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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047

2013Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CATHOLIC CHARITIES CORPORATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7911 DETROIT AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
CLEVELAND, OH 44102

D Employer identification number
34-1318541

E Telephone number
216-334-2900

G Gross receipts \$ **59,639,573.**

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

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

J Website: **WWW.CLEVELANDCATHOLICCHARITIES.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: **1971** **M** State of legal domicile: **OH**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **RESPOND TO THOSE IN NEED THROUGH AN INTEGRATED SYSTEM OF QUALITY SERVICES DESIGNED TO RESPECT THE**

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** **59**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **58**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** **1225**

6 Total number of volunteers (estimate if necessary) **6** **8594**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,667,145.	17,063,283.
9 Program service revenue (Part VIII, line 2g)	18,143,368.	34,950,731.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,526.	799,050.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,925.	197,596.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,831,964.	53,010,660.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,472,686.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,135,497.	34,131,448.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	1,905,000.
b Total fundraising expenses (Part IX, column (D), line 25) 2,059,295.		
17 Other expenses (Part IX, column (A), lines 1a-11e, 11f, 24e)	5,803,273.	13,900,374.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,938,770.	51,409,508.
19 Revenue less expenses Subtract line 18 from line 12	-106,806.	1,601,152.
20 Total assets (Part X, line 16)	5,900,211.	42,843,808.
21 Total liabilities (Part X, line 26)	3,111,776.	13,074,925.
22 Net assets or fund balances Subtract line 21 from line 20	2,788,435.	29,768,883.

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 **Patrick Gareau** Date **10/9/14**
PATRICK GAREAU, PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **ZACHARY FORTSCH** Preparer's signature **Zachary Fortsch** Date **10-3-14** Check if self-employed ☐ PTIN **P00052725**
 Firm's name **MCGLADREY LLP** Firm's EIN **42-0714325**
 Firm's address **1001 LAKESIDE AVENUE EAST** Phone no. **216 523-1900**
CLEVELAND, OH 44114-1152

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

CATHOLIC CHARITIES CORPORATION (CCC) CONTINUES THE MISSION OF JESUS BY RESPONDING TO THE HEALTH AND HUMAN NEEDS AND THE SOCIAL CONCERNS OF THE PEOPLE OF THE DIOCESE OF CLEVELAND. THROUGH ITS PROVISION OF ADMINISTRATIVE AND PROGRAM SERVICES, THE ORGANIZATION EXTENDS THE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 20,050,329. including grants of \$ 16,671.) (Revenue \$ 17,455,005.)
CHILDREN & FAMILY SERVICES:

CATHOLIC CHARITIES OFFERS PROGRAMS THAT ARE DESIGNED TO STRENGTHEN AND SUPPORT FAMILIES. THESE SERVICES INCLUDE EARLY CHILDHOOD EDUCATION, SENIOR SERVICES, EMPLOYMENT & TRAINING, RESIDENTIAL TREATMENT, FOSTER CARE AND ADOPTION.

COMMUNITY SUPPORT SERVICES ARE DESIGNED TO PROVIDE A VEHICLE WHERE FAMILIES CAN COME TOGETHER TO LEARN ABOUT THEIR COMMUNITY AND DISCOVER WAYS THEY CAN BE INVOLVED IN HELPING THEIR COMMUNITIES BECOME STRONG VIBRANT PLACES FOR CHILDREN AND FAMILIES.

EARLY CHILDHOOD EDUCATION PROGRAMS HELP TO ENHANCE CHILDREN'S PHYSICAL,

4b (Code) (Expenses \$ 11,252,085. including grants of \$ 4,600.) (Revenue \$ 10,807,410.)
BEHAVIORAL HEALTH SERVICES:

CATHOLIC CHARITIES CORPORATION (CCC) PROVIDES BEHAVIORAL HEALTH SERVICES THAT ARE DESIGNED TO PROVIDE HIGH QUALITY MENTAL HEALTH AND CHEMICAL DEPENDENCY COUNSELING TO INDIVIDUALS AND FAMILIES. SERVICES INCLUDE MARITAL AND COUPLE COUNSELING, FAMILY COUNSELING, PARENTING EDUCATION CLASSES, ANGER MANAGEMENT CLASSES AND DOMESTIC VIOLENCE SERVICES. THE CLIENTS RANGE IN AGE FROM PRE-SCHOOL THROUGH OLDER ADULTS AND CROSS VARIOUS RACIAL, ETHNIC AND SOCIO-ECONOMIC BACKGROUNDS AND PROBLEM AREAS. A DESCRIPTION OF SOME OF OUR PROGRAM SERVICES FOLLOWS.

COMMUNITY BASED FAMILY SERVICES (IN-HOME CHILD AND FAMILY MENTAL HEALTH

4c (Code) (Expenses \$ 5,776,962. including grants of \$ 603,744.) (Revenue \$ 3,973,529.)
PARISH AND PASTORAL SERVICES:

CCC WORKS IN PARTNERSHIP WITH PARISHES, COMMUNITIES AND DIOCESAN OFFICES TO PROVIDE PASTORAL PROGRAMS AND SERVICES. THESE SERVICES INCLUDE A MINISTRY FOR MARRIAGE AND FAMILIES, MIGRATION AND REFUGEE SERVICES, SERVICES FOR THE PRESERVATION OF HUMAN LIFE AND SERVICES TO YOUTH AND YOUNG ADULTS.

IN ADDITION OUR SOCIAL ACTION OFFICES PROVIDE SOCIAL EDUCATION AND ADVOCACY AS WELL AS COMMUNITY DEVELOPMENT AND ORGANIZATION THROUGHOUT THE EIGHT COUNTIES OF THE DIOCESE. SERVICES ALSO INCLUDE THE CAMPAIGN FOR HUMAN DEVELOPMENT AND CATHOLIC RELIEF SERVICES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 5,598,902. including grants of \$ 847,671.) (Revenue \$ 2,714,787.)

