

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

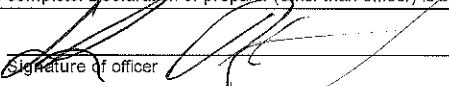
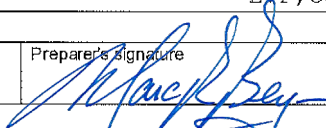
▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning <u>07/01, 2015</u> , and ending <u>06/30, 2016</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>CATHOLIC CHARITIES U.S.A.</u>
	D Employer identification number <u>53-0196620</u>
	E Telephone number <u>(703) 549-1390</u>
	G Gross receipts \$ <u>35,198,258.</u>
F Name and address of principal officer: <u>SISTER DONNA MARKHAM</u> <u>2050 BALLENGER AVENUE, STE 400 ALEXANDRIA, VA 22314</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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	
J Website: ▶ <u>WWW.CATHOLICCHARITIESUSA.ORG</u>	
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: <u>1950</u> M State of legal domicile: <u>VA</u>	

Part I Summary		Prior Year		Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EXERCISE LEADERSHIP IN ASSISTING ITS MEMBERSHIP IN THEIR MISSION OF SERVICE, ADVOCACY, AND CONVENING.</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	67.		
	6 Total number of volunteers (estimate if necessary)	6	25.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	26,337,644.	15,331,020.		
	9 Program service revenue (Part VIII, line 2g)	2,297,139.	1,932,721.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	621,916.	224,749.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	744,179.	819,727.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,000,878.	18,308,217.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,011,109.	12,021,653.		
	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)	7,680,198.	8,339,360.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,234,607.	1,018,348.		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,664,748.</u>				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,210,644.	8,016,013.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,136,558.	29,395,374.			
19 Revenue less expenses. Subtract line 18 from line 12	3,864,320.	-11,087,157.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	65,098,464.	52,597,390.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,481,014.	9,276,729.		
	22 Net assets or fund balances. Subtract line 21 from line 20	54,617,450.	43,320,661.		

Part II Signature Block						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	Signature of officer 				Date <u>2/28/2017</u>	
	Type or print name and title <u>KEITH R. STYLES</u> <u>EVP, COO/GEN COUNSEL</u>					
Paid Preparer Use Only	Print/Type preparer's name <u>MARC BERGER</u>		Preparer's signature 		Date <u>3/10/17</u>	
	Firm's name ▶ <u>BDO USA, LLP</u>				Check <input type="checkbox"/> if self-employed PTIN <u>P01871563</u>	
	Firm's address ▶ <u>8401 GREENSBORO DRIVE 8TH FLOOR MCLEAN, VA 22102</u>				Firm's EIN ▶ <u>13-5381590</u> Phone no. <u>703-893-0600</u>	
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. Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF CATHOLIC CHARITIES IS TO PROVIDE SERVICE TO PEOPLE IN NEED, TO ADVOCATE FOR JUSTICE IN SOCIAL STRUCTURES, AND TO CALL THE ENTIRE CHURCH AND OTHER PEOPLE OF GOOD WILL TO DO THE SAME.

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 [X] No

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

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

4a (Code:) (Expenses \$ 8,834,482. including grants of \$ 7,599,494.) (Revenue \$ 120,195.)

DISASTER RESPONSE: WE SUPPORT MEMBER AGENCIES BEFORE, DURING AND AFTER DISASTERS AND WORK TO IMPROVE THEIR READINESS TO RESPOND BY PROVIDING ON-SITE TECHNICAL ASSISTANCE, DISASTER RESPONSE COORDINATION, DISASTER GRANTS, PREPAREDNESS TRAINING, PEER MENTORING OPPORTUNITIES AND VISIBILITY KITS TO CREATE A DISTINCT PRESENCE FOR STAFF AND VOLUNTEERS DURING DISASTERS. CCUSA PROVIDES EMERGENCY AND LONG-TERM GRANTS TO LOCAL CATHOLIC CHARITIES AS THE COMMUNITIES THEY SERVE RECOVER FROM NATURAL DISASTERS.

4b (Code:) (Expenses \$ 8,059,628. including grants of \$ 4,112,894.) (Revenue \$ 26,073.)

ATTACHMENT 1

4c (Code:) (Expenses \$ 1,211,088. including grants of \$ 309,265.) (Revenue \$ 1,786,453.)

ATTACHMENT 2

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

(Expenses \$ 2,213,455. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 20,318,653.

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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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 11b 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (1a, 1b), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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, address, and telephone number of the person who possesses the organization's books and records:

BRUCE A. PANKEY 2050 BALLENGER AVENUE, SUITE 400 ALEXANDRIA, VA 22314 703-549-1390

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 401,592.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 2,005,600.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 12,923,828.					
	g	Noncash contributions included in lines 1a-1f: \$	338,609.					
	h	Total. Add lines 1a-1f ▶		15,331,020.				
	Program Service Revenue	2a	REGISTRATION/WORKSHOP FEE	Business Code 611710	404,868.	404,868.		
b		MEMBERSHIP DUES	900099	1,527,853.	1,527,853.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			1,932,721.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		588,784.			588,784.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	(i) Real	764,793.				
			(ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)	764,793.					
	d	Net rental income or (loss) ▶			764,793.		764,793.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	16,526,006.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses		16,890,041.				
	c	Gain or (loss)		-364,035.				
	d	Net gain or (loss) ▶			-364,035.		-364,035.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b	Less: direct expenses b							
c	Net income or (loss) from fundraising events. ▶			0.				
9a	Gross income from gaming activities. See Part IV, line 19 a							
b	Less: direct expenses b							
c	Net income or (loss) from gaming activities. ▶			0.				
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	OTHER INCOME	900099		54,934.			54,934.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			54,934.				
12	Total revenue. See instructions. ▶			18,308,217.	1,932,721.		1,044,476.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,021,653.	12,021,653.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	2,792,343.	1,312,401.	1,172,784.	307,158.
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	3,862,467.	1,969,310.	1,343,264.	549,893.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	515,179.	262,668.	179,166.	73,345.
9 Other employee benefits	696,878.	355,309.	242,356.	99,213.
10 Payroll taxes	472,493.	236,932.	173,721.	61,840.
11 Fees for services (non-employees):				
a Management	314,013.		314,013.	
b Legal	317,170.	131,177.	175,226.	10,767.
c Accounting	75,393.		75,393.	
d Lobbying	129,178.	129,178.		
e Professional fundraising services. See Part IV, line 17.	1,018,348.			1,018,348.
f Investment management fees	179,920.	41,272.	138,648.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,187,068.	698,299.	417,126.	71,643.
12 Advertising and promotion	518,802.	479,826.	38,976.	
13 Office expenses	773,638.	183,779.	450,226.	139,633.
14 Information technology	190,023.	86,384.	82,907.	20,732.
15 Royalties	0.			
16 Occupancy	589,074.	468,682.	32,821.	87,571.
17 Travel	491,345.	330,775.	152,363.	8,207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	790,255.	702,798.	87,457.	
20 Interest	174,290.		174,290.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,346,141.	151,971.	1,165,734.	28,436.
23 Insurance	0.			
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 OTHER EXPENSES -----	463,788.	80,592.	382,692.	504.
b INTERNAL & EXTERNAL TOOLS -----	257,542.	256,835.	667.	40.
c PERSONNEL EXPENSES -----	218,373.	16,394.	103,900.	98,079.
d OVERHEAD EXPENSES -----		402,418.	-491,757.	89,339.
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	29,395,374.	20,318,653.	6,411,973.	2,664,748.
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	7,891,225.	2	3,351,073.
	3 Pledges and grants receivable, net	1,293,530.	3	2,088,293.
	4 Accounts receivable, net	921,247.	4	1,204,819.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	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	624,408.	9	519,271.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,886,009.		
	b Less: accumulated depreciation	10b 4,345,121.	28,287,819.	10c 27,540,888.
	11 Investments - publicly traded securities	23,683,767.	11	16,098,048.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	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	2,396,468.	15	1,794,998.
16 Total assets. Add lines 1 through 15 (must equal line 34)	65,098,464.	16	52,597,390.	
Liabilities	17 Accounts payable and accrued expenses	2,138,786.	17	1,100,769.
	18 Grants payable	1,085,102.	18	1,465,508.
	19 Deferred revenue	174,105.	19	71,545.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	5,722,566.	24	5,506,192.
	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	1,360,455.	25	1,132,715.
	26 Total liabilities. Add lines 17 through 25	10,481,014.	26	9,276,729.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,422,771.	27	35,217,436.
	28 Temporarily restricted net assets	15,079,679.	28	7,603,225.
	29 Permanently restricted net assets	115,000.	29	500,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	54,617,450.	33	43,320,661.
34 Total liabilities and net assets/fund balances	65,098,464.	34	52,597,390.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,308,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,395,374.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,087,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,617,450.
5	Net unrealized gains (losses) on investments	5	39,031.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-248,663.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,320,661.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(³) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 9,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 87,601.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 17,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 13,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

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

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 51,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 6,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 105,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 87,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 101,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 23,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 11,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 6,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 52,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 251,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 81,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 11,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 12,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 6,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 37,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 5,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 8,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 7,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 8,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 7,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 83,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 11,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 5,268.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 28,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 8,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 12,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 30,768.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 5,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 89,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 35,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 5,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 20,227.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 20,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 41,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 225,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 15,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 66,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 6,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 61,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 6,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 23,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 80,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 21,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 43,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 7,719.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 8,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 13,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 22,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 135,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 20,210.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 79,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 6,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 6,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 9,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 11,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 13,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 12,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 422,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 10,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 10,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 15,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 32,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 2,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
53-0196620

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	_____ _____ _____	\$ 6,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
129	130 SHARES BANK OF NEW YORK MELLOW (BK) STARBUCKS CORP (SBUX), 17 SHARES WALMART (WMT)	\$ 5,268.	10/16/2015
145	400 SHARES PENTAIR PLC (PNR)	\$ 25,438.	12/30/2015
145	100 SHARES PENTAIR PLC (PNR)	\$ 5,330.	03/23/2016
161	245 SHARES PROCTER & GAMBLE CO (PG)	\$ 20,227.	03/03/2016
168	2580 SHARES PEPSICO (PEP)	\$ 225,000.	10/08/2015
205	GIFT	\$ 7,719.	12/31/2015

Name of organization CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
232	1000 SHARES NUANCE COMMUNICATIONS (NUAN)	\$ 20,210.	10/22/2015
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **CATHOLIC CHARITIES U.S.A.**

Employer identification number
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		23,812.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		218,327.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			242,139.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CCUSA (WITHIN THE LIMITS SET BY IRS REGULATIONS) PARTICIPATES IN ADVOCACY ON PUBLIC POLICY ISSUES RELATED TO THE ORGANIZATION'S MISSION. IN ADDITION, CCUSA PROVIDES EDUCATION STATEMENTS, LETTERS, AND RESOURCES FOR ITS MEMBERS, LEGISLATORS, AND THE PUBLIC ABOUT DOMESTIC POVERTY. CCUSA DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTION CAMPAIGNS. MOREOVER, CCUSA DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE, NOR PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CATHOLIC CHARITIES U.S.A.

