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2015

Open to Public Inspection

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

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

- Address change
- Name change
- Initial return
- Final 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) 7911 DETROIT AVENUE

Room/suite

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 \$ 52,300,617

F Name and address of principal officer

PATRICK GAREAU
7911 DETROIT AVENUE
CLEVELAND, OH 44102H(a) Is this a group return for
subordinates? Yes NoH(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 527J Website: ► WWW.CLEVELANDCATHOLICCHARITIES.ORGK 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 DIGNITY OF EVERY PERSON AND BUILD A JUST AND COMPASSIONATE SOCIETY

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)	4	46
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	45
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	1,085
6 Total number of volunteers (estimate if necessary)	7a	9,857
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		0

8 Contributions and grants (Part VIII, line 1h)	15,802,712	16,248,112
9 Program service revenue (Part VIII, line 2g)	29,752,547	31,816,301
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	736,159	375,337
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200,014	295,531
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,491,432	48,735,281

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,718,264	1,841,711
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)	31,339,681	30,810,602
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,945,000	1,985,000
b Total fundraising expenses (Part IX, column (D), line 25) ► 2,201,674		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,767,473	12,612,879
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	47,770,418	47,250,192
19 Revenue less expenses Subtract line 18 from line 12	-1,278,986	1,485,089

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	40,906,036	42,378,310
21 Total liabilities (Part X, line 26)	13,112,096	13,252,776
22 Net assets or fund balances Subtract line 21 from line 20	27,793,940	29,125,534

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

2016-11-14

Date

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	Check <input type="checkbox"/> if self-employed	PTIN P00052725
Firm's name ► RSM US LLP				Firm's EIN ► 42-0714325
Firm's address ► 1001 LAKESIDE AVENUE EAST CLEVELAND, OH 441141152				Phone no (216) 523-1900

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

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 \$ 14,271,027 including grants of \$ 22,917) (Revenue \$ 12,111,663)

CHILDREN & FAMILY SERVICES WHETHER THE NEED IS A LOVING HOME FOR FOSTER CARE OR HELP WITH EMOTIONAL DISORDERS, CATHOLIC CHARITIES PROVIDES AN INTEGRATED SYSTEM OF SERVICES TO CHILDREN AND FAMILIES, INCLUDING EARLY LEARNING DAY CARE CENTERS AND HEAD START PROGRAMS WITH EARLY CHILDHOOD EDUCATED STAFF, PARENTING CLASSES, AFTER SCHOOL PROGRAMS, AND SUMMER CAMP CATHOLIC CHARITIES TRAINS NEW FOSTER PARENTS AND PROVIDES GED CLASSES AND COMMUNITY-BASED SOCIALIZATION

4b (Code) (Expenses \$ 11,638,753 including grants of \$ 32,333) (Revenue \$ 11,768,080)

BEHAVIORAL HEALTH SERVICES CATHOLIC CHARITIES PROVIDES A COMPREHENSIVE SYSTEM OF SERVICES DESIGNED SPECIFICALLY FOR THE MENTAL HEALTH AND CHEMICAL DEPENDENCY NEEDS OF CHILDREN, YOUTH, AND ADULTS. MANY SERVICES ARE OFFERED BY BILINGUAL, BI-CULTURAL STAFF TO SPECIFICALLY SERVE THE HISPANIC COMMUNITY. PROGRAMS ARE OFFERED AT MULTIPLE LOCATIONS, INCLUDING RESIDENTIAL SETTINGS, BY LICENSED THERAPISTS AND PSYCHIATRISTS

4c (Code) (Expenses \$ 6,532,521 including grants of \$ 704,275) (Revenue \$ 4,538,509)

PARISH AND PASTORAL SERVICES CATHOLIC CHARITIES WORKS IN PARTNERSHIP WITH PARISHES, COMMUNITY ORGANIZATIONS, AND OTHER DIOCESAN OFFICES TO PROVIDE EDUCATION, FORMATION AND TRAINING ACTIVITIES, AND DIRECT SERVICES TO INDIVIDUALS AND FAMILIES, INCLUDING YOUTH AND YOUNG ADULTS AND REFUGEES. HUMAN LIFE AND DIGNITY SERVICES ARE ALSO PROVIDED UNDER THIS AREA. THE SOCIAL ACTION OFFICE PROVIDES SOCIAL EDUCATION AND ADVOCACY AND ENSURES THAT ORGANIZATIONAL ACTIONS TAKEN ARE CONSISTENT WITH THE PRIORITIES OF THE BISHOP OF CLEVELAND, THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, CATHOLIC CONFERENCE OF OHIO AND CATHOLIC CHARITIES USA