4e Total program service expenses **42,678,278.**

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part 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? If so, complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

		Yes	No
1a	699		
b	0		
c		X	
2a	1225		
b		X	
3a			X
b			
4a			X
b			
5a			X
b			X
c			
6a			X
b			
7			
a			X
b			
c			X
d			
e			X
f			X
g			
h			
8			
9			
a			
b			
10			
a			
b			
11			
a			
b			
12a			
b			
13			
a			
b			
c			
14a			X
b			

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	59	
1b Enter the number of voting members included in line 1a, above, who are independent	58	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
WAYNE PEEL - 216-334-2900
7911 DETROIT AVE., CLEVELAND, OH 44102

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT AHLERS DIRECTOR	2.00	X						0.	0.	0.
(2) JOHN P. ALBERT DIRECTOR	2.00	X						0.	0.	0.
(3) CATHERINE ANDRIST DIRECTOR	2.00	X						0.	0.	0.
(4) RICHARD BLAKE DIRECTOR	2.00	X						0.	0.	0.
(5) DENNIS BODZIONY DIRECTOR	2.00	X						0.	0.	0.
(6) MARGARET BURZYNSKI-BAYS DIRECTOR	2.00	X						0.	0.	0.
(7) GERALD ELLIOT VICE CHAIR	2.00	X		X				0.	0.	0.
(8) RICHARD FRATIANNE DIRECTOR	2.00	X						0.	0.	0.
(9) PATRICK GAREAU PRESIDENT & CEO	32.00 8.00	X		X				189,915.	0.	22,920.
(10) MICHAEL GINLEY DIRECTOR	2.00	X						0.	0.	0.
(11) RICHARD GURLEY DIRECTOR	2.00	X						0.	0.	0.
(12) CRAIG HARAN DIRECTOR	2.00	X						0.	0.	0.
(13) DAVID HOLLY DIRECTOR	2.00	X						0.	0.	0.
(14) KATHLEEN HOMOYCK SECRETARY	2.00	X		X				0.	0.	0.
(15) ROBERT HORVATH DIRECTOR	2.00	X						0.	0.	0.
(16) DALE KAPROSY DIRECTOR	2.00	X						0.	0.	0.
(17) JEFFREY KAVLICK DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARET KEARNS DIRECTOR	2.00	X						0.	0.	0.
(19) ELIZABETH KORHNAK DIRECTOR	2.00	X						0.	0.	0.
(20) MARY ANNE LEON DIRECTOR	2.00	X						0.	0.	0.
(21) JOHN LEONBRUNO DIRECTOR	2.00	X						0.	0.	0.
(22) JEANNE LOCASTRO DIRECTOR	2.00	X						0.	0.	0.
(23) ROBERT LOESCH DIRECTOR	2.00	X						0.	0.	0.
(24) TOM LYNCH DIRECTOR	2.00	X						0.	0.	0.
(25) EDWARD MANSOUR DIRECTOR	2.00	X						0.	0.	0.
(26) ROBERT MARVA DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								189,915.	0.	22,920.
c Total from continuation sheets to Part VII, Section A								963,892.	0.	92,443.
d Total (add lines 1b and 1c)								1,153,807.	0.	115,363.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC COMMUNITY FOUNDATION 1404 E. NINTH ST., CLEVELAND, OH 44114	FUNDRAISING	1,905,000.
DIOCESE OF CLEVELAND FACILITIES SERVICES 1404 E. NINTH ST., CLEVELAND, OH 44114	PROPERTY MANAGEMENT	503,988.
REF PAY TRUST, 200 E. SOUTH TEMPLE, SALT LAKE CITY, UT 84111	ATHLETIC OFFICIALS	455,170.
UNIVERSITY HOSPITALS PO BOX 70328, CLEVELAND, OH 44190	MENTAL HEALTH SERVICES	301,375.
TOM PAIGE CATERING 2275 E. 55TH ST, CLEVELAND, OH 44103	FOOD PREP AND DELIVERY	273,368.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	2,364,592.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	150,181.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,548,510.				
	g Noncash contributions included in lines 1a-1f \$		338,304.				
	h Total. Add lines 1a-1f			17,063,283.			
Program Service Revenue	2 a GOVERNMENT PROGRAM REV	Business Code	624100	25,111,142.	25,111,142.		
	b CUYAHOGA COUNTY DEPT HUMAN SVCS		624100	5,182,737.	5,182,737.		
	c ATHLETIC ENTRY FEES		624100	1,863,802.	1,863,802.		
	d PROGRAM FEES		624100	1,733,206.	1,733,206.		
	e RESIDENT CAMP FEES		624100	1,059,844.	1,059,844.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			34,950,731.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			568,430.			568,430.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				51,678.		51,678.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				230,620.		230,620.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		244,575.			
	b Less direct expenses	b		98,657.			
	c Net income or (loss) from fundraising events			145,918.			145,918.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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							
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions.				53,010,660.	34,950,731.	0.	996,646.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	24,000.	24,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,448,686.	1,448,686.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,153,807.	346,142.	807,665.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	25,281,804.	22,611,578.	2,572,455.	97,771.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,215,605.	1,051,656.	162,750.	1,199.
9 Other employee benefits.	4,247,273.	3,674,443.	568,641.	4,189.
10 Payroll taxes.	2,232,959.	1,973,283.	251,611.	8,065.
11 Fees for services (non-employees):				
a Management.	503,988.		503,988.	
b Legal.	259,375.		259,375.	
c Accounting.	153,000.		153,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	1,905,000.			1,905,000.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,955,692.	2,732,441.	218,368.	4,883.
12 Advertising and promotion.				
13 Office expenses.	519,370.	357,291.	150,639.	11,440.
14 Information technology.				
15 Royalties.				
16 Occupancy.	4,433,635.	4,026,534.	399,846.	7,255.
17 Travel.	1,183,836.	1,117,871.	65,456.	509.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	237,425.	206,656.	28,061.	2,708.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	397,831.	362,918.	27,606.	7,307.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	1,972,246.	1,910,923.	57,871.	3,452.
b EQUIPMENT AND SOFTWARE	769,657.	467,987.	300,615.	1,055.
c SPECIAL ASSISTANCE	205,098.	201,764.	3,334.	0.
d ORGANIZATION & MEMBERSH	98,202.	42,783.	55,324.	95.
e All other expenses.	211,019.	121,322.	85,330.	4,367.
25 Total functional expenses. Add lines 1 through 24e.	51,409,508.	42,678,278.	6,671,935.	2,059,295.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck 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	1,474,246.	1	7,181,385.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	324,694.	3	0.
	4 Accounts receivable, net	3,429,690.	4	5,714,060.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	5,371,210.
	8 Inventories for sale or use	48,524.	8	46,356.
	9 Prepaid expenses and deferred charges		9	371,437.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,607,252.		
	b Less accumulated depreciation	10b 6,634,093.	10c	973,159.
	11 Investments - publicly traded securities		11	11,080,551.
	12 Investments - other securities See Part IV, line 11		12	6,287,507.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	282,727.	15	5,818,143.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,900,211.	16	42,843,808.	
Liabilities	17 Accounts payable and accrued expenses	3,093,604.	17	6,825,034.
	18 Grants payable		18	11,939.
	19 Deferred revenue	18,172.	19	866,742.
	20 Tax-exempt bond liabilities		20	4,865,000.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	506,210.
	26 Total liabilities. Add lines 17 through 25	3,111,776.	26	13,074,925.
	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		1,447,036.	27	15,905,879.
28 Temporarily restricted net assets		1,116,517.	28	8,029,861.
29 Permanently restricted net assets		224,882.	29	5,833,143.
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		2,788,435.	33	29,768,883.
34 Total liabilities and net assets/fund balances		5,900,211.	34	42,843,808.