53-0196620

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,000.	115,000.	115,000.	115,000.	115,000.
b Contributions	500,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	115,000.				
f Administrative expenses					
g End of year balance	500,000.	115,000.	115,000.	115,000.	115,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,560,000.		2,560,000.
b Buildings		27,060,838.	2,990,141.	24,070,697.
c Leasehold improvements				
d Equipment		1,390,358.	818,330.	572,028.
e Other		874,812.	536,649.	338,163.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,540,888.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	69,260.
(3) CAPITAL LEASE OBLIGATIONS	58,588.
(4) VALUE OF INTEREST RATE SWAP AGREEME	311,451.
(5) ACCRUED LOSS ON LEASE OBLIGATIONS	615,381.
(6) SECURITY DEPOSITS	78,035.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,132,715.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Row 1: Total revenue... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Row 1: Total expenses and losses per audited financial statements... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

PART X, LINE 2:

NEITHER CCUSA NOR THE WFF TRUST ARE AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE TAX-EXEMPT STATUS OF EITHER FILING ORGANIZATION AND IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE, OR OTHER TAXES.

Part XIII Supplemental Information *(continued)*

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I

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

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

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					3,144,920.	1,018,348.	

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

AL, AK, AZ, CT, DE, GA, HI, ID, IN,
IA, MA, MI, MN, MS, NE, ND, OH, OK, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. Provide the 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 provide any additional information (see instructions).

PART I, LINE 3

CCUSA HAS BEEN NOTIFIED IT IS EXEMPT FROM REGISTRATION OR LICENSING IN THE FOLLOWING STATES: AL, AZ, AK, CT, DE, GA, HI, ID, IN, IA, MA, MI, MN, MS, NE, ND, OH, OK, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY. CCUSA IS IN PROCESS OF REGISTERING OR BECOMING LICENSED IN THE FOLLOWING STATES: AK, CA, CO, DC, FL, IL, KS, KY, LA, ME, MD, MO, MT, NV, NH, NJ, NM, NY, NC, OR, PA, WV

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MERKLE GROUP INC. P.O. BOX 64897 BALTIMORE MD 21264	STRATEGIC CONSULTING		X	3,144,920.	930,348.	
ELIZABETH SHYDLOWSKI 632 W. WELLINGTON #1W CHICAGO IL 60657	FUNDRAISING		X		48,000.	
VERBUM WORDGROUP LLC 313 MILL STREET MILTON DE 19968	STRATEGIC PLANNING		X		40,000.	

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

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) CATHOLIC CHARITIES, JOLIET 203 N OTTAWA ST 3RD FL	36-2170817	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(2) CATHOLIC CHARITIES EAST TEXAS PO BOX 2016 TYLER, TX 75710-2016	20-2766724	501(C)(3)	10,000.				EMERGENCY GRANT - FL
(3) CATHOLIC CHARITIES OF SOUTHEAST TEXAS 2780 EASTEX FWY BEAUMONT, TX 77703-4617	74-1900345	501(C)(3)	10,000.				EMERGENCY GRANT TROP
(4) CATHOLIC CHARITIES, JOLIET 203 N OTTAWA ST 3RD FL	36-2170817	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(5) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(6) CATHOLIC CHARITIES DIOCESE OF LEXINGTON 1310 W MAIN ST LEXINGTON, KY 40508-2048	61-1138597	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(7) CATHOLIC SOCIAL SERVICES, ANCHORAGE 3710 E 20TH AVE ANCHORAGE, AK 99508-3418	92-0037322	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(8) CATHOLIC CHARITIES OF CENTRAL & NORTHERN MI P.O. BOX 104626 JEFFERSON CITY, MO 65110	45-2395310	501(C)(3)	10,000.				EMERGENCY GRANT FLO
(9) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WA 924 G ST NW WASHINGTON, DC 20001-4532	53-0196524	501(C)(3)	10,000.				EMERGENCY GRANT FLOO
(10) CATHOLIC CHARITIES SOUTHWESTERN OHIO 7162 READING RD STE 600	31-0536968	501(C)(3)	9,680.				EMERGENCY GRANT FLAS
(11) CATHOLIC CHARITIES OF LOUISVILLE, INC. 2911 S 4TH ST LOUISVILLE, KY 40208-1303	61-1239600	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(12) CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 99202-1309	91-0569880	501(C)(3)	10,000.				SPOKANE EMERGENCY GR

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) CATHOLIC CHARITIES, JOLIET 203 N OTTAWA ST 3RD FL	36-2170817	501(C)(3)	10,000.				JOLIET EMERGENCY GRA
(2) CATHOLIC CHARITIES ARCHDIOCESE OF DENVER 4045 PECOS ST DENVER, CO 80211-2552	84-0686679	501(C)(3)	10,000.				DENVER EMERGENCY GRA
(3) CATHOLIC CHARITIES OF CENTRAL COLORADO 228 N CASCADE AVE	84-0586169	501(C)(3)	10,000.				EMERGENCY GRANT COLO
(4) CATHOLIC CHARITIES WEST VIRGINIA, INC. 2000 MAIN ST WHEELING, WV 26003-2868	55-0391262	501(C)(3)	10,000.				WEST VIRGINIA EMERGE
(5) CATHOLIC CHARITIES DIOCESE OF ST. PETERSBUR 2021 E. BUSCH BLVD. TAMPA, FL 33612	59-0875805	501(C)(3)	10,000.				ST. PETERSBURG EG FO
(6) CATHOLIC CHARITIES, SANTA ROSA 987 AIRWAY CT SANTA ROSA, CA 95403-2048	94-2479393	501(C)(3)	10,000.				SANTA ROSA, CA EG AP
(7) CATHOLIC CHARITIES OF THE DIOCESE OF CHARLE 901 ORANGE GROVE RD	57-0314369	501(C)(3)	13,768.				CHARLESTON, SC EG FO
(8) CATHOLIC CHARITIES OF PORTLAND, OR 2740 SE POWELL BLVD PORTLAND, OR 97202-7494	93-0386801	501(C)(3)	10,000.				EMERGENCY GRANT FOR
(9) CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY 700 VIRGEN DE SAN JUAN	68-0599307	501(C)(3)	10,000.				EMERGENCY GRANT FLOO
(10) CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 78754	74-2928450	501(C)(3)	10,000.				AUSTIN EMERGENCY GRA
(11) CATHOLIC CHARITIES OF SOUTHEAST TEXAS 2780 EASTEX FWY BEAUMONT, TX 77703-4617	74-1900345	501(C)(3)	10,000.				BEAUMONT EMERGENCY G
(12) CATHOLIC CHARITIES DIOCESE OF JACKSON, MISS 200 N CONGRESS ST STE 100 JACKSON, MS 39201	64-0466850	501(C)(3)	10,000.				JACKSON MS EMERGENCY

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) CATHOLIC CHARITIES, TULSA PO BOX 580460 TULSA, OK 74158-0460	73-1171950	501(C)(3)	10,000.				TULSA EG FOR FLOODIN
(2) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	10,000.				SOUTHERN MISSOURI EG
(3) CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)(3)	10,000.				CAMDEN EG WINTER STO
(4) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVE STE 200	72-0408911	501(C)(3)	10,000.				NEW ORLEANS EMERGENC
(5) CATHOLIC CHARITIES DIOCESE OF JACKSON, MISS 200 N CONGRESS ST STE 100-	64-0466850	501(C)(3)	10,000.				JACKSON EMERGENCY GR
(6) CATHOLIC CHARITIES OF THE DIOCESE OF BATON 1900 S ACADIAN THRUWAY	72-0590685	501(C)(3)	10,000.				EMERGENCY GRANT TORN
(7) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVE STE 200	72-0408911	501(C)(3)	10,000.				NEW ORLEANS EG FLOOD
(8) CATHOLIC SOCIAL & COMMUNITY SERVICES, BILOX 1450 NORTH ST GULFPORT, MS 39507-2103	64-0598426	501(C)(3)	10,000.				BILOXI MS EG FLOODIN
(9) CATHOLIC CHARITIES OF SOUTHWEST LOUISIANA, 1225 2ND ST LAKE CHARLES, LA 70601-5465	72-0883986	501(C)(3)	10,000.				LAKE CHARLES EG FLOO
(10) CATHOLIC CHARITIES OF SOUTHEAST TEXAS 2780 EASTEX FWY BEAUMONT, TX 77703-4617	74-1900345	501(C)(3)	10,000.				EMERGENCY GRANT - 20
(11) CATHOLIC CHARITIES OF THE DIOCESE OF BATON 1900 S ACADIAN THRUWAY	72-0590685	501(C)(3)	10,000.				BATON ROUGE EG FOR F
(12) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GA 2900 LOUISIANA ST HOUSTON, TX 77006-3435	74-1109733	501(C)(3)	10,000.				GALVESTON HOUSTON EG