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 5,791,862 including grants of \$ 1,082,186) (Revenue \$ 3,398,049)

4e Total program service expenses ► 38,234,163

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.**
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	23	Yes	
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	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No
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 "Yes," complete Schedule L, Part II	26		No
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	27		No
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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	33		No
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	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
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	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	883
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,085
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds.	9a	
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
1a 46

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

b Enter the number of voting members included in line 1a, above, who are independent
1b 45

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? **2** No

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? **3** No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No

6 Did the organization have members or stockholders? **6** Yes

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? **7a** Yes

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** Yes

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
a The governing body? **8a** Yes
b Each committee with authority to act on behalf of the governing body? **8b** Yes

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 **9** No

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

10a Did the organization have local chapters, branches, or affiliates? **10a** No

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** Yes

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** Yes

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** Yes

14 Did the organization have a written whistleblower policy? **14** Yes

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 **15a** Yes
b Other officers or key employees of the organization **15b** Yes

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? **16a** No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 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, address, and telephone number of the person who possesses the organization's books and records
 ►WAYNE PEEL 7911 DETROIT AVENUE CLEVELAND, OH 44102 (216) 334-2900

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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.

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

1b	Sub-Total	►			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	1,216,469	0	151,444

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 ► 8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

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	FUNDRAISING	1,985,000
1404 E NINTH ST		
CLEVELAND, OH 44114		
DIOCESE OF CLEVELAND FACILITIES SERVICES	PROPERTY MANAGEMENT	353,988
1404 E NINTH ST		
CLEVELAND, OH 44114		
REF PAY TRUST	ATHLETIC OFFICIALS	299,455
200 E SOUTH TEMPLE		
SALT LAKE CITY, UT 84111		
TOM PAIGE CATERING	FOOD PREP AND DELIVERY	255,424
2275 E 55TH ST		
CLEVELAND, OH 44103		
REDWOOD BIOTECH	LAB SCREENING	143,550
PO BOX 5680		
SANTA ROSA, CA 95402		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 2,089,613				
	b Membership dues 1b _____				
	c Fundraising events 1c 88,456				
	d Related organizations 1d 179,852				
	e Government grants (contributions) 1e _____				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 13,890,191				
	g Noncash contributions included in lines 1a-1f \$ 484,476				
	h Total. Add lines 1a-1f ► 16,248,112				
Program Service Revenue		Business Code			
	2a GOVERNMENT PROGRAM REV 624100 22,340,402 22,340,402				
	b CUYAHOGA COUNTY DEPT HUMAN SVCS 624100 4,964,924 4,964,924				
	c ATHLETIC ENTRY FEES 624100 1,804,808 1,804,808				
	d PROGRAM FEES 624100 1,625,159 1,625,159				
	e RESIDENT CAMP FEES 624100 1,081,008 1,081,008				
	f All other program service revenue				
	g Total. Add lines 2a-2f ► 31,816,301				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 689,615 689,615				
	4 Income from investment of tax-exempt bond proceeds . . . ►				
	5 Royalties ►				
	(i) Real 33,575				
	b Less rental expenses 0				
	c Rental income or (loss) 33,575				
	d Net rental income or (loss) ► 33,575 33,575				
	(i) Securities 3,184,255				
	b Less cost or other basis and sales expenses 3,498,533				
	c Gain or (loss) -314,278				
	d Net gain or (loss) ► -314,278 -314,278				
	8a Gross income from fundraising events (not including \$ 88,456 of contributions reported on line 1c) See Part IV, line 18				
	a 126,919				
	b Less direct expenses b 66,803				
