG-TERM APARTMENTS FOR WOMEN WITH DISABILITIES AND THEIR MINOR CHILDREN. THE THIRD PHASE, FARLEY HOUSE WAS DEDICATED IN 2008. IT CONSISTS OF EMPLOYMENT AND EDUCATION-FOCUSED TRANSITIONAL HOUSING PROGRAM FOR SINGLE WOMEN AND WOMEN WITH CHILDREN, ALONG WITH AN EMPLOYMENT CLIENT SERVICES CENTER AND THE VILLAGE KITCHEN, AN ON-SITE CULINARY ARTS JOB TRAINING PROGRAM WITH A CAFE THAT IS OPEN TO THE PUBLIC.

WITHIN ITS PRESENT FIVE PROGRAMS (THREE RESIDENCES, DROP-IN AND MOBILE OUTREACH) OVER 850 CLIENTS WERE SERVED IN 2011-12.

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

ANGEL'S FLIGHT SHELTER PROVIDES A VARIETY OF SERVICES THROUGH ITS SHELTER, OUTREACH AND AFTERSCHOOL PROGRAMS. ANGEL'S FLIGHT SHELTER PROVIDES SHELTER & SOCIAL SERVICES FOR HOMELESS TEENS. ANGEL'S FLIGHT ADESTE PROVIDES AFFORDABLE BEFORE-AND-AFTER SCHOOL CARE (P33). ANGEL'S FLIGHT CYO (CATHOLIC YOUTH ORGANIZATION) PROVIDES ATHLETIC PROGRAMS FOR AGES 8-14 (N60), AND ANGEL'S FLIGHT OUTREACH ADDRESSES RUNAWAY AND AT RISK YOUTH 10-17.

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ATTACHMENT 4 (CONT'D)

AT CCLA'S ANGEL'S FLIGHT SHELTER NEAR HOLLYWOOD, RUNAWAY TEENS, AGES 10 THROUGH 17 YEARS OLD, MOST OF WHOM ARE FLEEING ABUSIVE FAMILIES, FIND REFUGE. ALL YOUTHS AT THE SHELTER ARE PROVIDED FOOD, CLOTHING AND SHELTER AND ARE ASSIGNED A COUNSELOR OR THERAPIST TO ASSIST IN FAMILY REUNIFICATION. THE STAFF AT THE SHELTER ADDRESSES THE YOUTH'S MEDICAL, EMOTIONAL, AND MENTAL HEALTH NEEDS. INDIVIDUAL, FAMILY AND GROUP COUNSELING ARE PROVIDED. THE YOUTH ARE INVOLVED IN A NUMBER OF ACTIVITIES AT THE SHELTER, INCLUDING PARTICIPATION IN AN ACCREDITED SCHOOL PROGRAM PROVIDED BY THE LA UNIFIED SCHOOL DISTRICT, MUSIC AND ART THERAPY, AND RECREATIONAL OUTINGS. ANGELS FLIGHT SHELTER SERVED AN ESTIMATED 100 YOUNG PEOPLE WITH FOOD, CLOTHING, COUNSELING, EDUCATION, MEDICAL CARE AND SHELTER.

ANGEL'S FLIGHT OUTREACH (I73) PROVIDED OUTREACH AND INTERVENTION TO OVER 2,000 YOUTH. MOBILE/STREET OUTREACH INVOLVES STAFF GOING INTO THE STREETS TO MAKE CONTACT WITH YOUTH TO OFFER BASIC SURVIVAL NEEDS SUCH AS FOOD, CLOTHING AND BLANKETS TO RUNAWAY AND HOMELESS YOUTH AND EDUCATE THEM ON THE SERVICES THAT ARE

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ATTACHMENT 4 (CONT'D)

AVAILABLE. ANGEL'S FLIGHT ATTEMPTS TO GET THESE YOUTH OFF THE STREET AND INTO SAFER LIVING SITUATIONS. SCHOOL/COMMUNITY OUTREACH INVOLVES COMMUNITY OUTREACH WORKERS MAKING CONTACTS WITH SCHOOLS AND COMMUNITY AGENCIES IN NEED OF SERVICES FOR RUNAWAY/HOMELESS YOUTH. PRESENTATIONS AND SMALL GROUP DISCUSSIONS ARE PROVIDED TO EDUCATE YOUTH, AS WELL AS THE GENERAL COMMUNITY, ABOUT THE DANGERS OF THE STREET (I70). CCLA PROVIDES THESE SERVICES THROUGHOUT LA COUNTY WITH A SPECIFIC EMPHASIS ON THE HOLLYWOOD, DOWNTOWN AND VENICE AREAS, DUE TO THE LARGE CONCENTRATION OF HOMELESS/RUNAWAY YOUTH IN THOSE AREAS.

