

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 202017

2016

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Catholic Charities of the Archdiocese
of Chicago

Employer identification number

36-2170821

Name and title of officer

Elida Hernandez

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | |
|----------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|-----|--------------|
| 1 a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1 b | 167,925,586. |
| 2 a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2 b | |
| 3 a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3 b | |
| 4 a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5 b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Catholic Charities of the Archdiocese of to enter my PIN [REDACTED] as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Elida Hernandez

Date ►

11/13/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

[REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Elida Hernandez

Date ►

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Catholic Charities of the Archdiocese of Chicago 721 N. LaSalle Drive Chicago, IL 60654-3503 | D Employer identification number 36-2170821 E Telephone number 312-655-7326 G Gross receipts \$ <u>188,029,527.</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F Name and address of principal officer: Same As C Above | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

J Website: ▶ www.catholiccharities.net **H(c)** Group exemption number ▶ 0928

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1917 **M** State of legal domicile: IL

Part I Summary

| | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O for the Organization's mission statement.</u> | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 51 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 46 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 3,317 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 17,000 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -2,905. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -2,905. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 124,408,017. | 123,983,541. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 41,566,409. | 38,544,046. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,365,800. | 2,160,731. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,638,488. | 3,237,268. |
| | | 169,978,714. | 167,925,586. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 14,465,912. | 14,375,209. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 95,858,361. | 94,610,478. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,278,088.</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 61,746,711. | 60,050,680. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 172,070,984. | 169,036,367. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -2,092,270. | -1,110,781. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 152,384,891. | 166,971,994. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 166,388,554. | 136,478,371. |
| | -14,003,663. | 30,493,623. | |

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: <u>Elida Hernandez</u> | Date: _____ |
| | Type or print name and title: <u>Elida Hernandez CFO</u> | |

| | | | | | |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|-------------------------------------------------|------------------|
| Paid Preparer Use Only | Print/Type preparer's name: _____ | Preparer's signature: <u>Self-Prepared</u> | Date: _____ | Check <input type="checkbox"/> if self-employed | PTIN: _____ |
| | Firm's name: _____ | Firm's address: _____ | | Firm's EIN: _____ | Phone no.: _____ |
| | May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] 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 [X] 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 \$ 60,729,494. including grants of \$ 60,526,915.) (Revenue \$ 60,721,260.)

Community Development and Outreach services: Assist individuals, families and communities in the provision of services which support and enhance growth and development in the areas of community nutrition programs, youth development, employment and training, health promotion, community educational intervention and outreach initiatives and social enterprises. Total Clients served 152,809.

4b (Code:) (Expenses \$ 35,984,691. including grants of \$ 30,621,662.) (Revenue \$ 33,894,685.)

Senior Social Services: Mission is to help seniors remain living in the community as independently as possible. Provided in-home and related supportive services for Seniors on a non-residential basis including case-management, homemaker services, adult day services, home-delivered and congregate meals and senior activity centers. Total clients served 115,806

4c (Code:) (Expenses \$ 20,214,038. including grants of \$ 6,867,340.) (Revenue \$ 11,356,186.)

Family and Parish Support Services: In conjunction with Parishes throughout the Archdiocese, seek to stabilize and strengthen individuals and families in their journey toward self-sufficiency. Services include: information and referral, casework, counseling, and specialized services for immigrants and refugees. Total clients served 306,874.

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

(Expenses \$ 36,497,355. including grants of \$ 29,196,535.) (Revenue \$ 31,802,084.)

4e Total program service expenses 153,425,578.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

BAA

Form 990 (2016)

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 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1,126 | | |
| 1 b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0 | | |
| 1 c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2 a | 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. 3,317 | | |
| 2 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) | X | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3 b | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| 4 b | If 'Yes,' enter the name of the foreign country: <u>Cayman Islands</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5 c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| 7 b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | X | |
| 7 c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7 d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| 7 e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7 f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7 g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9 a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9 b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10 b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11 a | Gross income from members or shareholders. | | |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13 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. | | |
| 13 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. | | |
| 13 c | Enter the amount of reserves on hand. | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14 b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. 1 a 51 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. | | |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent. 1 b 46 | | |
| 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? See Schedule O | X | |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? See Schedule O | X | |
| 7 a | 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? See Schedule O | X | |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? | X | |
| 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. | | X |

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

| | | Yes | No |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? | X | |
| 10 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? | X | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 11 b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | X | |
| 12 b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12 c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| 15 a | The organization's CEO, Executive Director, or top management official. See Schedule O. | X | |
| 15 b | Other officers or key employees of the organization. See Schedule O. | X | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | X | |
| 16 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? | X | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O) See Sch. 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. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Beth Seaman 721 N. LaSalle Street Chicago IL 60654-3503 312-948-6520