	c Net income or (loss) from fundraising events . . . ► 60,116 60,116				
	9a Gross income from gaming activities See Part IV, line 19				
	a _____				
	b Less direct expenses b _____				
	c Net income or (loss) from gaming activities . . . ►				
	10a Gross sales of inventory, less returns and allowances				
	a _____				
	b Less cost of goods sold b _____				
	c Net income or (loss) from sales of inventory . . . ►				
	Miscellaneous Revenue	Business Code			
	11a INSURANCE RECOVERY 900099 201,840 201,840				
	b _____				
	c _____				
	d All other revenue				
	e Total. Add lines 11a-11d ► 201,840				
	12 Total revenue. See Instructions ► 48,735,281 31,816,301 0 670,868				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,841,711	1,841,711		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	581,488		581,488	
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	23,466,509	20,233,807	3,089,190	143,512
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,058,121	878,165	176,689	3,267
9 Other employee benefits	3,713,642	3,082,058	620,120	11,464
10 Payroll taxes	1,990,842	1,699,191	279,734	11,917
11 Fees for services (non-employees)				
a Management	353,988		353,988	
b Legal	19,946		19,946	
c Accounting	143,602		143,602	
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,985,000		1,985,000	
f Investment management fees	54,718		54,718	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,510,777	2,241,333	269,006	438
12 Advertising and promotion				
13 Office expenses	476,567	337,368	126,021	13,178
14 Information technology				
15 Royalties				
16 Occupancy	4,393,171	3,959,562	423,359	10,250
17 Travel	1,145,694	1,080,077	63,723	1,894
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	255,367	217,826	35,257	2,284
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	290,197	257,641	25,436	7,120
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	1,771,094	1,688,927	79,999	2,168
b EQUIPMENT AND SOFTWARE	724,855	399,731	319,137	5,987
c SPECIAL ASSISTANCE	116,051	113,611	2,440	
d ORG AND MEMBERSHIP FEES	75,397	31,538	42,777	1,082
e All other expenses	281,455	171,617	107,725	2,113
25 Total functional expenses. Add lines 1 through 24e	47,250,192	38,234,163	6,814,355	2,201,674
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	5,794,559	1 7,646,142
	2 Savings and temporary cash investments	5,887,000	2
	3 Pledges and grants receivable, net	5,887,000	3
	4 Accounts receivable, net	5,887,000	4 6,996,088
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5,887,000	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 instructions) Complete Part II of Schedule L	5,887,000	6
	7 Notes and loans receivable, net	5,337,090	7 5,100,979
	8 Inventories for sale or use	387,891	8
	9 Prepaid expenses and deferred charges	387,891	9 376,573
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,393,868	10a
	b Less accumulated depreciation	10b 6,452,807	10b 777,964 10c 941,061
	11 Investments—publicly traded securities	7,141,636	11 7,014,105
	12 Investments—other securities See Part IV, line 11	9,737,292	12 8,907,100
	13 Investments—program-related See Part IV, line 11	13	13
	14 Intangible assets	14	14
	15 Other assets See Part IV, line 11	5,842,604	15 5,396,262
	16 Total assets. Add lines 1 through 15 (must equal line 34)	40,906,036	16 42,378,310
Liabilities	17 Accounts payable and accrued expenses	6,937,201	17 7,397,286
	18 Grants payable	14,573	18 15,182
	19 Deferred revenue	823,232	19 739,329
	20 Tax-exempt bond liabilities	4,645,000	20 4,405,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	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	22
	23 Secured mortgages and notes payable to unrelated third parties	23	23
	24 Unsecured notes and loans payable to unrelated third parties	24	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	25	692,090 695,979
	26 Total liabilities. Add lines 17 through 25	26	13,112,096 13,252,776
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	14,471,559	27 18,160,685
	28 Temporarily restricted net assets	7,464,777	28 5,553,587
	29 Permanently restricted net assets	5,857,604	29 5,411,262
	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	30
	31 Paid-in or capital surplus, or land, building or equipment fund	31	31
	32 Retained earnings, endowment, accumulated income, or other funds	32	32
	33 Total net assets or fund balances	27,793,940	33 29,125,534
	34 Total liabilities and net assets/fund balances	40,906,036	34 42,378,310

Part XI Reconciliation of Net AssetsCheck 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	48,735,281
2 Total expenses (must equal Part IX, column (A), line 25)	2	47,250,192
3 Revenue less expenses Subtract line 2 from line 1	3	1,485,089
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,793,940
5 Net unrealized gains (losses) on investments	5	-83,919
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	759,235
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-828,811
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,125,534