ANGEL'S FLIGHT MY CLUB (O20), WHICH SERVED OVER 250 YOUTH IN 2011-12, OFFERS A SAFE PLACE FOR YOUTH 10 - 24 YEARS OF AGE, IN THE HIGH-RISK AREA OF SOUTH CENTRAL LA AND ALSO EDUCATES YOUTH SERVING AGENCIES AND THEIR STAFF ABOUT THE DANGERS OF RUNAWAYS AND HOW TO IDENTIFY THOSE VULNERABLE. OUR CURRENT SERVICES AND ACTIVITIES INCLUDE: TUTORING, COOKING WORKSHOP, MUSIC AND ART WORKSHOPS, RAP SESSIONS, WRITING WORKSHOP, LIFE SKILLS TRAINING, SPORTS AND RECREATIONAL ACTIVITIES AND COMMUNICATION SKILLS AND

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ATTACHMENT 4 (CONT'D)

PARENTING SKILLS. OUR PROGRAM WAS SITED AS "BEST PRACTICE" BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ANGEL'S FLIGHT Y.E.S.S. (YOUTH EMPLOYMENT SUPPORT SERVICES), ASSISTED OVER 60 CLIENTS WITH THE ESSENTIAL TOOLS THAT ARE NEEDED TO FIND EMPLOYMENT, TOOLS SUCH AS RESUME ASSISTANCE, INTERVIEW TRAINING AND JOB SEARCHING ARE AVAILABLE. STAFF WORKS WITH LOCAL EMPLOYERS THAT ARE WILLING TO EMPLOY OUR YOUTH AND FOLLOWS THE CLIENTS' WORK PROGRESS AFTER THEY HAVE BEEN EMPLOYED TO ASSURE CONTINUED SUCCESS.

ANGEL'S FLIGHT ADESTE IS A LOW-COST, QUALITY, BEFORE-AND-AFTER SCHOOL CHILD CARE PROGRAM THAT OFFERS WORKING FAMILIES AFFORDABLE CHILD CARE. THIS PAST YEAR, OVER 450 CHILDREN AT FOUR SCHOOL SITES, ONE COMMUNITY SERVICE CENTER, AND ONE PUBLIC SCHOOL WERE ENROLLED IN PROGRAMS THAT HELP ADVANCE ECONOMIC SELF-RELIANCE BY GIVING PARENTS THE OPPORTUNITY TO WORK, KNOWING THAT THEIR CHILDREN ARE IN A SAFE, NURTURING ENVIRONMENT. ADESTE'S PROGRAM FOCUSES ON STRUCTURE, SOCIALIZATION, ETHICS AND CHARACTER

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ATTACHMENT 4 (CONT'D)

DEVELOPMENT, WHILE PROVIDING TUTORING AND EXTRA LANGUAGE HELP FOR CHILDREN WHO NEED IT.

ANGEL'S FLIGHT CYO OFFERED AN AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAM FOR STUDENTS ATTENDING OVER 165 CATHOLIC ELEMENTARY AND JUNIOR HIGH SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK AND FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR BOYS AND GIRLS IN THE SECOND THROUGH EIGHTH GRADES (N62-N66, N6A). LAST YEAR, YOUNGSTERS ACTIVELY PARTICIPATED IN THE PROGRAM, LEARNING LIFE-LONG VALUES AND CHALLENGING THEMSELVES ON THEIR PATHS OF PERSONAL GROWTH. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH. THE PROGRAM FOSTERED THE DEVELOPMENT OF SELF-ESTEEM, HONOR, RESPONSIBILITY AND CAMARADERIE AMONG THE YOUTH PARTICIPANTS.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MONIQUE LAMORE MORAGA 4088 JEFFERSON STREET RIVERSIDE, CA 92504	PRINTING	180,115.
LOS ANGELES UNIFIED SCHOOL DISTRICT 333 BEAUDRY AVENUE, 7TH FLOOR LOS ANGELES, CA 90017	CLIENT ED & TRAINING	341,158.

Name of the organization

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ATTACHMENT 5 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALTAMED HEALTH SERVICES 500 CITADEL DRIVE, STE 490 LOS ANGELES, CA 90040	CLIENT ED & TRAINING	120,000.
	TOTAL COMPENSATION	<u>641,273.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

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

(a) Name, address, and EIN 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ROMAN CATHOLIC ARCHDIOCESE OF LA 95-1642382 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010	RELIGIOUS	CA	501 (C) (3)	01	N/A		X
(2) OPUS CARITATIS, INC 20-1021326 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	SUPPORTING	CA	501 (C) (3)	11	N/A		X
(3) CATHOLIC CHARITIES COMM DEVELOPMENT CORP 95-4172572 PO BOX 15095 LOS ANGELES, CA 90015	COM. DEVELOP	CA	501 (C) (3)	9	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS, INC.	C	1,730,000.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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