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,010,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,409,508.
3	Revenue less expenses Subtract line 2 from line 1	3	1,601,152.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,788,435.
5	Net unrealized gains (losses) on investments	5	195,458.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,183,838.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,768,883.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

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.

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					17063283.	17063283.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					17063283.	17063283.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						17063283.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4					17063283.	17063283.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					620,108.	620,108.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						17683391.
12 Gross receipts from related activities, etc. (see instructions)					12 35,195,306.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.49	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, 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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Also complete this part for any additional information (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of organization CATHOLIC CHARITIES CORPORATION	Employer identification number 34-1318541
---	---

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 ▶ \$ _____ ☐ Yes ☐ No
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
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			
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?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
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					

Schedule C (Form 990 or 990-EZ) 2013

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		58,164.
j Total Add lines 1c through 1i			58,164.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: IN ACCORDANCE WITH ITS CATHOLIC MISSION TO PROVIDE ASSISTANCE TO THOSE IN NEED AND TO BRING ABOUT A FAIR AND JUST SOCIETY, CATHOLIC CHARITIES CORPORATION (CCC) ENGAGES IN LOBBYING ACTIVITIES FOR THOSE PIECES OF LEGISLATION THAT IT BELIEVES WILL HAVE AN IMPACT ON THE NEEDY, THE INFIRM, AND OTHER DISADVANTAGED GROUPS. IT CONDUCTS ITS

Part IV Supplemental Information (continued)

LEGISLATIVE ACTIVITIES LARGELY THROUGH ITS SOCIAL ACTION OFFICES, WHICH ARE ORGANIZED ALONG COUNTY LINES WITHIN THE DIOCESE OF CLEVELAND. A LARGE PORTION OF CCC'S LOBBYING ACTIVITIES INVOLVE URGING COMMUNITY MEMBERS TO CONTACT LEGISLATORS ABOUT SPECIFIED PROPOSED BILLS. CCC PRIMARILY UTILIZES THE INTERNET FOR THIS ACTIVITY. ITS ON-LINE NEWSLETTER IS ENTITLED "LEGISLATIVE HOT LINE". THE ISSUES INVOLVED IN THE LEGISLATION ARE VARIED, AND CCC'S INTENT IN ATTEMPTING TO INFLUENCE THE LEGISLATIVE PROCESS IS TO PRESENT ROMAN CATHOLIC VIEWS OF ACCEPTABLE AND DESIRABLE PUBLIC POLICY. CCC HAS TAKEN ON SEVERAL PIECES OF LEGISLATION, SOME OF WHICH INVOLVED HUMAN RIGHTS, ABORTION, FUNDING FOR SOCIAL AGENCIES, WELFARE REFORM, AND SEVERAL OTHER SOCIAL CONCERNS. CCC ALSO CONDUCTS DIRECT ACTIVITIES SUCH AS HOSTING MEETINGS WITH VARIOUS LOCAL, STATE, AND FEDERAL LEGISLATORS TO INFORM THESE INDIVIDUALS OF THE ROMAN CATHOLIC VIEWS OF PROPOSED LEGISLATION. CCC ESTIMATES THAT ABOUT 25% OF ITS LOBBYING EFFORTS INVOLVE DIRECT CONTACT, WHILE THE REMAINDER IS GRASSROOTS INITIATIVES. DURING 2013, CCC'S LOBBYING EXPENSE EQUALED \$58,164. HOWEVER, IT WOULD BE DIFFICULT TO SEPARATE THE EXPENSES INTO CATEGORIES OF PART II-B OF SCHEDULE C. AS SUCH, CCC HAS LISTED THE LOBBYING EXPENDITURES IN TOTAL RATHER THAN BY COMPONENT.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

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

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

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

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 ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		178,543.		178,543.
b Buildings				
c Leasehold improvements		2,482,567.	2,117,901.	364,666.
d Equipment		3,663,644.	3,389,353.	274,291.
e Other		1,282,498.	1,126,839.	155,659.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				973,159.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED FUNDS HELD AT THE		
(B) CCF	6,287,507.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,287,507.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	5,818,143.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,818,143.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	506,210.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	506,210.

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 ☒

Schedule D (Form 990) 2013

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

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

1	Total revenue, gains, and other support per audited financial statements		1	54,360,209.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a 195,458.		
b	Donated services and use of facilities	2b 118,325.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d 1,035,766.		
e	Add lines 2a through 2d		2e	1,349,549.
3	Subtract line 2e from line 1		3	53,010,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	53,010,660.

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

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

1	Total expenses and losses per audited financial statements		1	51,527,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a 118,325.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	118,325.
3	Subtract line 2e from line 1		3	51,409,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	51,409,508.

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:

EXPLANATION: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEAR ENDED DECEMBER 31, 2013 MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 625,264.

CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION 410,502.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,035,766.

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** 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

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

 $\overline{\text{OH}}$

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		MONTE CARLO DINNERS		7		
		(event type)	(event type)	(total number)		
1	Gross receipts	95,024.	52,329.	97,222.	244,575.	
2	Less Contributions					
3	Gross income (line 1 minus line 2)	95,024.	52,329.	97,222.	244,575.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	7,105.		1,892.	8,997.
	6	Rent/facility costs	21,905.	1,260.	29,541.	52,706.
	7	Food and beverages		7,911.	6,000.	13,911.
	8	Entertainment			200.	200.
	9	Other direct expenses	4,424.	5,006.	13,413.	22,843.
	10	Direct expense summary Add lines 4 through 9 in column (d)				98,657.
	11	Net income summary Subtract line 10 from line 3, column (d)				145,918.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
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 operates gaming activities _____

a Is the organization licensed to operate 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 operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

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

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CATHOLIC COMMUNITY FOUNDATION

(I) ADDRESS OF FUNDRAISER: 1404 E 9TH ST, CLEVELAND, OH 44114

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REFUGEE RESETTLEMENT	284	559,301.	20,443. FMV		GOODS AND PROFESSIONAL SERVICES
FOOD, CLOTHING, AND OTHER PROVIDED AT OUR HUNGER/ SHELTER CENTERS	109068	362,610.	300,945. FMV		DONATED FOOD
RENT, FURNITURE, AND UTILITY ASSISTANCE TO THE NEEDY	992	194,483.	0.		
EMPLOYMENT ASSISTANCE/ TRAINING	11	10,904.	0.		