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

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) CATHOLIC CHARITIES OF NW FLORIDA 11 N B ST PENSACOLA, FL 32502-4601	59-3213644	501(C)(3)	10,000.				PENSACOLA EG FOR 2ND
(2) CATHOLIC CHARITIES OF NW FLORIDA 11 N B ST PENSACOLA, FL 32502-4601	59-3213644	501(C)(3)	10,000.				EMERGENCY GRANT
(3) CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 78754	74-2928450	501(C)(3)	10,000.				AUSTIN (CENTRAL TX)
(4) CATHOLIC CHARITIES OF SOUTHWEST KANSAS 906 CENTRAL AVE DODGE CITY, KS 67801-4905	48-0697602	501(C)(3)	10,000.				DODGE CITY (SW KANSA
(5) CATHOLIC CHARITIES OF NORTHERN KANSAS 425 W IRON AVE SALINA, KS 67401-2563	48-0676263	501(C)(3)	10,000.				SALINA (NORTHERN KAN
(6) CATHOLIC COMMUNITY SERVICES OF WESTERN WASH 100 23RD S AVE , SEATTLE, WA-98144-2302	91-1585652	501(C)(3)	6,203.				COMBINED FEDERAL CAM
(7) CATHOLIC SOCIAL SERVICES, SAVANNAH 2170 E VICTORY DR , SAVANNAH, GA 31404-3918	58-0566171	501(C)(3)	6,940.				COMBINED FEDERAL CAM
(8) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BA 320 CATHEDRAL STREET	52-0591538	501(C)(3)	7,488.				COMBINED FEDERAL CAM
(9) CATHOLIC CHARITIES INC., DIOCESE OF WILMING 2601 W 4TH ST WILMINGTON, DE 19805-3309	51-0065685	501(C)(3)	8,986.				COMBINED FEDERAL CAM
(10) CATHOLIC SOCIAL SERVICES, BIRMINGHAM 92 OXMOOR RD BIRMINGHAM, AL 35209-5970	63-0581368	501(C)(3)	18,125.				COMBINED FEDERAL CAM
(11) CATHOLIC CHARITIES OF THE DIOCESE OF ARLING 200 N GLEBE RD STE 506	54-0515706	501(C)(3)	71,670.				COMBINED FEDERAL CAM
(12) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WA 924 G ST NW WASHINGTON, DC 20001-4532	53-0196524	501(C)(3)	71,670.				COMBINED FEDERAL CAM

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) THE MINISTRY OF CARING, INC. 1803 WEST SIXTH STREET WILMINGTON, DE 19805	51-0209843	501(C)(3)	5,212.				DEPARTMENT OF JUSTIC
(2) CATHOLIC COMMUNITY SERVICES OF WESTERN WASH 100 23RD AVE S SEATTLE, WA 20001-4532	91-1585652	501(C)(3)	5,498.				DEPARTMENT OF JUSTIC
(3) CATHOLIC COMMUNITY SERVICES OF UTAH, SALT L 745 E 300 S SALT LAKE CITY, UT 84102-2256	87-0212450	501(C)(3)	6,570.				DEPARTMENT OF JUSTIC
(4) CATHOLIC CHARITIES OF LOUISVILLE, INC. 2911 S 4TH ST LOUISVILLE, KY 40208-1303	61-1239600	501(C)(3)	7,476.				DEPARTMENT OF JUSTIC
(5) CATHOLIC CHARITIES OF FORT WORTH 249 W THORNHILL DR	75-0808769	501(C)(3)	7,499.				DEPARTMENT OF JUSTIC
(6) CATHOLIC CHARITIES DIOCESE OF CHARLOTTE 1123 S CHURCH ST CHARLOTTE, NC 28203	56-1058954	501(C)(3)	7,523.				DEPARTMENT OF JUSTIC
(7) CATHOLIC CHARITIES OF SOUTHWEST KANSAS 906 CENTRAL AVE DODGE CITY, KS 67801-4905	48-0697602	501(C)(3)	7,552.				DEPARTMENT OF JUSTIC
(8) CATHOLIC CHARITIES DIOCESE OF KALAMAZOO 1819 GULL RD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	8,129.				DEPARTMENT OF JUSTIC
(9) CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD 839 ASYLUM AVE # 841	06-0667607	501(C)(3)	8,271.				DEPARTMENT OF JUSTIC
(10) CATHOLIC CHARITIES OF STOCKTON 1106 N EL DORADO ST STOCKTON, CA 95202-1332	94-1629114	501(C)(3)	8,338.				DEPARTMENT OF JUSTIC
(11) CATHOLIC CHARITIES DIOCESE OF PUEBLO 429 W 10TH ST STE 101 PUEBLO, CO 81003-2941	84-0471001	501(C)(3)	8,433.				DEPARTMENT OF JUSTIC
(12) CATHOLIC SOCIAL SERVICES OF MONTANA, HELENA 1301 11TH AVE HELENA, MT 59601-3919	81-0245570	501(C)(3)	8,819.				DEPARTMENT OF JUSTIC

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

- 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
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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) CATHOLIC CHARITIES OF BROOME COUNTY 232 MAIN STREET BINGHAMTON, NY 13905	15-0532085	501(C)(3)	7,329.				DEPARTMENT OF JUSTIC
(2) CATHOLIC CHARITIES, DIOCESE OF VENICE, INC. 1000 PINEBROOK RD VENICE, FL 34285-6426	59-2473176	501(C)(3)	9,456.				DEPARTMENT OF JUSTIC
(3) CATHOLIC CHARITIES OF IDAHO 7255 FRANKLIN ROAD BOISE, ID 83705-2589	82-0524367	501(C)(3)	11,192.				DEPARTMENT OF JUSTIC
(4) CATHOLIC CHARITIES OF CHEMUNG COUNTY 215 E CHURCH ST ELMIRA, NY 14901	30-0553416	501(C)(3)	11,246.				DEPARTMENT OF JUSTIC
(5) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	11,671.				DEPARTMENT OF JUSTIC
(6) CATHOLIC CHARITIES OF PORTLAND, OR 2740 SE POWELL BLVD PORTLAND, OR 97202-7494	93-0386801	501(C)(3)	12,501.				DEPARTMENT OF JUSTIC
(7) CATHOLIC CHARITIES, BOSTON 51 SLEEPER ST STE 100 BOSTON, MA 02210-1285	04-2534041	501(C)(3)	12,995.				DEPARTMENT OF JUSTIC
(8) CATHOLIC CHARITIES OF SOUTHERN NEVADA 1501 LAS VEGAS BLVD N LAS VEGAS, NV 89101	88-0059425	501(C)(3)	13,903.				DEPARTMENT OF JUSTIC
(9) CATHOLIC CHARITIES WEST VIRGINIA, INC. 2000 MAIN ST WHEELING, WV 26003-2868	55-0391262	501(C)(3)	14,169.				DEPARTMENT OF JUSTIC
(10) CATHOLIC CHARITIES, FORT WAYNE-SOUTH BEND 915 S CLINTON ST FORT WAYNE, IN 46802-2601	35-1038653	501(C)(3)	14,572.				DEPARTMENT OF JUSTIC
(11) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	16,098.				DEPARTMENT OF JUSTIC
(12) CATHOLIC CHARITIES OF ST. LOUIS 4532 LINDELL BLVD	43-0653270	501(C)(3)	16,124.				DEPARTMENT OF JUSTIC

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

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Schedule I (Form 990) (2015)

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Name of the organization

CATHOLIC CHARITIES U.S.A.

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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) CATHOLIC CHARITIES, DIOCESE OF TRENTON 383 W STATE ST TRENTON, NJ 08618-5705	21-0634494	501(C)(3)	16,442.				DEPARTMENT OF JUSTIC
(2) CATHOLIC CHARITIES CORPORATION 628 POPLAR STREET ELYRIA, OH 44035	34-1318541	501(C)(3)	16,926.				DEPARTMENT OF JUSTIC
(3) COMMONWEALTH CATHOLIC CHARITIES, RICHMOND 1601 ROLLING HILLS DR. RICHMOND, VA 23229	54-0505877	501(C)(3)	17,219.				DEPARTMENT OF JUSTIC
(4) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BA 320 CATHEDRAL STREET	52-0591538	501(C)(3)	17,484.				DEPARTMENT OF JUSTIC
(5) CATHOLIC CHARITIES, SANTA FE 3301 CANDELARIA RD NE	85-0110070	501(C)(3)	20,074.				DEPARTMENT OF JUSTIC
(6) CATHOLIC CHARITIES OF TENNESSEE, NASHVILLE 2806 MCGAVOCK PK. NASHVILLE, TN 37214-1402	62-0679520	501(C)(3)	22,322.				DEPARTMENT OF JUSTIC
(7) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CH 721 N LA SALLE DR CHICAGO, IL 60654-3503	36-2170821	501(C)(3)	25,269.				DEPARTMENT OF JUSTIC
(8) CATHOLIC SOCIAL SERVICES OF DIOCESE OF SCRA 33 E NORTHAMPTON ST	24-0818341	501(C)(3)	25,355.				DEPARTMENT OF JUSTIC
(9) CATHOLIC CHARITIES OF THE DIOCESE OF BATON 1900 S ACADIAN THRUWAY	72-0590685	501(C)(3)	27,805.				DEPARTMENT OF JUSTIC
(10) SAINT JOSEPH'S COLLEGE OF MAINE 278 WHITES BRIDGE ROAD STANDISH, ME 4084	01-0212542	501(C)(3)	32,420.				DEPARTMENT OF JUSTIC
(11) CATHOLIC CHARITIES OF METUCHEN 319 MAPLE ST PERTH AMBOY, NJ 08861-4101	22-2423496	501(C)(3)	51,792.				DEPARTMENT OF JUSTIC
(12) CATHOLIC CHARITIES DIOCESE OF KALAMAZOO 1819 GULL RD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	6,167.				DEPARTMENT OF JUSTIC