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 34-1318541

Name: CATHOLIC CHARITIES CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	5,791,862	including grants of \$	1,082,186) (Revenue \$	3,398,049)
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EMERGENCY SERVICES WHETHER THEY ARE THE WORKING POOR OR UNEMPLOYED AND HOMELESS, THE NUMBER OF PEOPLE WITH EMERGENCY AND TRANSITIONAL NEEDS CONTINUE TO GROW GROUNDED IN CATHOLIC SOCIAL TEACHING, CATHOLIC CHARITIES ACQUIRES, PROVIDES AND MANAGES RESOURCES FOR FOOD ASSISTANCE BASIC NEEDS ASSISTANCE IS ALSO PROVIDED TO INDIVIDUALS NEEDING IMMEDIATE, SHORT TERM HELP, DEPENDING UPON THE AVAILABILITY OF FUNDS CATHOLIC CHARITIES IS MOTIVATED TO ASSIST THOSE WITH THE MOST BASIC NEEDS OF FOOD AND SHELTER, BUT STRIVES TO HELP MOVE PEOPLE BEYOND PERMANENT CRISIS TOWARD THAT END, CATHOLIC CHARITIES ALSO PROVIDES JOB READINESS TRAINING PERSONS WITH DISABILITIES CATHOLIC CHARITIES PROVIDES SERVICES TO CHILDREN AND ADULTS WITH DISABILITIES, ENABLING THEM TO LIVE TO THEIR FULLEST POTENTIAL SOCIAL AND RECREATIONAL ACTIVITIES, SUCH AS SUMMER DAY CAMP AND MONTHLY DANCES, PROVIDE OPPORTUNITIES FOR LIFE ENRICHMENT WE ALSO PROVIDE EDUCATIONAL, SPIRITUAL, PASTORAL, SACRAMENTAL, AND CATECHETICAL SERVICES TO ENHANCE THE LIVES OF THESE INDIVIDUALS AND THEIR FAMILIES OLDER ADULTS CATHOLIC CHARITIES WORKS WITH SENIORS TO ENSURE THAT THEY MAINTAIN THEIR DIGNITY OF LIFE WITH ATTENTION TO EMOTIONAL, SOCIAL, AND SPIRITUAL NEEDS CATHOLIC CHARITIES OFFERS A RANGE OF SERVICES, INCLUDING COMMUNITY BASED MEALS IN A SAFE ENVIRONMENT, MEAL DELIVERY, AND ADULT DAY CENTER ACTIVITIES THESE SERVICES PROVIDE OUR OLDER ADULTS AN OPPORTUNITY TO REMAIN ACTIVE AND HAVE REGULAR SOCIALIZATION ACTIVITIES AND NUTRITIOUS MEALS

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

Compensated Employees, and Independent Contractors							
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director Individual trustee Institutional trustee	Officer Key employee	Highest compensated Employee	Former		
ROBERT AHLERS DIRECTOR	2 00	X				0	0
JOHN P ALBERT TREASURER	2 00	X	X			0	0
DENNIS BODZIONY DIRECTOR	2 00	X				0	0
MARGARET BURZYNSKI-BAYS DIRECTOR	2 00	X				0	0
GERALD ELLIOT CHAIR	2 00	X	X			0	0
RICHARD FRATIANNE DIRECTOR	2 00	X				0	0
PATRICK GAREAU PRESIDENT & CEO	32 00 8 00	X	X		200,986	0	30,412
MICHAEL GINLEY DIRECTOR	2 00	X				0	0
RICHARD GURLEY DIRECTOR	2 00	X				0	0
DAVID HOLLY DIRECTOR	2 00	X				0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> Or director <input type="checkbox"/> Individual trustee <input type="checkbox"/> Instructional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Employee <input type="checkbox"/> Highest compensated <input type="checkbox"/> Former			
KATHLEEN HOMYOCK VICE CHAIR	2 00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		0 0 0
ROBERT HORVATH DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
JEFFREY KAVLICK DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
ELIZABETH KORHNAK DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
JEFFREY KRAKOWIAK DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
FRANK LEGAN DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
MARY ANNE LEON DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
JOHN LEONBRUNO DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
JEANNE LOCASTRO DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0
ROBERT LOESCH DIRECTOR	2 00	<input checked="" type="checkbox"/>			0 0 0