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

EXPLANATION: THE CAMPAIGN FOR HUMAN DEVELOPMENT (CHD) ANNUALLY SOLICITS

APPLICATIONS FOR DISTRIBUTION OF AVAILABLE FUNDS. A COMMITTEE

COMPRISED OF SOCIAL ACTION OFFICE EMPLOYEES AND COMMUNITY VOLUNTEERS

REVIEWS THE APPLICATIONS. THE COMMITTEE MAKES A RECOMMENDATION TO THE

BISHOP OF THE DIOCESE OF CLEVELAND. UPON HIS APPROVAL, THE FUNDS ARE

DISTRIBUTED TO THE AWARDED ORGANIZATIONS. THE CHD DIRECTOR FOLLOWS UP

WITH THE GRANTEE ORGANIZATIONS TO REVIEW THE PROGRESS OF THE PROPOSALS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

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Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2013

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

[illegible]

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047

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Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number
34-1318541

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deleted		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CITY OF PARMA, OHIO											
A HEALTHCARE FACILITIES RE34-6002162701746AA7			09/11/08	5,800,000.	CONSTRUCT INTENSIVE TREATME		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		935,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		5,800,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		114,670.						
8 Credit enhancement from proceeds		34,584.						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		5,650,746.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009							

14 Were the bonds issued as part of a current refunding issue?		X									
15 Were the bonds issued as part of an advance refunding issue?		X									
16 Has the final allocation of proceeds been made?	X										
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X										

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
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?		X						
c Are there any research agreements that may result in private business use of bond-financed property?								
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?		X						
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 non-governmental 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 you checked "No rebate due" in 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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)**SCHEDULE K, PART I, BOND ISSUES:****(A) ISSUER NAME:**

CITY OF PARMA, OHIO HEALTHCARE FACILITIES REVENUE BONDS, SERIES 2008

(F) DESCRIPTION OF PURPOSE: CONSTRUCT INTENSIVE TREATMENT CENTER

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Inspection

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

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				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		338,304.	FAIR MARKET VALUE
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 - 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		

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

Schedule M (Form 990) (2013)

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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CATHOLIC CHARITIES CORPORATION

Employer identification number
34-1318541

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIGNITY OF EVERY PERSON AND BUILD A JUST AND COMPASSIONATE SOCIETY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REIGN OF GOD IN THIS TIME AND PLACE BY WORKING WITH OTHERS TO BUILD A
JUST AND COMPASSIONATE SOCIETY THAT RESPECTS THE DIGNITY OF EVERY
PERSON.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: CATHOLIC CHARITIES SERVICES CORPORATION MERGED WITH
CATHOLIC CHARITIES COMMUNITY SERVICES, CATHOLIC CHARITIES HEALTH AND
HUMAN SERVICES, AND THE CATHOLIC CHARITIES CORPORATION ON JANUARY 1,
2013. IT WAS THEN RE-NAMED CATHOLIC CHARITIES CORPORATION. THE
NEWLY-MERGED CORPORATION OPERATES THE PROGRAM SERVICES THAT WERE
PREVIOUSLY OPERATED IN THOSE ENTITIES, INCLUDING CAMPING, ATHLETICS,
HEAD START, MIGRATION SERVICES, SOCIAL ACTION, DISABILITIES SERVICES,
ADULT DAY CARE, AND SHELTER FOR THE HOMELESS.

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

SOCIAL, EMOTIONAL AND INTELLECTUAL DEVELOPMENT. THEY ARE PROVIDED TO
CHILDREN BETWEEN THE AGES OF SIX MONTHS TO AGE FIVE AND THEIR FAMILIES.
KEY COMPONENTS OF THE SERVICES INCLUDE: CHILD DEVELOPMENT AND
SOCIALIZATION ACTIVITIES, DEVELOPMENTAL ASSESSMENT AND COMPREHENSIVE
PARENT EDUCATION. THESE LESSONS AND ACTIVITIES MEET THE OHIO EARLY
LEARNING CONTENT STANDARDS AND HELP PREPARE CHILDREN ACADEMICALLY AND
SOCIAALLY FOR SCHOOL.

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

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

332211
09-04-13

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

CATHOLIC CHARITIES ALSO OPERATES EIGHT HEAD START SITES IN CUYAHOGA COUNTY. HEAD START IS A COMPREHENSIVE CHILD DEVELOPMENT PROGRAM WHICH SERVES CHILDREN AGES 3 TO 5 AND THEIR FAMILIES. SOME OF THE SERVICES OFFERED INCLUDE EDUCATION, MEDICAL AND DENTAL SCREENINGS, MENTAL HEALTH AND NUTRITION ASSESSMENT AND PARENT INVOLVEMENT.

FAMILY CENTERS PROVIDE SERVICES THAT PROMOTE THE WELL-BEING OF CHILDREN AND FAMILIES. SERVICES ARE COMMUNITY BASED AND ARE DESIGNED TO ENHANCE A SENSE OF COMMUNITY, MOBILIZE RESOURCES AND SUPPORT, PROTECT FAMILY INTEGRITY AND STRENGTHEN FAMILY FUNCTIONING. SERVICES OFFERED AT OUR FAMILY CENTERS INCLUDE EARLY CHILDHOOD EDUCATION, AFTERSCHOOL PROGRAMS, GED CLASSES, SUMMER RECREATION PROGRAMS, OLDER ADULT SERVICES, COMPUTER CLASSES AND EMERGENCY ASSISTANCE.

CAMP CHRISTOPHER IN SUMMIT COUNTY OFFERS UNIQUE CAMPING OPPORTUNITIES FOR THE YOUTH AND YOUNG AT HEART. THE CAMP IS COMMITTED TO THE GROWTH AND DEVELOPMENT OF ALL CAMPERS THROUGH QUALITY PROGRAMMING STRUCTURED AROUND NATURE, COMMUNITY AND GROWTH.