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 |
|---------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Linda Abbott Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (2) Kathleen M. Almaney Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (3) Richard W. Burke Sr. Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (4) Charles F. Clarke, Jr Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (5) John J. Burke, Jr. Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (6) Kevin W. Cleary Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (7) Benjamin Jagoe Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (8) James R. Figliulo Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (9) Martha FitzGerald Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (10) David Hoese Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (11) Dr. Louis J. Glunz Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (12) William L. Hardy Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (13) John J. Hartman Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (14) Brian Masterson Director | 1 0 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) Judith Kendzior Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (16) Mark A. Hoppe Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (17) Mark L. Noetzel Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (18) Dr. Janice R. Klich Secretary | 1 0 | X | | X | | | 0. | 0. | 0. | |
| (19) William L. Lamey, Jr. Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (20) Ronald P. Laurent Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (21) Christopher E. Lawler Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (22) Joseph F. Luby Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (23) John J. Lynch, Jr. Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| (24) David K. McHugh Treasurer | 1 0 | X | | X | | | 0. | 0. | 0. | |
| (25) Robert P. McNeill Director | 1 0 | X | | | | | 0. | 0. | 0. | |
| 1 b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,499,409. | 0. | 269,710. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,499,409. | 0. | 269,710. | |
| 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 ▶ 20 | | | | | | | | | | |

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Monterrey Security 2232 S Blue Island Chicago, IL 60608 | Security Services | 2,802,716. |
| Kates Detective Agency, Inc. 7810 S Claremont Chicago, IL 60620 | Security Services | 1,376,065. |
| TCP Staffing LLC 237 S Des Plaines St Chicago, IL 60661 | Staffing Services | 383,942. |
| Deloitte & Touche LLP 111 S Wacker Dr Chicago, IL 60606 | Audit Services | 357,315. |
| Spotless Cleaning Chicago Ltd 230 S Clark St #105 Chicago, IL 60604 | Janitorial Services | 278,202. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 17 | | |

Department of the Treasury
Internal Revenue Service

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the Organization Catholic Charities of the Archdiocese | Employer Identification number 36-2170821 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michael L. Monticello Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Lawrence P. Morris Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Mary S. Feeley Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Charles W. Mulaney Jr. Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Timothy J. Rivelli Director | 1 0 | X | | X | | | | 0. | 0. | 0. |
| James M. Ryan Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Michael Scudder Director | 1 0 | X | | X | | | | 0. | 0. | 0. |
| Eileen Burns Lerum Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Michael P. Kendall Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Dennis Marks Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| David Muhlenkamp Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Jude P. Zwick Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Msgr. Michael Boland President & CEO | 35 0 | X | | X | | | | 77,539. | 0. | 822. |
| Michele Bianchi General Counsel | 35 0 | X | | | | | | 180,126. | 0. | 22,967. |
| Kathleen Donahue-Coia SR VP Programs | 35 0 | X | | | | | | 192,445. | 0. | 30,120. |
| Michael Ryan Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| John J. Ryan Chief of Staff | 35 0 | X | | | | | | 198,751. | 0. | 47,236. |
| Leonard E. Wiatr Chairman | 1 0 | X | | X | | | | 0. | 0. | 0. |
| Timothy Richards Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Clement V. Martin Director | 1 0 | X | | | | | | 0. | 0. | 0. |
| Elida Hernandez CFO | 35 0 | X | | X | | | | 160,621. | 0. | 26,170. |

Department of the Treasury
Internal Revenue Service

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the Organization Catholic Charities of the Archdiocese | Employer Identification number 36-2170821 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mary Carlson ----- Director | 1 ----- 0 | X | | | | | | 0. | 0. | 0. |
| Gerard Kenny ----- Director | 1 ----- 0 | X | | | | | | 0. | 0. | 0. |
| Rene Medina ----- Director | 1 ----- 0 | X | | | | | | 0. | 0. | 0. |
| Carolyn Mulaney ----- Director | 1 ----- 0 | X | | | | | | 0. | 0. | 0. |
| Anne Kelly Williams ----- Director | 1 ----- 0 | X | | | | | | 0. | 0. | 0. |
| Judith Silekis ----- Development Dir | 35 ----- 0 | | | | | X | | 146,651. | 0. | 23,771. |
| Angel Gutierrez ----- Vice President | 35 ----- 0 | | | | | X | | 141,055. | 0. | 25,854. |
| Frank Burr ----- CIO | 35 ----- 0 | | | | | X | | 139,594. | 0. | 35,744. |
| Laura E Rios ----- Vice President | 35 ----- 0 | | | | | X | | 134,082. | 0. | 39,972. |
| Beth Seaman ----- Dir. of Finance | 35 ----- 0 | | | | | X | | 128,545. | 0. | 17,054. |
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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 | 1 a Federated campaigns | 1 a 3,004,118. | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c 1,650,865. | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e 100086279. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 19,242,279. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 2,831,394. | | | | |
| | h Total. Add lines 1a-1f | ▶ 123983541. | | | | |
| Program Service Revenue | 2 a Fees from government | | | | | |
| | | Business Code | | | | |
| | | 624100 | 27,473,589. | 27,473,589. | | |
| | b Program service fees | 624100 | 11,070,457. | 11,070,457. | | |
| | c ----- | | | | | |
| | d ----- | | | | | |
| | e ----- | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | ▶ 38,544,046. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | ▶ 1,169,737. | | -2,905. | 1,172,642. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | 162,780. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | 162,780. | | | |
| | d Net rental income or (loss) | ▶ 162,780. | | | 162,780. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 19225504. | | | |
| | | (ii) Other | 2,800. | | | |
| | | b Less: cost or other basis and sales expenses | 18237309. | 1. | | |
| | | c Gain or (loss) | 988,195. | 2,799. | | |
| | d Net gain or (loss) | ▶ 990,994. | 990,994. | | | |
| | 8 a Gross income from fundraising events (not including \$ 1,650,865. of contributions reported on line 1c). See Part IV, line 18 | a 4,731,885. | | | | |
| | | b Less: direct expenses | b 1,738,009. | | | |
| c Net income or (loss) from fundraising events | | ▶ 2,993,876. | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a 182,359. | | | | | |
| | b Less: direct expenses | b 128,622. | | | | |
| | c Net income or (loss) from gaming activities | ▶ 53,737. | 53,037. | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a Split-Interest Trust Int | | | 26,875. | 26,875. | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ 26,875. | | | | |
| 12 Total revenue. See instructions | ▶ 167925586. | 39,614,952. | -2,905. | 1,335,422. | | |