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

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Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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(1) CATHOLIC CHARITIES, SANTA FE 3301 CANDELARIA RD NE	85-0110070	501(C)(3)	7,358.				DEPARTMENT OF JUSTIC
(2) CATHOLIC CHARITIES OF LOUISVILLE, INC. 2911 S 4TH ST LOUISVILLE, KY 40208-1303	61-1239600	501(C)(3)	7,453.				DEPARTMENT OF JUSTIC
(3) CATHOLIC COMMUNITY SERVICES OF UTAH, SALT L 745 E 300 S SALT LAKE CITY, UT 84102-2256	87-0212450	501(C)(3)	7,688.				DEPARTMENT OF JUSTIC
(4) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	8,292.				DEPARTMENT OF JUSTIC
(5) CATHOLIC CHARITIES OF ST. LOUIS 4532 LINDELL BLVD	43-0653270	501(C)(3)	9,103.				DEPARTMENT OF JUSTIC
(6) CATHOLIC CHARITIES OF IDAHO 7255 FRANKLIN ROAD BOISE, ID 83705-2589	82-0524367	501(C)(3)	9,323.				DEPARTMENT OF JUSTIC
(7) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BA 320 CATHEDRAL STREET	52-0591538	501(C)(3)	10,841.				DEPARTMENT OF JUSTIC
(8) CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 N MAIN AVE STE 1 ALBANY, NY 12203-1484	14-1340033	501(C)(3)	11,744.				DEPARTMENT OF JUSTIC
(9) CATHOLIC CHARITIES OF CHEMUNG COUNTY 215 E CHURCH ST ELMIRA, NY 14901	30-0553416	501(C)(3)	12,087.				DEPARTMENT OF JUSTIC
(10) CATHOLIC CHARITIES OF METUCHEN 319 MAPLE ST PERTH AMBOY, NJ 08861-4101	22-2423496	501(C)(3)	12,627.				DEPARTMENT OF JUSTIC
(11) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WA 924 G ST NW WASHINGTON, DC 20001-4532	53-0196524	501(C)(3)	13,439.				DEPARTMENT OF JUSTIC
(12) CATHOLIC CHARITIES, BOSTON 51 SLEEPER ST STE 100 BOSTON, MA 02210-1285	04-2534041	501(C)(3)	15,139.				DEPARTMENT OF JUSTIC

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

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Internal Revenue Service

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(1) CATHOLIC CHARITIES OF TENNESSEE, NASHVILLE 2806 MCGAVOCK PK. NASHVILLE, TN 37214-1402	62-0679520	501(C)(3)	15,594.				DEPARTMENT OF JUSTIC
(2) CATHOLIC CHARITIES, DIOCESE OF TRENTON 383 W STATE ST TRENTON, NJ 08618-5705	21-0634494	501(C)(3)	16,063.				DEPARTMENT OF JUSTIC
(3) CATHOLIC CHARITIES, FORT WAYNE-SOUTH BEND 915 S CLINTON ST FORT WAYNE, IN 46802-2601	35-1038653	501(C)(3)	17,714.				DEPARTMENT OF JUSTIC
(4) CATHOLIC CHARITIES OF STOCKTON 1106 N EL DORADO ST STOCKTON, CA 95202-1332	94-1629114	501(C)(3)	18,138.				DEPARTMENT OF JUSTIC
(5) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CH 721 N LA SALLE DR CHICAGO, IL 60654-3503	36-2170821	501(C)(3)	23,431.				DEPARTMENT OF JUSTIC
(6) CATHOLIC SOCIAL SERVICES OF DIOCESE OF SCRA 33 E NORTHAMPTON ST	24-0818341	501(C)(3)	26,477.				DEPARTMENT OF JUSTIC
(7) CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEP 850 MAIN ST KANSAS CITY, MO 64105-2006	43-0887779	501(C)(3)	6,050.				AMERICORPS RECOVERY
(8) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	6,060.				AMERICORPS RECOVERY
(9) CATHOLIC SOCIAL SERVICES OF DIOCESE OF SCRA 33 E NORTHAMPTON ST	24-0818341	501(C)(3)	7,130.				AMERICORPS RECOVERY
(10) CATHOLIC COMMUNITY SERVICES OF WESTERN WASH 100 23RD AVE S SEATTLE, WA 98144-2302	91-1585652	501(C)(3)	8,611.				AMERICORPS RECOVERY
(11) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GA 2900 LOUISIANA ST HOUSTON, TX 77006-3435	74-1109733	501(C)(3)	17,646.				AMERICORPS RECOVERY
(12) CATHOLIC COMMUNITY SERVICES OF WESTERN WASH 100 23RD AVE S SEATTLE, WA 98144-2302	91-1585652	501(C)(3)	6,050.				AMERICORPS RECOVERY

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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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) CATHOLIC SOCIAL SERVICES OF DIOCESE OF SCRA 33 E NORTHAMPTON ST	24-0818341	501(C)(3)	6,264.				AMERICORPS RECOVERY
(2) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GA 2900 LOUISIANA ST HOUSTON, TX 77006-3435	74-1109733	501(C)(3)	10,130.				AMERICORPS RECOVERY
(3) CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEPH 850 MAIN ST KANSAS CITY, MO 64105-2006	43-0887779	501(C)(3)	19,339.				AMERICORPS RECOVERY
(4) CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, 140 W SPEEDWAY BLVD TUCSON, AZ 85705	86-0100880	501(C)(3)	7,350.				NATIONAL FORECLOSURE
(5) CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, 140 W SPEEDWAY BLVD TUCSON, AZ 85705	86-0100880	501(C)(3)	9,567.				NATIONAL FORECLOSURE
(6) CATHOLIC SOCIAL SERVICES, FALL RIVER PO BOX M/SO. STATION	04-2106394	501(C)(3)	9,720.				NATIONAL FORECLOSURE
(7) CATHOLIC CHARITIES DIOCESE OF YAKIMA 5301 TIETON DR STE C YAKIMA, WA 98908-3479	91-1370404	501(C)(3)	10,260.				NATIONAL FORECLOSURE
(8) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	14,040.				NATIONAL FORECLOSURE
(9) CATHOLIC CHARITIES OF ST. LOUIS 4532 LINDELL BLVD	43-0653270	501(C)(3)	12,059.				HOUSING U.S. DEPARTM
(10) CATHOLIC CHARITIES OF FORT WORTH 249 W THORNHILL DR	75-0808769	501(C)(3)	9,623.				U.S. DEPARTMENT OF H
(11) CATHOLIC CHARITIES, HOUMA-THIBODAUX 1220 AYCOCK ST HOUMA, LA 70360-6402	52-1244838	501(C)(3)	10,841.				U.S. DEPARTMENT OF H
(12) CATHOLIC CHARITIES OF DALLAS 9461 LBJ FWY STE 128 DALLAS, TX 75243	75-2745221	501(C)(3)	11,218.				U.S. DEPARTMENT OF H

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53-0196620

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(1) CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 900 S WOODWARD ST ALLENTOWN, PA 18103-4179	23-1598117	501(C)(3)	15,000.				U.S. DEPARTMENT OF H
(2) CATHOLIC CHARITIES DIOCESE OF ST. PETERSBUR 2021 E. BUSCH BLVD. TAMPA, FL 33612	59-0875805	501(C)(3)	15,000.				U.S. DEPARTMENT OF H
(3) CATHOLIC CHARITIES, GARY 940 BROADWAY GARY, IN 46402-2906	35-1122204	501(C)(3)	15,000.				U.S. DEPARTMENT OF H
(4) CATHOLIC CHARITIES, SANTA FE 3301 CANDELARIA RD NE	85-0110070	501(C)(3)	15,332.				U.S. DEPARTMENT OF H
(5) CATHOLIC CHARITIES OF EAST TENNESSEE, INC. 119 DAMERON AVE KNOXVILLE, TN 37917-6414	62-1377551	501(C)(3)	16,147.				U.S. DEPARTMENT OF H
(6) CATHOLIC CHARITIES, DIOCESE OF VENICE, INC. 1000 PINEBROOK RD VENICE, FL 34285-6426	59-2473176	501(C)(3)	16,629.				U.S. DEPARTMENT OF H
(7) CATHOLIC CHARITIES OF CENTRAL FLORIDA, ORLA 1819 N SEMORAN BLVD ORLANDO, FL 32807-3546	59-1214353	501(C)(3)	17,000.				U.S. DEPARTMENT OF H
(8) CATHOLIC CHARITIES, INC., COVINGTON, KY 3629 CHURCH ST COVINGTON, KY 41015-1430	61-0461728	501(C)(3)	18,000.				U.S. DEPARTMENT OF H
(9) CATHOLIC CHARITIES OF ST. LOUIS 4532 LINDELL BLVD	43-0653270	501(C)(3)	19,086.				U.S. DEPARTMENT OF H
(10) CATHOLIC CHARITIES, LA CROSSE 3710 EAST AV. SOUTH LA CROSSE, WI 54602	39-1896823	501(C)(3)	19,156.				U.S. DEPARTMENT OF H
(11) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NE 590 N 7TH ST NEWARK, NJ 07107-2522	22-2164120	501(C)(3)	20,000.				U.S. DEPARTMENT OF H
(12) CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON ST OAKLAND, CA 94607-3539	94-2677202	501(C)(3)	20,000.				U.S. DEPARTMENT OF H