CATHOLIC CHARITIES IS COMMITTED TO SERVING OLDER ADULTS WHO NEED SUPPORT AND ASSISTANCE. SERVICES INCLUDE SOCIALIZATION, HOT MEALS, TRANSPORTATION, HEALTH SCREENING AND CASE MANAGEMENT. WE ALSO OFFER AN ADULT DAYCARE CENTER IN SUMMIT COUNTY WHICH PROVIDES THERAPEUTIC ACTIVITIES AND NUTRITIOUS MEALS WITHIN THE CONTEXT OF A CARING ENVIRONMENT.

CATHOLIC CHARITIES ALSO OPERATED THE PARMADALE INSTITUTE AN INTENSIVE

332212
09-04-13

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

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

RESIDENTIAL TREATMENT CENTER FOR SEVERELY EMOTIONALLY DISORDERED CHILDREN, WHO MAY ALSO HAVE HAD BEHAVIORAL CHALLENGES OR ADDICTION TO ALCOHOL/OTHER DRUGS. CHILDREN WERE TYPICALLY REFERRED BY COUNTY CHILD WELFARE OR JUVENILE COURT AND WERE OFTEN THE MOST "DEEP END". CAPACITY WAS EIGHTY BEDS. SERVICES PROVIDED INCLUDED BEST PRACTICE THERAPEUTIC INTERVENTIONS, A MEDICAL CLINIC WITH PHYSICAL AND PSYCHIATRIC SERVICES, AND AN ONSITE SCHOOL, AMONG OTHERS.

CCC PROVIDES FOSTER CARE AND ADOPTION SERVICES. WE ACCEPT REFERRALS FROM COUNTY CHILD WELFARE AGENCIES FOR CHILDREN AGES 0-21 IN NEED OF A TEMPORARY HOME DUE TO THEIR BEING PHYSICALLY OR SEXUALLY ABUSED OR NEGLECTED. CCC FOSTER CARE CASE WORKERS ASSIST WITH SAFE REUNIFICATION EFFORTS WHEN POSSIBLE. WE RECRUIT AND TRAIN NEW FOSTER PARENTS, APPROVE HOMES FOR ADOPTION AND ARRANGE FOR ADOPTION PLACEMENTS.

THE SYSTEM OF CARE PROGRAM UTILIZES A BEST PRACTICE WRAPAROUND MODEL TO WORK WITH CHILDREN IN THE COMMUNITY WHO HAVE EMOTIONAL DISORDERS, AND WITH THEIR FAMILIES AND SCHOOLS TO PREVENT OUT OF HOME PLACEMENTS. SERVICES ARE PROVIDED IN BOTH HOME AND COMMUNITY SETTINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COUNSELING) IS A PROGRAM WHICH PROVIDES DIAGNOSTIC ASSESSMENT, COUNSELING, COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST) OFFERED IN THE CLIENT'S HOME OR COMMUNITY SETTINGS AS CONVENIENT AND NEEDED. MOST REFERRALS ARE FROM CHILD WELFARE AND JUVENILE COURT. THIS PROGRAM ALSO OFFERS MENTAL HEALTH SERVICES IN THREE AREA SCHOOLS TO ASSIST STUDENTS WHOSE EMOTIONAL ISSUES ARE AFFECTING THEIR EDUCATION. IN ADDITION, ANGER MANAGEMENT GROUPS ARE OFFERED FOR THE JUVENILE COURT.

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

OUTPATIENT MENTAL HEALTH SERVICES (OPMH) PROVIDES MENTAL HEALTH ASSESSMENT AND OUTPATIENT COUNSELING TO MALE AND FEMALE ADULTS AND YOUTH BY LICENSED THERAPISTS. INDIVIDUALS, COUPLES OR FAMILIES ARE SERVED, INCLUDING PATIENTS DISCHARGED FROM THE STATE PSYCHIATRIC HOSPITAL. AN ONSITE PSYCHIATRIST PROVIDES PSYCHIATRIC EVALUATION AND A NURSE PROVIDES MEDICATION MONITORING. OLDER ADULTS AND REFUGEES, WITH THE USE OF INTERPRETATION SERVICES, ARE ALSO PROVIDED MENTAL HEALTH COUNSELING ACCORDING TO ASSESSMENT DIAGNOSES. OPMH HAS A CONTRACT TO PROVIDE SUICIDE RISK ASSESSMENTS AND MENTAL HEALTH ASSESSMENTS IN THE JUVENILE DETENTION CENTER BY LICENSED THERAPISTS. THE PROGRAM SUPPLIES A PSYCHIATRIST FOR EVALUATION, CONSULTATION, AND MEDICATION MANAGEMENT. YOUTH CHEMICAL DEPENDENCY SERVICES FOR YOUTH AND FAMILIES ARE PROVIDED TO CLIENTS REFERRED BY COUNTY CHILD WELFARE, JUVENILE COURT, COMMUNITY AGENCIES, AND SELF REFERRALS. SERVICES INCLUDE ASSESSMENT, CASE MANAGEMENT, INDIVIDUAL AND GROUP COUNSELING, URINALYSIS AND REFERRAL TO MORE INTENSIVE TREATMENT AS NECESSARY. THESE SERVICES ARE PROVIDED FOR YOUTH WHO ARE ABUSING OR DEPENDENT ON ALCOHOL/OTHER DRUGS. BOTH NON-INTENSIVE OUTPATIENT AND INTENSIVE OUTPATIENT (9-12 HOURS PER WEEK) ARE PROVIDED. A DRIVER INTERVENTION PROGRAM FOR YOUTH REFERRED BY JUVENILE TRAFFIC COURT WAS RECENTLY ADDED.

HISPANIC ALCOHOL/OTHER DRUG TREATMENT AND PREVENTION SERVICES IS A SPECIALIZED SERVICE WITH FOURTEEN BILINGUAL AND BICULTURAL LICENSED OR CREDENTIALLED STAFF WHO PROVIDE ALCOHOL/OTHER DRUG ASSESSMENT, CASE MANAGEMENT, INDIVIDUAL AND GROUP COUNSELING, URINALYSIS AND OTHER SUPPORTIVE SERVICES FOR THE HISPANIC/LATINO COMMUNITY AS WELL AS FOR THE GREATER COMMUNITY. SPECIFIC SERVICES ARE DESIGNED FOR ADULT MEN,

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09-04-13

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

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

ADULT WOMEN AND YOUTH. ADDITIONALLY, A GROUP SERVICE IS PROVIDED FOR COURT REFERRED PERPETRATORS OF DOMESTIC VIOLENCE. ANOTHER OFFERS ANGER MANAGEMENT. FIVE STAFF PROVIDES COMPREHENSIVE ALCOHOL/OTHER DRUG PREVENTION SERVICES FOR CHILDREN AND THE COMMUNITY, INCLUDING PROBLEM ORIENTATION AND REFERRAL, EDUCATION, ALTERNATIVES, INFORMATION DISSEMINATION AND COMMUNITY BASED PROCESS.