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

Compensated Employees, and Independent Contractors								
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Employee	Director	Independent Trustee	Other		
EDWARD MANSOUR DIRECTOR	2 00	X					0	0
JOE MANNING DIRECTOR	2 00	X					0	0
MICHAEL MASON DIRECTOR	2 00	X					0	0
JAMES MASON DIRECTOR	2 00	X					0	0
RICHARD MASTNARDO DIRECTOR	2 00	X					0	0
DANIELLE MAUR DIRECTOR	2 00	X					0	0
ROBERT MCAULEY DIRECTOR	2 00	X					0	0
MIA MATTHEWS DIRECTOR	2 00	X					0	0
NOREEN MCCAFFERTY DIRECTOR	2 00	X					0	0
MARY SUSAN MCGORRAY DIRECTOR	2 00	X					0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Or director	Indi- vidual trustee	Insti- tutional Trustee	Officer	Key employee	Empl- oyer	Highest compen- sated	For- mer			
JAMES NIEHAUS DIRECTOR	2 00		X							0	0	0
TOM NOVAK DIRECTOR	2 00		X							0	0	0
TIMOTHY PANZICA DIRECTOR	2 00		X							0	0	0
KATHLEEN PETRULIS SECRETARY	2 00		X		X					0	0	0
NICHOLAS PISZKO DIRECTOR	2 00		X							0	0	0
ROBERT POKLAR DIRECTOR	2 00		X							0	0	0
MARIAN RUBIN DIRECTOR	2 00		X							0	0	0
TOFF SCHRADER DIRECTOR	2 00		X							0	0	0
ANDREW SCHULER DIRECTOR	2 00		X							0	0	0
ANTHONY SEARCY DIRECTOR	2 00		X							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> Or director or trustee Individual trustee Institutional Trustee Officer Key employee Employee Highest compensated Employee Former			
PATRICIA SEMANCIK DIRECTOR	2 00	X		0	0
CLINTON SIMMONS DIRECTOR	2 00	X		0	0
DAVID SLEZAK DIRECTOR	2 00	X		0	0
JOSEPH SMUCNY DIRECTOR	2 00	X		0	0
REBECCA WEAVER DIRECTOR	2 00	X		0	0
CLARENCE WILLS DIRECTOR	2 00	X		0	0
PATRICIA HOLIAN CHIEF OPERATING OFFICER	40 00		X	158,688	0
WAYNE PEEL CHIEF FINANCIAL OFFICER	32 00 8 00		X	151,671	0
MAUREEN DEE EXECUTIVE DIRECTOR	40 00		X	152,069	0
TERRY FLANAGAN EXECUTIVE DIRECTOR	40 00		X	135,927	0
					17,788

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations					
		<input type="checkbox"/> Individual trustee or director	<input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer	<input type="checkbox"/> Key employee	<input type="checkbox"/> Highest compensated employee	<input type="checkbox"/> Former			
LISA GASBARRE-BLACK LEGAL COUNSEL	40 00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	135,438	0	19,058
JOHN KLEE EXECUTIVE DIRECTOR	40 00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	140,987	0	19,175
BERNADETTE WASHINGTON EXECUTIVE DIRECTOR	40 00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	140,703	0	11,876

2015

Open to Public
Inspection**SCHEDULE A**
**(Form 990 or
990EZ)**Department of the
Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**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 (Form 990 or 990-EZ))
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
 b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
 c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
 d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)			17,063,283	15,802,712	16,248,112	49,114,107
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			17,063,283	15,802,712	16,248,112	49,114,107
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						49,114,107

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4			17,063,283	15,802,712	16,248,112	49,114,107
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			620,108	776,878	723,190	2,120,176
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					201,840	201,840
11 Total support. Add lines 7 through 10						51,436,123
12 Gross receipts from related activities, etc (see instructions)					12	97,050,628
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► □						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95 490 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	95 920 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► □		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► □		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► □		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► □		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► □		

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

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

Section A. Public Support

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

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

	Yes	No
1		
2		

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?

If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3a		
3b		
3c		

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

4a		
4b		

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

4c		
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5a Did the organization add, substitute, or remove any supported organizations during the tax year?

If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

5a		
5b		
5c		

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

6		
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7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

7		
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8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)

8		
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9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

9a		
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b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

9b		
-----------	--	--

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

9c		
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10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below

10a		
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b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10b		
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11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

11a		
------------	--	--

b A family member of a person described in (a) above?