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

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

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) CATHOLIC FAMILY AND COMMUNITY SERVICES, INC 24 DE GRASSE STREET PATERSON, NJ 7505	22-1487121	501(C)(3)	20,000.				U.S. DEPARTMENT OF H
(2) CATHOLIC CHARITIES SPRINGFIELD, MA 65 ELLIOT ST SPRINGFIELD, MA 01105-1713	86-1121553	501(C)(3)	20,000.				U.S. DEPARTMENT OF H
(3) CATHOLIC CHARITIES HOUSING SERVICES 5301 TIETON DRIVE YAKIMA, WA 98908	91-1955616	501(C)(3)	25,000.				U.S. DEPARTMENT OF H
(4) DIOCESE OF CAMDEN PO BOX 708 CAMDEN, NJ 08101-0708	21-0634498	501(C)(3)	25,000.				U.S. DEPARTMENT OF H
(5) CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, 1025 G STREET SPRINGFIELD, OR 97477	93-0409105	501(C)(3)	25,999.				U.S. DEPARTMENT OF H
(6) CATHOLIC CHARITIES, TOLEDO 1933 SPIELBUSCH AVE TOLEDO, OH 43604-5360	34-4428254	501(C)(3)	26,000.				U.S. DEPARTMENT OF H
(7) CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361-A VIRGINIA BEACH BLVD	54-0505879	501(C)(3)	27,000.				U.S. DEPARTMENT OF H
(8) CATHOLIC CHARITIES, SANTA ROSA 987 AIRWAY CT SANTA ROSA, CA 95403-2048	94-2479393	501(C)(3)	27,000.				U.S. DEPARTMENT OF H
(9) CATHOLIC CHARITIES ASHTABULA 4200 PARK AVENUE ASHTABULA, OH 44004	34-0714639	501(C)(3)	28,000.				U.S. DEPARTMENT OF H
(10) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CH 721 N LA SALLE DR CHICAGO, IL 60654-3503	36-2170821	501(C)(3)	30,000.				U.S. DEPARTMENT OF H
(11) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	31,000.				U.S. DEPARTMENT OF H
(12) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	31,050.				U.S. DEPARTMENT OF H

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

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(1) CATHOLIC CHARITIES OF THE DIOCESE OF GREEN P.O. BOX 23825 GREENBAY, WI 54305-3825	39-0808438	501(C)(3)	33,000.				U.S. DEPARTMENT OF H
(2) CATHOLIC CHARITIES DIOCESE OF PUEBLO 429 W 10TH ST STE 101 PUEBLO, CO 81003-2941	84-0471001	501(C)(3)	33,750.				U.S. DEPARTMENT OF H
(3) CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, 140 W SPEEDWAY BLVD TUCSON, AZ 85705	86-0100880	501(C)(3)	35,446.				U.S. DEPARTMENT OF H
(4) CATHOLIC CHARITIES REGIONAL AGENCY 319 W. RAYEN AVENUE	34-0714330	501(C)(3)	35,563.				U.S. DEPARTMENT OF H
(5) CATHOLIC CHARITIES OF CHEMUNG COUNTY 215 E CHURCH ST ELMIRA, NY 14901	30-0553416	501(C)(3)	36,000.				U.S. DEPARTMENT OF H
(6) COMMONWEALTH CATHOLIC CHARITIES, RICHMOND 1601 ROLLING HILLS DR. RICHMOND, VA 23229	54-0505877	501(C)(3)	36,000.				U.S. DEPARTMENT OF H
(7) CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 N MAIN AVE STE 1 ALBANY, NY 12203-1484	14-1340033	501(C)(3)	41,000.				U.S. DEPARTMENT OF H
(8) CATHOLIC CHARITIES OF CORPUS CHRISTI, INC., 1322 COMANCHE ST	74-2330464	501(C)(3)	48,000.				U.S. DEPARTMENT OF H
(9) CATHOLIC CHARITIES, INC. PALM BEACH, FL 9995 N. MILITARY TRAIL	59-2470479	501(C)(3)	22,000.				CHILDREN OF CHILDREN
(10) CATHOLIC CHARITIES, SAN ANTONIO 202 W FRENCH PL SAN ANTONIO, TX 78212-5818	74-1109743	501(C)(3)	21,669.				CHILDREN OF CHILDREN
(11) CATHOLIC CHARITIES, SAN DIEGO 349 CEDAR ST SAN DIEGO, CA 92101-3112	23-7334012	501(C)(3)	7,000.				WALMART FOOD ASSISTA
(12) CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 N MAIN AVE STE 1 ALBANY, NY 12203-1484	14-1340033	501(C)(3)	21,730.				WALMART FOOD ASSISTA

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(1) CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)(3)	22,000.				WALMART FOOD ASSISTA
(2) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVE STE 200	72-0408911	501(C)(3)	38,000.				WALMART FOOD ASSISTA
(3) CATHOLIC CHARITIES OF NORTHEAST KANSAS 9720 W 87TH ST OVERLAND PARK, KS 66212-4563	48-1181305	501(C)(3)	39,035.				WALMART FOOD ASSISTA
(4) CATHOLIC CHARITIES OF NORTHERN NEVADA 500 E 4TH ST RENO, NV 89512-3316	88-0339754	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(5) CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 99202-1309	91-0569880	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(6) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CH 721 N LA SALLE DR CHICAGO, IL 60654-3503	36-2170821	501(C)(3)	11,500.				SHARE OUR STRENGTH
(7) CATHOLIC CHARITIES BUREAU, INC., DIOCESE OF 134 E CHURCH ST JACKSONVILLE, FL 32202-3130	59-0875805	501(C)(3)	80,000.				EDUCATION AND DEVELO
(8) CATHOLIC SOCIAL SERVICES, FALL RIVER PO BOX M/SO. STATION	04-2106394	501(C)(3)	25,000.				ASSET DEVELOPMENT AN
(9) CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY 700 VIRGEN DE SAN JUAN	68-0599307	501(C)(3)	12,500.				WALMART FOOD ASSISTA
(10) CATHOLIC CHARITIES, TOLEDO 1933 SPIELBUSCH AVE TOLEDO, OH 43604-5360	34-4428254	501(C)(3)	13,500.				WALMART FOOD ASSISTA
(11) CATHOLIC CHARITIES WORCESTER COUNTY 10 HAMMOND ST WORCESTER, MA 01610-1513	04-2103979	501(C)(3)	14,000.				WALMART FOOD ASSISTA
(12) CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 900 S WOODWARD ST ALLENTOWN, PA 18103-4179	23-1598117	501(C)(3)	15,000.				WALMART FOOD ASSISTA

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

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(1) CATHOLIC CHARITIES DIOCESE OF LEXINGTON 1310 W MAIN ST LEXINGTON, KY 40508-2048	61-1138597	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(2) CATHOLIC CHARITIES OF IDAHO 7255 FRANKLIN ROAD BOISE, ID 83705-2589	82-0524367	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(3) CATHOLIC CHARITIES, DIOCESE OF NORWICH, INC 331 MAIN ST NORWICH, CT 06360-5836	06-0646609	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(4) CATHOLIC CHARITIES, SAN ANTONIO 202 W FRENCH PL SAN ANTONIO, TX 78212-5818	74-1109743	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(5) CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, 1025 G STREET SPRINGFIELD, OR 97477	93-0409105	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(6) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 3RD AVENUE SACRAMENTO, CA 95817	94-3315566	501(C)(3)	15,000.				WALMART FOOD ASSISTA
(7) CATHOLIC CHARITIES OF NORTHEAST KANSAS 9720 W 87TH ST OVERLAND PARK, KS 66212-4563	48-1181305	501(C)(3)	17,500.				WALMART FOOD ASSISTA
(8) CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEPH 850 MAIN ST KANSAS CITY, MO 64105-2006	43-0887779	501(C)(3)	20,000.				WALMART FOOD ASSISTA
(9) CATHOLIC CHARITIES OF NW FLORIDA 11 N B ST PENSACOLA, FL 32502-4601	59-3213644	501(C)(3)	20,000.				WALMART FOOD ASSISTA
(10) CATHOLIC CHARITIES SOUTHWESTERN OHIO 7162 READING RD STE 600	31-0536968	501(C)(3)	20,000.				WALMART FOOD ASSISTA
(11) CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)(3)	22,000.				WALMART FOOD ASSISTA
(12) CATHOLIC CHARITIES OF THE DIOCESE OF ROCKVILLE 90 CHERRY LN HICKSVILLE, NY 11801	11-1843801	501(C)(3)	22,845.				WALMART FOOD ASSISTA

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(1) CATHOLIC CHARITIES OF CORPUS CHRISTI, INC., 1322 COMANCHE ST	74-2330464	501(C)(3)	25,000.				WALMART FOOD ASSISTA
(2) CATHOLIC CHARITIES OF THE DIOCESE OF CHARLE 901 ORANGE GROVE RD	57-0314369	501(C)(3)	25,000.				WALMART FOOD ASSISTA
(3) CATHOLIC CHARITIES DIOCESE OF PUEBLO 429 W 10TH ST STE 101 PUEBLO, CO 81003-2941	84-0471001	501(C)(3)	26,000.				WALMART FOOD ASSISTA
(4) CATHOLIC CHARITIES, BAYARD HOUSE 300 BAYARD AVE. WILMINGTON, DE 19805	51-0065685	501(C)(3)	28,000.				WALMART FOOD ASSISTA
(5) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVE STE 200	72-0408911	501(C)(3)	30,000.				WALMART FOOD ASSISTA
(6) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	30,000.				WALMART FOOD ASSISTA
(7) KARIDAT SOCIAL SERVICES PO BOX 500745 SAIPAN, MP 96950	98-6020933	501(C)(3)	30,600.				WALMART FOOD ASSISTA
(8) CATHOLIC CHARITIES, FORT WAYNE-SOUTH BEND 915 S CLINTON ST FORT WAYNE, IN 46802-2601	35-1038653	501(C)(3)	32,984.				WALMART FOOD ASSISTA
(9) CATHOLIC CHARITIES, INC. PALM BEACH, FL 9995 N. MILITARY TRAIL	59-2470479	501(C)(3)	33,261.				WALMART FOOD ASSISTA
(10) CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN 1424 E 11 MILE RD ROYAL OAK, MI 48067-2026	45-3623184	501(C)(3)	35,000.				WALMART FOOD ASSISTA
(11) CATHOLIC CHARITIES OF ST. PAUL AND MINNEAPO 1200 2ND AVE S MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	38,000.				WALMART FOOD ASSISTA
(12) CATHOLIC CHARITIES MAINE, PORTLAND P.O. BOX 10660 PORTLAND, ME 04101-3638	93-0386801	501(C)(3)	39,559.				WALMART FOOD ASSISTA