RESIDENTIAL ALCOHOL/OTHER DRUG TREATMENT SERVICES ARE PROVIDED FOR ADULT MEN AND WOMEN WHO ARE ADDICTED AND ARE APPROPRIATE FOR THIS LEVEL OF CARE. THE SERVICE IS PROVIDED BY CCC THROUGH THREE RESIDENTIAL TREATMENT CENTERS: MATT TALBOT INN (27 BEDS); MATT TALBOT FOR RECOVERING MEN (16 BEDS); MATT TALBOT FOR WOMEN (16 BEDS). SERVICES INCLUDE GROUP AND INDIVIDUAL COUNSELING, CASE MANAGEMENT, URINALYSIS AND SUPPORTIVE SERVICES FOR THIRTY HOURS PER WEEK. REFERRED MEN AND WOMEN MAY HAVE A CRIMINAL JUSTICE HISTORY, DUAL DIAGNOSES WITH MENTAL HEALTH OR COGNITIVE CHALLENGES, MAY BE HOMELESS OR HAVE COME FROM DANGEROUS RELATIONSHIPS, AND USUALLY HAVE A HISTORY OF TRAUMA. THE PROGRAM UTILIZES A VARIETY OF BEST PRACTICE THERAPEUTIC INTERVENTIONS WITH CLIENTS. THE LENGTH OF STAY VARIES FROM THIRTY TO SIXTY DAYS. UPON DISCHARGE, CLIENTS ARE REFERRED TO OUTPATIENT SERVICES TO CONTINUE IN THE TREATMENT CONTINUUM AND REINTEGRATE SUCCESSFULLY.

INTENSIVE OUTPATIENT ALCOHOL/OTHER DRUG PROGRAM SERVES ADULT MALE AND FEMALE CLIENTS STEPPING DOWN FROM RESIDENTIAL TREATMENT, AND PROVIDES SERVICES FOR REFERRALS FROM COURTS AND COMMUNITY BASED PROGRAMS FOR CLIENTS DEPENDENT ON ALCOHOL AND/OR OTHER DRUGS. SERVICES ARE PROVIDED THREE HOURS PER DAY FOR THREE TO FOUR DAYS PER WEEK AT TWO SITES:

MIDTOWN AND MATT TALBOT FOR WOMEN. SERVICES INCLUDE ASSESSMENT, GROUP

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09-04-13

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

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

AND INDIVIDUAL COUNSELING, CARE COORDINATION AND URINALYSIS. BEST
PRACTICE INTERVENTIONS ARE UTILIZED.

NON-INTENSIVE OUTPATIENT ALCOHOL/OTHER DRUG TREATMENT IS PROVIDED FOR
MALE AND FEMALE ADULTS AND YOUTH (SEE YOUTH CHEMICAL DEPENDENCY
SERVICES). ADULT MEN AND WOMEN REFERRED BY COURTS AND COMMUNITY WHO
HAVE DIAGNOSIS OF SUBSTANCE ABUSE RECEIVE ASSESSMENT AND OUTPATIENT
GROUP COUNSELING TWO HOURS PER DAY, TWO DAYS PER WEEK. INDIVIDUAL
COUNSELING AND URINALYSIS IS PROVIDED AT THE MIDTOWN OFFICE.

EMPLOYMENT AND BEHAVIORAL HEALTH SERVICES ARE PROVIDED THROUGH FOUR
DISTINCT PROGRAMS.

PRE-EMPLOYMENT SCREENING PROGRAM PROVIDES A BRIEF ONE HOUR ASSESSMENT
FOR EVERY ADULT APPLYING FOR PUBLIC ASSISTANCE IN CUYAHOGA COUNTY TO
DETERMINE BARRIERS TO FULFILLING THE WORK REQUIREMENTS (E.G. SUBSTANCE
ABUSE, MENTAL HEALTH, DOMESTIC VIOLENCE, ETC.). SERVICES INCLUDE
IDENTIFYING BARRIERS, MAKING REFERRALS, SCHEDULING AND CONDUCTING A
CLINICAL ASSESSMENT, AND DEVELOPING RECOMMENDATIONS FOR BECOMING
JOB-READY.

WELFARE TO WORK INTENSIVE CASE MANAGEMENT PROGRAM PROVIDES SPECIAL CARE
COORDINATION AND ASSISTANCE TO INDIVIDUALS WHO ARE RECIPIENTS OF PUBLIC
ASSISTANCE AND ARE NOT ABLE TO FULFILL THEIR THIRTY HOURS A WEEK WORK
REQUIREMENTS DUE TO MAJOR BARRIERS TO EMPLOYMENT, (INCLUDING
DISABILITY). PARTICIPANTS ARE ASSISTED WITH APPLYING FOR SOCIAL
SECURITY DISABILITY (AS ELIGIBLE) AND/OR ARE HELPED TO OVERCOME MAJOR
BARRIERS (E.G. PSYCHIATRIC CARE, MENTAL HEALTH AND SUBSTANCE ABUSE

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TREATMENT, VOCATIONAL REHABILITATION, MEDICAL CARE, ETC.)

SUPPORTED EMPLOYMENT SERVICES ASSIST NEWLY DIAGNOSED SCHIZOPHRENIC PATIENTS/AND OR CLIENTS TRANSITIONING FROM ALCOHOL/OTHER DRUG TREATMENT OR RECEIVING OUTPATIENT MENTAL HEALTH COUNSELING.