11b		
------------	--	--

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**

11c		
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Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test. Complete **line 2** below

b The organization is the parent of each of its supported organizations. Complete **line 3** below

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2b		

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
3a		
3b		

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

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

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INSURANCE RECOVERY - 2015 AMOUNT \$ 201,840

SCHEDULE C
**(Form 990 or
990-EZ)****Political Campaign and Lobbying Activities**

2015

Open to Public
Inspection

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.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.Department of the
Treasury
Internal Revenue
Service

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

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

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

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

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

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

Name of the 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 ► \$ _____

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-
2				
3				
4				
5				
6				

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
---	----------	----------	----------	----------	-----------

2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	Yes	(a)	(b)
		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?	Yes	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c	Media advertisements?	No	
d	Mailings to members, legislators, or the public?	Yes	
e	Publications, or published or broadcast statements?	Yes	
f	Grants to other organizations for lobbying purposes?	No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	
i	Other activities?	Yes	35,075
j	Total Add lines 1c through 1i		35,075
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	CATHOLIC CHARITIES CORPORATION'S (CCC) LOBBYING ACTIVITIES FLOW FROM THE MISSION OF THE ORGANIZATION "TO SERVE THOSE IN NEED THROUGH AN INTEGRATED SYSTEM OF QUALITY SERVICES DESIGNED TO RESPECT THE DIGNITY OF EVERY PERSON AND BUILD A JUST AND COMPASSIONATE SOCIETY." LEGISLATION THAT ADVERSELY AFFECTS OLDER ADULTS, SOCIAL SERVICES AS IT RELATES TO THOSE WHO ARE POOR, THE DISABLED, THOSE SUFFERING FROM BEHAVIORAL HEALTH ISSUES, AND REFUGEES ARE MONITORED. EXAMPLES OF ISSUE ALERTS MAY INCLUDE AREAS DEALING WITH POVERTY, THE FEDERAL AND STATE BUDGET, THE ENVIRONMENT, PUBLICATION OF INFORMATION ON THE EARNED INCOME TAX AND CHILD CARE CREDITS, COMPREHENSIVE IMMIGRATION REFORM, MEDICAID EXPANSION, AND OTHER SPECIAL AREAS OF SOCIAL CONCERN. IN ADDITION, STATE, NATIONAL, AND INTERNATIONAL ISSUES AS DIRECTED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, CATHOLIC CHARITIES USA, AND CATHOLIC RELIEF ARE CONSIDERED AND, IN SOME CASES, LOBBYING OCCURS. CCC CONDUCTS ITS LEGISLATIVE ACTIVITIES LARGELY THROUGH ITS DIOCESAN SOCIAL ACTION OFFICE (DSAO) WHICH SERVES THE 8 COUNTIES WHERE CCC DOES WORK. THE DSAO MAINTAINS AND UPDATES THE ADVOCACY SECTION OF THE WEBSITE, PROVIDES E-ALERTS ON LEGISLATIVE ISSUES FROM TIME TO TIME, AND DOES OCCASIONAL ADVOCACY VISITS TO LEGISLATORS (APPROXIMATELY 2-5 TIMES A YEAR). A LARGE PORTION OF CCC'S LOBBYING ACTIVITIES INVOLVES URGING DSAO CONTACTS TO RESPOND TO SPECIFIC LEGISLATION, PRESENTING ROMAN CATHOLIC VIEWS ON TIMELY TOPICS. CCC CONDUCTS DIRECT ACTIVITIES SUCH AS HOSTING MEETINGS WITH LOCAL, STATE, AND FEDERAL LEGISLATORS TO INFORM THE LAWMAKERS OF ROMAN CATHOLIC VIEWS ON THE PROPOSED LEGISLATION. THESE VISITS ARE DONE APPROXIMATELY 2-5 TIMES A YEAR. CCC ESTIMATES THAT ABOUT 10% OF ITS LOBBYING EFFORTS INVOLVE DIRECT CONTACT, WHILE THE REMAINDER OF TIME IS GRASSROOTS INITIATIVES. DURING 2015, CCC LOBBYING EXPENSE WAS \$35,075. 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.