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(1) CATHOLIC CHARITIES, ARCHDIOCESE OF NEW YORK 1011 1ST AVE 6TH FLOOR	13-5562185	501(C)(3)	39,768.				WALMART FOOD ASSISTA
(2) CATHOLIC CHARITIES OF FORT WORTH 249 W THORNHILL DR	75-0808769	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(3) CATHOLIC CHARITIES OF NORTHERN NEVADA 500 E 4TH ST RENO, NV 89512-3316	88-0339754	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(4) CATHOLIC CHARITIES OF TENNESSEE, NASHVILLE 2806 MCGAVOCK PK. NASHVILLE, TN 37214-1402	62-0679520	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(5) CATHOLIC CHARITIES, DIOCESE OF TRENTON 383 W STATE ST TRENTON, NJ 08618-5705	21-0634494	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(6) CATHOLIC CHARITIES, SANTA FE 3301 CANDELARIA RD NE	85-0110070	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(7) HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD. PITTSBURGH, PA 15202	25-0984606	501(C)(3)	40,000.				WALMART FOOD ASSISTA
(8) CATHOLIC CHARITIES OF STOCKTON 1106 N EL DORADO ST STOCKTON, CA 95202-1332	94-1629114	501(C)(3)	42,000.				WALMART FOOD ASSISTA
(9) CATHOLIC CHARITIES OF CENTRAL FLORIDA, ORLA 1819 N SEMORAN BLVD ORLANDO, FL 32807-3546	59-1214353	501(C)(3)	43,000.				WALMART FOOD ASSISTA
(10) CATHOLIC CHARITIES OF TOMPKINS/TIOGA 324 W. BUFFALO STREET ITHACA, NY 14850	51-0621633	501(C)(3)	50,000.				WALMART FOOD ASSISTA
(11) CATHOLIC CHARITIES, DIOCESE OF VENICE, INC. 1000 PINEBROOK RD VENICE, FL 34285-6426	59-2473176	501(C)(3)	50,000.				WALMART FOOD ASSISTA
(12) CATHOLIC SOCIAL SERVICES, PHILADELPHIA 222 N 17TH ST STE 300	23-1352063	501(C)(3)	50,000.				WALMART FOOD ASSISTA

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(1) CATHOLIC CHARITIES OF NORTH LOUISIANA 331 E 71ST ST SHREVEPORT, LA 71106	32-0315500	501(C)(3)	60,000.				WALMART FOOD ASSISTA
(2) CATHOLIC CHARITIES OF PORTLAND, OR 2740 SE POWELL BLVD PORTLAND, OR 97202-7494	93-0386801	501(C)(3)	65,000.				WALMART FOOD ASSISTA
(3) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CH 721 N LA SALLE DR CHICAGO, IL 60654-3503	36-2170821	501(C)(3)	65,000.				WALMART FOOD ASSISTA
(4) CATHOLIC CHARITIES, SANTA ROSA 987 AIRWAY CT SANTA ROSA, CA 95403-2048	94-2479393	501(C)(3)	66,850.				WALMART FOOD ASSISTA
(5) CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD 839 ASYLUM AVE # 841	06-0667607	501(C)(3)	82,000.				WALMART FOOD ASSISTA
(6) CATHOLIC CHARITIES WEST VIRGINIA, INC. 2000 MAIN ST WHEELING, WV 26003-2868	55-0391262	501(C)(3)	82,525.				WALMART FOOD ASSISTA
(7) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BA 320 CATHEDRAL STREET	52-0591538	501(C)(3)	84,000.				WALMART FOOD ASSISTA
(8) CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, 140 W SPEEDWAY BLVD TUCSON, AZ 85705	86-0100880	501(C)(3)	84,000.				WALMART FOOD ASSISTA
(9) CATHOLIC CHARITIES ATLANTA 2401 LAKE PARK DR SE SMYRNA, GA 30080-8862	58-1097003	501(C)(3)	86,000.				WALMART FOOD ASSISTA
(10) CATHOLIC CHARITIES ARCHDIOCESE OF DENVER 4045 PECOS ST DENVER, CO 80211-2552	84-0686679	501(C)(3)	1,104,904.				GENERAL DISASTERS
(11) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVE STE 200	72-0408911	501(C)(3)	22,323.				IMMIGRATION CRISIS
(12) CATHOLIC CHARITIES DIOCESE OF JACKSON, MISS 200 N CONGRESS ST STE 100 JACKSON, MS 39201	64-0466850	501(C)(3)	55,002.				GENERAL DISASTERS

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) CATHOLIC CHARITIES OF BROOKLYN AND QUEENS 191 JORALEMON ST FL 3	11-1633548	501(C)(3)	33,052.				HURRICANE SANDY
(2) CATHOLIC CHARITIES OF FAIRFIELD COUNTY, INC 9720 WEST 87TH STREET	06-0653053	501(C)(3)	761,052.				HURRICANE SANDY
(3) CATHOLIC CHARITIES OF METUCHEN 319 MAPLE ST PERTH AMBOY, NJ 08861-4101	22-2423496	501(C)(3)	230,427.				HURRICANE SANDY
(4) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	669,054.				GENERAL DISASTERS
(5) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF IN 1400 N MERIDIAN ST	45-1745384	501(C)(3)	571,361.				GENERAL DISASTERS
(6) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NE 590 N 7TH ST NEWARK, NJ 07107-2522	22-2164120	501(C)(3)	62,104.				HURRICANE SANDY
(7) CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 N MAIN AVE STE 1 ALBANY, NY 12203-1484	14-1340033	501(C)(3)	234,393.				GENERAL DISASTERS
(8) CATHOLIC CHARITIES OF THE DIOCESE OF BATON 1900 S ACADIAN THRUWAY	72-0590685	501(C)(3)	37,490.				GENERAL DISASTERS
(9) CATHOLIC CHARITIES OF THE DIOCESE OF ROCKVI 90 CHERRY LN HICKSVILLE, NY 11801	11-1843801	501(C)(3)	33,052.				HURRICANE SANDY
(10) CATHOLIC CHARITIES OF THE DIOCESE OF ROCKVI 90 CHERRY LN HICKSVILLE, NY 11801	11-1843801	501(C)(3)	13,000.				IMMIGRATION CRISIS
(11) CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY 700 VIRGEN DE SAN JUAN	68-0599307	501(C)(3)	116,126.				IMMIGRATION CRISIS
(12) CATHOLIC CHARITIES, ARCHDIOCESE OF NEW YORK 1011 1ST AVE 6TH FLOOR	13-5562185	501(C)(3)	72,630.				HURRICANE SANDY

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)(3)	56,036.				HURRICANE SANDY
(2) CATHOLIC CHARITIES, DIOCESE OF TRENTON 383 W STATE ST TRENTON, NJ 08618-5705	21-0634494	501(C)(3)	77,630.				HURRICANE SANDY
(3) CATHOLIC CHARITIES, HOUMA-THIBODAUX 1220 AYCOCK ST HOUMA, LA 70360-6402	52-1244838	501(C)(3)	45,180.				GENERAL DISASTER
(4) CATHOLIC CHARITIES ARCHDIOCESE OF OKLAHOMA 1501 N CLASSEN BLVD	73-0636561	501(C)(3)	2,236,959.				GENERAL DISASTERS
(5) CATHOLIC CHARITIES, OKLAHOMA CITY 1501 N CLASSEN BLVD	73-0636561	501(C)(3)	20,000.				IMMIGRATION CRISIS
(6) CATHOLIC CHARITIES, SAN ANTONIO 202 W FRENCH PL SAN ANTONIO, TX 78212-5818	74-1109743	501(C)(3)	20,476.				IMMIGRATION CRISIS
(7) CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ, 140 W SPEEDWAY BLVD TUCSON, AZ 85705	86-0100880	501(C)(3)	17,000.				IMMIGRATION CRISIS
(8) CATHOLIC SOCIAL & COMMUNITY SERVICES, BILOXI 1450 NORTH ST GULFPORT, MS 39507-2103	64-0598426	501(C)(3)	25,000.				GENERAL DISASTERS
(9) CATHOLIC SOCIAL SERVICES, LAREDO 1919 CEDAR AVE LAREDO, TX 78040-3928	74-2298185	501(C)(3)	16,523.				IMMIGRATION CRISIS
(10) FLORIDA CATHOLIC CONFERENCE 201 W PARK AVENUE TALLAHASSEE, FL 32301	45-4863384	501(C)(3)	50,606.				GENERAL DISASTERS
(11) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 E MONASTERY ST	80-0455890	501(C)(3)	296,298.				GENERAL DISASTERS
(12) CATHOLIC CHARITIES, CAMDEN 1845 HADDON AVE CAMDEN, NJ 08103-3008	22-3759994	501(C)(3)	320,272.				HURRICANE SANDY

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I General Information on Grants and Assistance

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

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

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) KARIDAT SOCIAL SERVICES PO BOX 500745 SAIPAN, MP 96950	98-6020933	501(C)(3)	10,000.				EMERGENCY GRANT
(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 ▶ 245.