EMPLOYMENT READINESS AND TRAINING HELPS PUBLIC ASSISTANCE CUSTOMERS WHO ARE SANCTIONED FOR NOT MEETING THEIR WORK REQUIREMENTS. THIS PROGRAM ASSISTS WITH EMPLOYMENT SERVICES WHICH MEET THE REQUIREMENTS TO BE REINSTATED ON PUBLIC ASSISTANCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EMERGENCY ASSISTANCE SERVICES:

IN COLLABORATION AND COORDINATION WITH OTHERS, FOCUSES ON ACQUIRING, MANAGING AND PROVIDING RESOURCES AND SERVICES DIRECTLY TO INDIVIDUALS IN NEED AS WELL AS THOSE WHO WORK WITH PEOPLE IN NEED. CCC ACQUIRES, PROVIDES AND MANAGES RESOURCES AND SERVICES FOR FOOD THROUGH HOT MEAL PROGRAMS FOR HOMELESS PERSONS AND FOOD PANTRY SERVICES TO THOSE WORKING BUT UNABLE TO AFFORD FOOD. BASIC NEEDS ASSISTANCE IS PROVIDED TO INDIVIDUALS NEEDING IMMEDIATE AND SHORT TERM ASSISTANCE SUCH AS CLOTHING, RENT ASSISTANCE, BUS TICKETS, MEDICATION, HOUSING OR UTILITY PAYMENT ASSISTANCE. ASSISTANCE IS SUBJECT TO AVAILABILITY OF FUNDS AND ELIGIBILITY REQUIREMENTS.

EMPLOYMENT AND TRAINING SERVICES:

THE EMPLOYMENT AND TRAINING PROGRAM ASSISTS CLIENTS WITH MULTIPLE BARRIERS TO EMPLOYMENT. NEWLY PLACED EMPLOYEES ARE SUPPORTED WITH A VARIETY OF FOLLOW-UP SERVICES DURING THEIR TRANSITION TO WORK. THESE

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SERVICES HELP DEVELOP SKILLS TO UNDERSTAND AND CONSISTENTLY MEET EXPECTATIONS OF THE WORK WORLD. SERVICES INCLUDE VOCATIONAL SKILLS ASSESSMENT, JOB READINESS TRAINING, JOB PLACEMENT/JOB RETENTION, CAREER ADVANCEMENT SUPPORT, WORKFORCE DEVELOPMENT TRAINING AND CASE MANAGEMENT.

EXPENSES \$ 3,323,888. INCLUDING GRANTS OF \$ 845,833. REVENUE \$ 784,199.

DISABILITIES SERVICES AND MINISTRY:

CATHOLIC CHARITIES PROVIDES SERVICES TO PERSONS WITH DISABILITIES IN OUR COMMUNITY. WE PROVIDE EDUCATIONAL, SPIRITUAL, PASTORAL, SACRAMENTAL, CATECHETICAL, SOCIAL, AND RECREATIONAL PROGRAMS. THOSE INCLUDE SUMMER CAMP, ADULT EDUCATION, SOCIALS AND DANCES, RESPITE SERVICES FOR CAREGIVERS, INTERPRETATIVE SERVICES AUDIO DESCRIPTION/ENHANCEMENT, RELIGIOUS EDUCATION, SACRAMENTAL PREPARATION, WEEKEND RETREATS, AND PASTORAL CARE AT CENTERS THROUGHOUT THE DIOCESE. SPECIAL LITURGIES ARE CELEBRATED THROUGHOUT THE YEAR SUCH AS THE ANNUAL "JOURNEY TO BETHLEHEM" AND SPECIAL EVENTS SUCH AS THE ANNUAL "WALK OF HOPE."

EXPENSES \$ 656,847. INCLUDING GRANTS OF \$ 0. REVENUE \$ 302,390.

OLDER ADULTS:

IN SUMMIT COUNTY, CATHOLIC CHARITIES OPERATES AN ADULT DAY CARE CENTER THAT PRIMARILY SERVES OLDER ADULTS. THIS PROVIDES AN OPPORTUNITY FOR THE OLDER ADULTS TO REMAIN ACTIVE AND TO HAVE REGULAR SOCIALIZATION OPPORTUNITIES AND NUTRITIOUS MEALS.

A CENTER FOR HISPANIC SENIOR CITIZENS OPERATES IN CUYAHOGA COUNTY. THE CENTER PROVIDES CULTURALLY-APPROPRIATE MEALS AND SOCIALIATION IN A SAFE

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ENVIRONMENT.

CATHOLIC CHARITIES ALSO OPERATES A VARIETY OF SENIOR MEAL PROGRAMS IN
COMMUNITY-BASED LOCATIONS.

EXPENSES \$ 1,618,167. INCLUDING GRANTS OF \$ 1,838. REVENUE \$ 1,628,198.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MARK MCCARTHY AND KAREN MCCARTHY ARE MARRIED.

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

EXPLANATION: CATHOLIC CHARITIES SERVICES CORPORATION WAS RENAMED CATHOLIC
CHARITIES CORPORATION. THE ORGANIZATIONAL PURPOSE WAS EXPANDED TO
INCORPORATE A WIDER VARIETY OF THE SERVICES PROVIDED IN ALL EIGHT COUNTIES
OF THE DIOCESE OF CLEVELAND.

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

EXPLANATION: THE ORGANIZATION HAS FOUR MEMBERS DESIGNATED AS THE ROMAN
CATHOLIC BISHOP OF THE DIOCESE OF CLEVELAND, THE SECRETARY OF CCC, THE
CHAIR OF THE BOARD AND AN AUXILIARY BISHOP.

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

EXPLANATION: ALL DIRECTORS ON THE GOVERNING BODY MUST BE APPROVED BY THE
MEMBERS.

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

EXPLANATION: CERTAIN DECISIONS OF THE ORGANIZATION'S BOARD ARE SUBJECT TO
APPROVAL BY THE ORGANIZATION'S MEMBERS, SUCH AS THE TRANSFER OF REAL
PROPERTY, APPOINTMENT OF BOARD MEMBERS, ENCUMBRANCE OF DEBT AND THE

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AMENDMENT OF ORGANIZATIONAL DOCUMENTS.FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE CHIEF FINANCIAL OFFICER REVIEWS THE INFORMATION. IT IS
THEN PROVIDED TO THE BOARD'S FINANCE COMMITTEE FOR REVIEW. THEN, IT IS
MADE AVAILABLE TO THE FULL BOARD AND TO THE PRESIDENT/CEO FOR REVIEW AND
SIGNATURE.

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

EXPLANATION: ALL EMPLOYEES, INCLUDING OFFICERS, ARE REQUIRED TO DISCLOSE
SITUATIONS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. THE DISCLOSURE
MUST BE SIGNED BY THE EMPLOYEE AND THEIR SUPERVISOR. THIS IS A REQUIRED
PART OF THE ANNUAL EMPLOYEE EVALUATION PROCESS.