2015

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the
Treasury
Internal Revenue ServiceName 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes No

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

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

Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space

Preservation of an historically important land area
 Preservation of a certified historic structure

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 Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
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, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	b (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 on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

Yes

(ii) related organizations

No

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land				348,543	
b Buildings					
c Leasehold improvements			2,426,404	2,142,150	284,254
d Equipment			3,200,183	3,048,457	151,726
e Other			1,418,738	1,262,200	156,538
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))					941,061

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED FUNDS HELD AT THE CCF	8,907,100	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►	8,907,100

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value

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

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

1	Total revenue, gains, and other support per audited financial statements	1	48,079,847
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-83,919
b	Donated services and use of facilities	2b	312,014
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-828,811
e	Add lines 2a through 2d	2e	-600,716
3	Subtract line 2e from line 1	3	48,680,563
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	54,718
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	54,718
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	48,735,281

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

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

1	Total expenses and losses per audited financial statements	1	47,507,488
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	312,014
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	312,014
3	Subtract line 2e from line 1	3	47,195,474
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	54,718
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	54,718
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	47,250,192

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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, 2015, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY THE TAX AUTHORITIES FOR YEARS PRIOR TO 2012.

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2015

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InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising
services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CATHOLIC COMMUNITY FOUNDATION 1404 E 9TH ST CLEVELAND, OH 44114	SOLICIT FUNDS	Yes		14,330,974	1,985,000	12,345,974
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				14,330,974	1,985,000	12,345,974

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

OH

Part II Fundraising Events.

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

	(a) Event #1 MONTE CARLO (event type)	(b) Event #2 DINNERS (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	76,107	56,007	83,261	215,375
2 Less Contributions	51,905	29,225	7,326	88,456
3 Gross income (line 1 minus line 2)	24,202	26,782	75,935	126,919
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		1,401	1,866	3,267
6 Rent/facility costs			14,008	14,008
7 Food and beverages	12,242	7,620	3,875	23,737
8 Entertainment	6,855			6,855
9 Other direct expenses	3,998	5,221	9,717	18,936
10 Direct expense summary Add lines 4 through 9 in column (d) ►				66,803
11 Net income summary Subtract line 10 from line 3, column (d) ►				60,116

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

Schedule I (Form 990)

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

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

► **Attach to Form 990.**

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

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

Part I General Information on Grants and Assistance

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) REFUGEE RESETTLEMENT	325	704,176			
(2) FOOD, CLOTHING, AND OTHER PROVIDED AT OUR HUNGER/ SHELTER CENTERS	111598	421,466	289,142	FMV	DONATED FOOD
RENT, FURNITURE, AND UTILITY (3) ASSISTANCE TO THE NEEDY	1396	426,927			

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

Return Reference	Explanation
PART I, LINE 2	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 THE YOUTH AND YOUNG ADULT AND CYO OFFICE ALSO SOLICITS APPLICATIONS FROM DIOCESAN PARISHES IN SUPPORT OF YOUTH ATHLETIC PROGRAMS GRANTS ARE PROVIDED BASED UPON EXPRESSED NEED AND THE AVAILABILITY OF FUNDS

2015

Open to Public
Inspection**Schedule J**
(Form 990)**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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Department of the
Treasury
Internal Revenue ServiceName 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> 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 in 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, 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a No

a The organization?

5b No

b Any related organization?

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

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

6a No

a The organization?

6b No

b Any related organization?

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

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

7 No

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

8 No

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

9 No

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK GAREAU PRESIDENT & CEO	(i) 200,986	0	0	12,426	17,986	231,398	0
	(ii) 0	0	0	0	0	0	0
2 PATRICIA HOLIAN CHIEF OPERATING OFFICER	(i) 158,688	0	0	9,528	4,764	172,980	0
	(ii) 0	0	0	0	0	0	0
3 WAYNE PEEL CHIEF FINANCIAL OFFICER	(i) 151,671	0	0	9,173	16,266	177,110	0
	(ii) 0	0	0	0	0	0	0
4 MAUREEN DEE EXECUTIVE DIRECTOR	(i) 152,069	0	0	4,043	9,361	165,473	0
	(ii) 0	0	0	0	0	0	0
5 TERRY FLANAGAN EXECUTIVE DIRECTOR	(i) 135,927	0	0	8,272	9,516	153,715	0
	(ii) 0	0	0	0	0	0	0
6 LISA GASBARRE-BLACK LEGAL COUNSEL	(i) 135,438	0	0	4,842	14,216	154,496	0
	(ii) 0	0	0	0	0	0	0
7 JOHN KLEE EXECUTIVE DIRECTOR	(i) 140,987	0	0	8,730	10,445	160,162	0
	(ii) 0	0	0	0	0	0	0
8 BERNADETTE WASHINGTON EXECUTIVE DIRECTOR	(i) 140,703	0	0	7,112	4,764	152,579	0
	(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference

Explanation

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds**

2015

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

► Attach to Form 990.