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) (2015)

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, Part III, column (b), and any other additional information.

PART 1, LINE 2:

CCUSA SELECTS SUB GRANTEES FOR PARTICIPATION IN NATIONAL INTERMEDIARY GRANTS FROM ITS MEMBERSHIP ROLLS. CCUSA OVERSEES DIFFERENT FORMS OF EVALUATION AND AGENCY SELECTION DEPENDENT ON THE BROADER REQUIREMENTS OF THE FUNDER BUT THEY INCLUDE: AGENCY APPLICATIONS; WRITTEN REPORTS; SITE VISITS; CONFERENCE CALLS; DESK AUDITS; PHONE CONSULTATIONS; DATA REVIEW; AND TRAININGS DURING THE PROJECT PERIODS.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES U.S.A.

Employer identification number
53-0196620

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF A.	52-1381432	NONE	07/14/2011	5,210,000.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds

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

Part III Private Business Use

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

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

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

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	CAPITALONE							
c Term of hedge	14.900							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA, VA

(F) DESCRIPTION OF PURPOSE:

FINANCING AND REFINANCING ACQUISITION OF PORTION OF BUILDING

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7.	338,609.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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	
32a 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) (2015)

JSA

5E1298 1.000

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES U.S.A.

Employer identification number

53-0196620

FORM 990, PART I, LINE 1:

CATHOLIC CHARITIES USA IS A NATIONAL ORGANIZATION THAT OFFERS SUPPORT TO MEMBER AGENCIES, PROVIDES DISASTER RELIEF AND PROMOTES POVERTY-REDUCTION THROUGH RESEARCH AND LEGISLATIVE REFORM. CATHOLIC CHARITIES USA, THE OFFICIAL DOMESTIC RELIEF AGENCY OF THE CATHOLIC CHURCH, PROVIDES WITNESS TO THE LOVE OF CHRIST BY HELPING PEOPLE IN NEED AND BY SERVING THEIR COMMUNITIES.

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

THE EXECUTIVE COMMITTEE OF THE BOARD WAS FORMED TO ACT ON BOARD BEHALF IN BETWEEN THE BOARD MEETINGS IN FY2013. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE OFFICERS OF THE BOARD OF CATHOLIC CHARITIES USA AND TWO ADDITIONAL TRUSTEES SELECTED BY THE CHAIR AND APPROVED BY THE BOARD. THE CHAIR OF THE BOARD OF TRUSTEES SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. DUTIES: ACT ON BEHALF OF THE FULL BOARD BETWEEN REGULARLY SCHEDULED BOARD MEETINGS AS REQUIRED. ALL SUCH ACTIONS SHOULD BE REPORTED TO THE FULL BOARD AT ITS NEXT SCHEDULED MEETING FOR APPROPRIATE ACTION/RATIFICATION.

OVERSEE THE ANNUAL EVALUATION OF THE CEO. SOLICIT INPUT FROM THE FULL BOARD; ENSURE THAT AN EVALUATION WITH THE CEO IS CONDUCTED AND THAT THE RESULTS ARE REPORTED TO FULL BOARD.

APPROVE CEO COMPENSATION PACKAGE.

DEVELOP THE PROCESS BY WHICH THE BOARD OF TRUSTEES WILL GENERATE, MONITOR AND REVISE THE ANNUAL PLAN OF CATHOLIC CHARITIES USA.

Name of the organization CATHOLIC CHARITIES U.S.A.	Employer identification number 53-0196620
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PERIODICALLY REVIEW THE PROGRAMS AND SERVICES OF THE NATIONAL OFFICE TO ENSURE RELEVANCE TO MISSION AND QUALITY IN IMPLEMENTATION.

ANNUALLY PRESENT A DIVERSITY REPORT TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 4:

DURING FY 2016, THE BYLAWS WERE UPDATED TO CLARIFY THE ELIGIBILITY CRITERIA AND RIGHTS OF AFFILIATE MEMBERS.

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

"MEMBER" IS AN AGENCY, ORGANIZATION, CORPORATION, OR ASSOCIATION OF PERSONS THAT (I) IS SUPPORTIVE OF THE PURPOSES AND ACTIVITIES OF CCUSA, (II) COMPLETES THE MEMBERSHIP PROCEDURES SET BY THE BOARD FROM TIME TO TIME, (III) IS ACCEPTED BY THE BOARD, (IV) COMPLIES WITH ANY MEMBERSHIP REQUIREMENTS ADOPTED BY THE BOARD FROM TIME TO TIME, AND (V) PAYS THE DUES PRESCRIBED BY THE BOARD. THERE SHALL BE TWO CATEGORIES OF GROUP MEMBERS: AGENCY AND AFFILIATE. THE QUALIFICATIONS FOR EACH CATEGORY ARE AS FOLLOWS:

A) "AGENCY MEMBER" IS A DIOCESAN CATHOLIC CHARITIES AGENCY THAT PAYS DUES DIRECTLY TO CCUSA. A DIOCESAN CATHOLIC CHARITIES AGENCY IS DEFINED FOR PURPOSES OF THESE BYLAWS AS A CATHOLIC CHARITIES AGENCY ASSOCIATED WITH A DIOCESE OF THE CATHOLIC CHURCH. AN AGENCY MEMBER'S VOTE SHALL BE CAST BY ITS DIOCESAN DIRECTOR OR EQUIVALENT POSITION.

B) "AFFILIATE MEMBER" IS A ROMAN CATHOLIC RELIGIOUS CONGREGATION, HOUSING, EDUCATIONAL OR SOCIAL WELFARE AGENCY OR INSTITUTION, OR OTHER GROUP, OTHER THAN A DIOCESAN CATHOLIC CHARITIES AGENCY, THAT PAYS DUES DIRECTLY TO CCUSA AND THAT CONTRIBUTES TO THE ACHIEVEMENT OF THE SOCIAL

Name of the organization CATHOLIC CHARITIES U.S.A.	Employer identification number 53-0196620
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MISSION OF THE CATHOLIC CHURCH AND ACTS IN A MANNER CONSISTENT WITH THE MISSION OF CCUSA. AFFILIATE MEMBERS SHALL HAVE NO VOTING RIGHTS.

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

THE GOVERNANCE COMMITTEE WILL SERVE AS THE NOMINATING COMMITTEE AND WILL RECOMMEND THE ELECTION OF TRUSTEES TO THE BOARD; PROVIDED, THAT WITH RESPECT TO AGENCY MEMBER TRUSTEE NOMINATIONS, THOSE SHALL BE MADE BY THE COUNCIL OF DIOCESAN DIRECTORS SUBJECT TO A DETERMINATION BY THE GOVERNANCE COMMITTEE THAT EACH SUCH NOMINEE MEETS THE COMPETENCY REQUIREMENTS.

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

EXCEPT AS EXPRESSLY SET FORTH BELOW, THESE BYLAWS MAY BE AMENDED BY A MAJORITY VOTE OF THE BOARD. NOTWITHSTANDING THE FOREGOING, THE FOLLOWING PROVISIONS MAY BE AMENDED ONLY BY A MAJORITY VOTE OF AGENCY MEMBERS:

- ARTICLE I, SECTION 2, PURPOSE;
- ARTICLE II, MEMBERSHIP;
- ARTICLE III, SECTION 3 (COMPOSITION OF THE BOARD OF TRUSTEES);
- ARTICLE III, SECTION 4 (ELECTION AND NOMINATION OF TRUSTEES);
- ARTICLE III, SECTION 5 (TERMS OF OFFICE FOR TRUSTEES);
- ARTICLE III, SECTION 8 (COMPENSATION AND REIMBURSEMENT); AND
- ARTICLE IX, COUNCIL OF DIOCESAN DIRECTORS.

WITH RESPECT TO THE PROVISIONS LISTED IMMEDIATELY ABOVE, THE AGENCY MEMBERS SHALL VOTE ON ANY SUCH AMENDMENT BY PAPER BALLOT, IN A MANNER APPROVED BY THE BOARD, PROVIDED THAT THE PROPOSED AMENDMENTS BE FIRST PRESENTED AT THE ANNUAL MEETING OF THE MEMBERS FOR COMMENT AND DEBATE,

Name of the organization CATHOLIC CHARITIES U.S.A.	Employer identification number 53-0196620
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AND FURTHER PROVIDED THAT COPIES OF THE AMENDMENTS AND THE BALLOT SHALL BE DELIVERED, IN A FORMAT APPROVED BY THE BOARD, TO THE AGENCY MEMBERS NOT LESS THAN THIRTY (30) DAYS PRIOR TO THE DATE ON WHICH THE BALLOTS WILL BE COUNTED. AN AMENDMENT MAY BE OFFERED BY THE BOARD OR BY ANY AGENCY MEMBER (BUT SOLELY WITH RESPECT TO THE PROVISIONS LISTED IN THE BULLET POINTS ABOVE IN THE CASE OF AN AGENCY MEMBER). AN AMENDMENT TO THE PROVISION LISTED ABOVE SHALL BE CONSIDERED ADOPTED IF A MAJORITY OF AGENCY MEMBERS VOTING BY BALLOT VOTE IN FAVOR OF THE AMENDMENT. A COPY OF ANY AMENDMENTS ADOPTED BY THE BOARD SHALL BE PROMPTLY PROVIDED TO THE MEMBERS.