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

EXPLANATION: THE PRESIDENT/CEO'S SALARY IS SET BY THE BISHOP OF THE DIOCESE
OF CLEVELAND WITHIN PRESCRIBED GUIDELINES. ALL POSITIONS WITHIN THE
ORGANIZATION, INCLUDING THE PRESIDENT/CEO'S, ARE PLACED IN GRADES BASED
UPON DUTIES AND RESPONSIBILITIES. THE COMPENSATION FOR THOSE GRADES ARE
EVALUATED AND ESTABLISHED BASED UPON COMPARATIVE SALARY STUDIES PROVIDED TO
THE HUMAN RESOURCES DEPARTMENT BY-EXTERNAL SOURCES. - THOSE GRADE RANGES ARE
REVIEWED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT. INDIVIDUAL SALARIES
ARE DETERMINED WITHIN THOSE PAY/GRADE RANGES. EMPLOYEES ARE EVALUATED
MID-YEAR AND SALARY ADJUSTMENTS ARE MADE AT THAT TIME.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

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UPON REQUEST.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 625,264.

CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION 410,502.

CATHOLIC CHARITIES HEALTH & HUMAN SERVICES TRANSFER OF NET

ASSETS 14,238,827.

CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION TRANSFER

OF NET ASSETS 3,675,441.

THE CATHOLIC CHARITIES CORPORATION OF CLEVELAND TRANSFER OF

NET ASSETS 6,770,770.

DIOCESE OF CLEVELAND FACILITIES SERVICES CORPORATION

TRANSFER OF NET ASSETS -536,966.

TOTAL TO FORM 990, PART XI, LINE 9 25,183,838.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT

PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
			Yes	No
(1) ROSE-MARY CENTER	R	109,938.CASH VALUE		X
(2) ST AUGUSTINE MANOR	R	1,337,750.CASH VALUE		X
(3)				
(4)				
(5)				
(6)			X	

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL MASON DIRECTOR	2.00	X						0.	0.	0.
(28) JAMES MASON DIRECTOR	2.00	X						0.	0.	0.
(29) RICHARD MASTNARDO DIRECTOR	2.00	X						0.	0.	0.
(30) PERRY MASTROCOLA DIRECTOR	2.00	X						0.	0.	0.
(31) JAMES MAZZELLA DIRECTOR	2.00	X						0.	0.	0.
(32) NOREEN MCCAFFERTY DIRECTOR	2.00	X						0.	0.	0.
(33) KAREN MCCARTHY DIRECTOR	2.00	X						0.	0.	0.
(34) MARK MCCARTHY DIRECTOR	2.00	X						0.	0.	0.
(35) MARY SUSAN MCGORRAY DIRECTOR	2.00	X						0.	0.	0.
(36) M. ELIZABETH MONIHAN DIRECTOR	2.00	X						0.	0.	0.
(37) SHERRI MOYER DIRECTOR	2.00	X						0.	0.	0.
(38) RAY MURPHY DIRECTOR	2.00	X						0.	0.	0.
(39) KATHY NELSON DIRECTOR	2.00	X						0.	0.	0.
(40) JAMES NIEHAUS DIRECTOR	2.00	X						0.	0.	0.
(41) TOM NOVAK TREASURER	2.00	X		X				0.	0.	0.
(42) TIMOTHY PANZICA DIRECTOR	2.00	X						0.	0.	0.
(43) KATHLEEN PETRULIS DIRECTOR	2.00	X						0.	0.	0.
(44) NICHOLAS PISZKO DIRECTOR	2.00	X						0.	0.	0.
(45) ROBERT POKLAR DIRECTOR	2.00	X						0.	0.	0.
(46) AGUSTIN PONCE DE LEON DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BOB RAAF DIRECTOR	2.00	X						0.	0.	0.
(48) MARIAN RUBIN DIRECTOR	2.00	X						0.	0.	0.
(49) ANDREW SCHULER CHAIR	2.00	X		X				0.	0.	0.
(50) ANTHONY SEARCY DIRECTOR	2.00	X						0.	0.	0.
(51) PATRICIA SEMANCIK DIRECTOR	2.00	X						0.	0.	0.
(52) CLINTON SIMMONS DIRECTOR	2.00	X						0.	0.	0.
(53) DAVID SLEZAK DIRECTOR	2.00	X						0.	0.	0.
(54) JOSEPH SMUCNY DIRECTOR	2.00	X						0.	0.	0.
(55) RICHARD SPRUNGLE DIRECTOR	2.00	X						0.	0.	0.
(56) EDWARD STEVENS DIRECTOR	2.00	X						0.	0.	0.
(57) REBECCA WEAVER DIRECTOR	2.00	X						0.	0.	0.
(58) CLARENCE WILLS DIRECTOR	2.00	X						0.	0.	0.
(59) WILLIAM YOUNG, JR. DIRECTOR	2.00	X						0.	0.	0.
(60) PATRICIA HOLIAN CHIEF OPERATING OFFICER	40.00			X				150,896.	0.	13,780.
(61) WAYNE PEEL CHIEF FINANCIAL OFFICER	32.00 8.00			X				147,582.	0.	9,397.
(62) MAUREEN DEE EXECUTIVE DIRECTOR	40.00				X			143,313.	0.	19,633.
(63) TERRY FLANAGAN SENIOR DIRECTOR	40.00				X			127,407.	0.	13,290.
(64) LISA GASBARRE-BLACK LEGAL COUNSEL	40.00				X			123,514.	0.	15,671.
(65) JOHN KLEE SENIOR DIRECTOR	40.00				X			139,339.	0.	8,298.
(66) BERNADETTE WASHINGTON EXECUTIVE DIRECTOR	40.00				X			131,841.	0.	12,374.
Total to Part VII, Section A, line 1c								963,892.		92,443.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

Enter filer's identifying number, see instructions	
Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions CATHOLIC CHARITIES CORPORATION
	Employer identification number (EIN) or 34-1318541
	Number, street, and room or suite no. If a P.O. box, see instructions 7911 DETROIT AVENUE
	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEVELAND, OH 44102

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

WAYNE PEEL

- The books are in the care of **7911 DETROIT AVE. - CLEVELAND, OH 44102**

Telephone No **216-334-2900**

Fax No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**

5 For calendar year **2013**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO ENSURE ALL QUESTIONS ON THE FORM 990 ARE COMPLETE AND ACCURATE AND ALL REQUIRED SCHEDULES ARE INCLUDED.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	- 0.

Signature and Verification must be completed for Part II only.

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

Signature

Title **PRESIDENT & CEO**

Date

Form 8868 (Rev. 1-2014)