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
CATHOLIC CHARITIES CORPORATIONEmployer identification number
34-1318541**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF PARMA OHIO HEALTHCARE FACILITIES REVENUE BONDS SERIES 2008	34-6002162	701746AA7	09-11-2008	5,800,000	CONSTRUCT INTENSIVE TREATMENT CENTER		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,395,000			
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			

Yes No Yes No Yes No Yes No

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

Part III Private Business Use

	A	B	C	D
	Yes	No	Yes	No
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?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ►								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
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)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CITY OF PARMA, OHIO HEALTHCARE FACILITIES REVENUE BONDS, SERIE DATE THE REBATE COMPUTATION WAS PERFORMED 09/11/2013

SCHEDULE M
(Form 990)

Noncash Contributions

2015

Open to Public
InspectionDepartment of the
Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990Name of the organization
CATHOLIC CHARITIES CORPORATION

Employer identification number

34-1318541

Part I Types of Property

- 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
- 20 Drugs and medical supplies
- 21 Taxidermy
- 22 Historical artifacts
- 23 Scientific specimens
- 24 Archeological artifacts
- 25 Other ► (_____)
- 26 Other ► (_____)
- 27 Other ► (_____)
- 28 Other ► (_____)

	(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
16	X	1	170,000	FAIR MARKET VALUE
19	X		314,476	FAIR MARKET VALUE
29				

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

29

0

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

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

	Yes	No
30a		No

31		No
----	--	----

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

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

b If "Yes," describe in Part II

32a		No
-----	--	----

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

Part II**Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

**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.

2015**Open to Public
Inspection**Name of the organization
CATHOLIC CHARITIES CORPORATIONEmployer identification number
34-1318541**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	CATHOLIC CHARITIES CORPORATION (CCC), ALSO KNOWN AS CATHOLIC CHARITIES, DIOCESE OF CLEVELAND, 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 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. CCC WAS ESTABLISHED IN 1912 DURING CCC'S MORE THAN 100 YEARS OF SERVICE TO THE RESIDENTS OF ASHLAND, CUYAHOGA, GEauga, LAKE, LORAIN, MEDINA, SUMMIT, AND WAYNE COUNTIES, ITS PROGRAMS AND SERVICES HAVE CHANGED AND GROWN TO MEET THE EVER-PRESENT NEEDS OF PEOPLE LIVING IN THE AREAS SERVED BY THE CATHOLIC DIOCESE OF CLEVELAND AS ONE OF THE LARGEST COMPREHENSIVE HEALTH AND HUMAN SERVICES ORGANIZATIONS IN THE REGION, CCC CARRIES OUT CHRIST'S HEALING MISSION HERE IN NORTHEAST OHIO. CCC DELIVERS MORE THAN 150 SERVICES AT MORE THAN 40 LOCATIONS TO NEARLY 400,000 PEOPLE EACH YEAR - PROVIDING HELP AND CREATING HOPE FOR PEOPLE OF EVERY RACE AND RELIGION IN EACH OF THE EIGHT COUNTIES IN THE DIOCESE. DESPITE THE SCOPE OF THE ORGANIZATION, SITES AND PROGRAMS STRIVE TO MAINTAIN INDIVIDUAL IDENTITIES IN THE COMMUNITIES THEY SERVE. CCC PROVIDES QUALITY SERVICES TO CHILDREN AND FAMILIES, OLDER ADULTS, INDIVIDUALS WITH DISABILITIES, AND PERSONS REQUIRING EMERGENCY SERVICES
FORM 990, PART VI, SECTION A, LINE 6	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL DIRECTORS ON THE GOVERNING BODY MUST BE APPROVED BY THE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	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, ENCUMBRANCES OF DEBT AND THE AMENDMENT OF ORGANIZATIONAL DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED F INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME AS SE T FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -446,342 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION 398,533 TRANSFER OF NET ASSETS -781,002

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

► **Attach to Form 990.**

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES CORPORATION

Employer identification number

34-131854

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

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

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

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

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)

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r	Yes	
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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