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

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

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

THE MEMBERS OF THE BOARD OF TRUSTEES ANNUALLY MUST COMPLETE THE ORGANIZATION'S CONFLICT OF INTEREST FORM TO DECLARE ANY POTENTIAL CONFLICT. THE INDEPENDENT DIRECTORS ARE IDENTIFIED ON THE BOARD ROSTER. GUIDANCE ON THE APPROPRIATE HANDLING OF CONFLICT OF INTEREST COMPLIANCE IS PROVIDED TO THE BOARD CHAIR AND ORGANIZATION PRESIDENT BY OUTSIDE INDEPENDENT GENERAL COUNSEL. THE BOARD CONDUCTS ITS BUSINESS THROUGH BOARD RESOLUTIONS. EACH MEMBER PRESENT AND CASTING A VOTE MUST

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INDIVIDUALLY SIGN THE RESOLUTION CERTIFYING THEIR PRESENCE AT THE MEETING AND PARTICIPATION IN THE DELIBERATION PRIOR TO THE BOARD'S ACTION. AS EACH RESOLUTION IS CONSIDERED, THE BOARD CHAIR INDICATES WHETHER CERTAIN BOARD MEMBERS, BECAUSE OF THE NATURE OF THE RESOLUTION, AND THEIR POTENTIAL CONFLICT OF INTEREST, WILL BE EXCLUDED FROM VOTING ON THE MATTER AND IN SOME CASES WILL NEED TO LEAVE THE ROOM DURING DELIBERATION AND ACTUAL VOTE.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:
THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE DISCUSSED THE COMPENSATION RECOMMENDATION PROVIDED BY RUSSELL REYNOLDS ASSOCIATES (RRA), THE SEARCH FIRM RETAINED TO CONDUCT EXECUTIVE SEARCH FOR CCUSA'S CEO, AS WELL AS COMPENSATION DATA PROVIDED BY THE CCUSA VP OF HUMAN RESOURCES FROM COMPENSATION SURVEYS CONDUCTED BY BDO. FOLLOWING THESE DISCUSSIONS, A VOTE WAS HELD TO DETERMINE THE CEO'S COMPENSATION RATE.

THE PROCESS OF DETERMINING THE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS TO FIRST ASSIGN DEVELOP A JOB DESCRIPTION FOR THE ROLE. EACH JOB DESCRIPTION IS THEN ASSIGNED A TIER AND ZONE. TIERS ARE DEFINED BY EACH EMPLOYEES INDIVIDUAL AUTONOMY AND AUTHORITY INSIDE OF THE ORGANIZATION. ZONES ARE DEFINED BY THE MARKET COMPENSATION LEVELS FOR THE POSITION. TIERS AND ZONES ARE TIED TO A COMPENSATION SCHEDULE. THE SALARY CORRESPONDS TO THE TIER AND ZONE. THIS INFORMATION IS THEN USED TO DETERMINE THE OFFICER'S SALARY. THE VP OF HUMAN RESOURCES REVIEWS THIS INFORMATION WITH THE CEO.

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

THE ORGANIZATION'S ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

GAIN/LOSS ON VALUE OF INTEREST RATE SWAP AGREEMENT	-\$253,948
GAIN/LOSS ON LEASE OBLIGATIONS	\$17,098
INTERCOMPANY ADJUSTMENT	-\$11,813

TOTAL TO FORM 990, PART XI, LINE 9	-\$248,663

PART III, LINE 4D:

SOCIAL POLICY: CCUSA PROVIDES A NATIONAL VOICE FOR THE NEEDS AND CONCERNS OF ITS MEMBERSHIP AND THE PEOPLE THEY SERVE. WORKING WITH ITS MEMBERSHIP, CCUSA DEVELOPS AND ADVOCATES FOR JUST PUBLIC POLICIES THAT EMPOWER PEOPLE AND ALLEVIATE THE CONDITIONS THAT PERPETUATE POVERTY. CCUSA ALSO WORKS WITH ITS MEMBERSHIP AROUND ISSUES OF RACIAL EQUALITY AND DIVERSITY.

EXPENSES \$2,213,455, INCLUDING GRANTS OF \$0, REVENUE \$215,715

 ATTACHMENT 1

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

PROGRAMS AND SERVICES: LOCAL CATHOLIC CHARITIES AGENCIES PROVIDED A WIDE RANGE OF HUMAN SERVICES TO ALMOST TEN MILLION PEOPLE IN NEED DURING 2016 FISCAL YEAR. WE HELP MEMBER AGENCIES IMPROVE THEIR DELIVERY OF PROGRAMS AND SERVICES BY PROVIDING, AMONG OTHER THINGS, PROGRAM DEVELOPMENT TRAINING, FUNDING THROUGH NATIONAL INTERMEDIARY GRANTS AND OPPORTUNITIES TO SHARE BEST PRACTICES AND

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ATTACHMENT 1 (CONT'D)

INNOVATIVE PROGRAMS. CCUSA PROVIDES TRAINING, TECHNICAL ASSISTANCE AND NETWORKING OPPORTUNITIES FOR ITS MEMBERSHIP ON A RANGE OF ISSUES OF CRITICAL IMPORTANCE INCLUDING AGING, ASSET DEVELOPMENT, MISSION AND MINISTRY, ADOPTION, CHILD WELFARE, HEALTHCARE, AND CATHOLIC IDENTITY. IN ADDITION, CCUSA PROVIDES OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT AND CONSULTATIONS TO ENSURE THAT MEMBERS REMAIN AT THE FOREFRONT OF EMERGING NEEDS AND QUALITY SERVICES. CCUSA APPLIES FOR FEDERAL GRANTS TO SUPPORT SPECIFIC PROGRAMS ON BEHALF OF ITS MEMBERSHIP. THESE GRANTS ARE THEN TRANSFERRED TO MEMBER AGENCIES INTERESTED IN IMPLEMENTING THESE PROGRAMS THROUGH A SUBGRANTING PROCESS. CCUSA ALSO SUPPORTS MEMBER AGENCIES IN LOCAL AND STATE ADVOCACY EFFORTS, WHILE REPRESENTING THEM ON THE NATIONAL LEVEL. WORKING WITH ITS MEMBERSHIP, CCUSA DEVELOPS AND ADVOCATES FOR JUST PUBLIC POLICIES THAT EMPOWER PEOPLE AND ALLEVIATE THE CONDITIONS THAT PERPETUATE POVERTY. CCUSA PARTNERED WITH THE UNIVERSITY OF NOTRE DAME TO PROVIDE MEMBER AGENCIES OPPORTUNITIES TO MEASURE THE IMPACT OF INNOVATIVE POVERTY REDUCTION PROGRAMS, BOOST BUSINESS PLANS AND ORGANIZATIONAL STRENGTH, DEVELOP SOCIAL ENTERPRISES AND HOST NOTRE DAME STUDENTS AS SUMMER INTERNS.

ATTACHMENT 2

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

MEMBER SERVICES & AGENCY SUPPORT: OUR NATIONAL OFFICE PROVIDES SUPPORT AND A RANGE OF SERVICES TO 165 CATHOLIC CHARITIES MEMBER

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ATTACHMENT 2 (CONT'D)

AGENCIES ACROSS THE COUNTRY AND IN THE US TERRITORIES. THESE SERVICES INCLUDE COUNCIL OF DIOCESAN DIRECTORS TO BRING TOGETHER THE EXECUTIVE DIRECTORS OF CATHOLIC CHARITIES AGENCIES TO LEARN FROM EACH OTHER AND TO PARTICIPATE IN LEADERSHIP AND SPIRITUAL DEVELOPMENT OPPORTUNITIES, MEMBER ENGAGEMENT FOR STAFF MEMBERS OF THE MEMBER AGENCIES TO SHARE EXPERIENCE, INFORMATION AND BEST PRACTICES THROUGH OUR ANNUAL GATHERING (2015 ATTENDANCE IN BOSTON, MA TOTALED 522), PROFESSIONAL INTEREST SECTIONS AND NETWORKS AND OTHER CONVENING OPPORTUNITIES. THROUGH CCUSA, MEMBER AGENCIES HAVE ACCESS TO A NUMBER OF FINANCIAL BENEFITS, INCLUDING A HEALTH INSURANCE TRUST, AN UNEMPLOYMENT SERVICES TRUST, COMBINED FEDERAL CAMPAIGN GRANTS, DISCOUNTED AND GROUP PURCHASING AND REDUCED FEES FOR A NUMBER OF SERVICES. CCUSA ALSO PROVIDES GRANTS TO MEMBER AGENCIES TO SUPPORT GENERAL OPERATIONS OF LOCAL CATHOLIC CHARITIES.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC P.O. BOX 64897 BALTIMORE, MD 21264	FUNDRAISING SERVICES	1,191,864.
ARENT FOX LLP P.O. BOX 644672 PITTSBURGH, PA 15264	LEGAL SERVICES	470,223.
CONE COMMUNICATION, LLC 855 BOYLSTON STREET BOSTON, MA 02116	PUBLIC RELATIONS	353,891.

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ATTACHMENT 3 (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>
VIGET LABS, LLC 105 WEST BROAD STREET FALLS CHURCH, VA 22046	WEBSITE DEVELOPMENT	297,299.
SISTERS OF CHARITY OF SETON HILL 144 DEPAUL CENTER ROAD GREENSBURG, PA 15601	LEGAL SERVICES	166,023.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 2050 BALLENGER LLC 45-1059087 2050 BALLENGER STREET ALEXANDRIA, VA 22314	SEE PART VII	VA	764,792.	29,466,586.	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM R. FRY FUND TRUST 46-4140684 2050 BALLENGER STREET ALEXANDRIA, VA 22314	SEE PART VII	VA	501(C)(3)	LINE 9	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(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).

SCHEDULE R, PART I, LINE 1, COL. B:

PRIMARY ACTIVITY: COMMERCIAL REAL ESTATE RENTAL OF ORGANIZATION'S EXCESS
OFFICE SPACE.

SCHEDULE R, PART II, LINE 2, COL. B:

PRIMARY ACTIVITY: PROVIDE GRANTS TO CCUSA MEMBER AGENCIES TO SUPPORT WORK
ON POVERTY REDUCTION.