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 | 14,375,209. | 14,375,209. | | |
| 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 | 936,797. | 0. | 936,797. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 64,049,342. | 55,229,431. | 7,735,370. | 1,084,541. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,781,432. | 9,819,439. | 1,754,895. | 207,098. |
| 9 Other employee benefits | 12,224,015. | 10,623,579. | 1,442,377. | 158,059. |
| 10 Payroll taxes | 5,618,892. | 4,815,543. | 713,775. | 89,574. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 81,072. | 37,093. | 43,979. | |
| c Accounting | 288,745. | | 288,745. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 7,520,741. | 6,879,640. | 515,751. | 125,350. |
| 12 Advertising and promotion | 141,699. | 35,765. | 5,096. | 100,838. |
| 13 Office expenses | 3,426,905. | 3,017,841. | 267,302. | 141,762. |
| 14 Information technology | 1,815,703. | 1,212,308. | 562,688. | 40,707. |
| 15 Royalties | | | | |
| 16 Occupancy | 8,282,331. | 6,856,577. | 1,279,250. | 146,504. |
| 17 Travel | 1,667,709. | 1,588,511. | 65,148. | 14,050. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 570,604. | 348,323. | 161,869. | 60,412. |
| 20 Interest | 135,599. | 135,599. | | |
| 21 Payments to affiliates | 4,401. | 4,401. | | |
| 22 Depreciation, depletion, and amortization | 2,166,696. | 2,086,203. | 75,347. | 5,146. |
| 23 Insurance | 2,348,679. | 2,092,748. | 224,277. | 31,654. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>Food Purchases</u> | 31,666,189. | 31,666,189. | | |
| b <u>Distribution of In-Kind Gifts</u> | 1,541,394. | 1,541,394. | | |
| c <u>Misc. Exp</u> | 1,085,345. | 1,013,796. | 30. | 71,519. |
| d <u>Membership Dues</u> | 128,187. | 45,989. | 81,324. | 874. |
| e All other expenses | -2,821,319. | | -2,821,319. | |
| 25 Total functional expenses. Add lines 1 through 24e | 169,036,367. | 153,425,578. | 13,332,701. | 2,278,088. |
| 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 Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| Assets | 1 Cash – non-interest-bearing..... | 21,043,063. | 1 | 23,406,535. |
| | 2 Savings and temporary cash investments..... | 1,933. | 2 | 1,940. |
| | 3 Pledges and grants receivable, net..... | 3,820,566. | 3 | 5,965,443. |
| | 4 Accounts receivable, net..... | 25,034,570. | 4 | 27,397,210. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... | | 6 | |
| | 7 Notes and loans receivable, net..... | 1,224,671. | 7 | 2,096,436. |
| | 8 Inventories for sale or use..... | | 8 | |
| | 9 Prepaid expenses and deferred charges..... | 1,361,437. | 9 | 1,382,804. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... | 10a 50,261,798. | | |
| | b Less: accumulated depreciation..... | 10b 26,800,352. | | |
| | 11 Investments – publicly traded securities..... | 21,601,367. | 10c | 23,461,446. |
| | 12 Investments – other securities. See Part IV, line 11..... | 65,527,235. | 11 | 70,827,797. |
| | 13 Investments – program-related. See Part IV, line 11..... | 11,886,421. | 12 | 11,678,532. |
| | 14 Intangible assets..... | | 13 | |
| | 15 Other assets. See Part IV, line 11..... | 883,628. | 14 | 753,851. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34)..... | 152,384,891. | 15 | 166,971,994. | |
| 17 Accounts payable and accrued expenses..... | 8,792,008. | 16 | 8,700,417. | |
| 18 Grants payable..... | | 17 | | |
| 19 Deferred revenue..... | 949,208. | 18 | 1,007,632. | |
| 20 Tax-exempt bond liabilities..... | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... | | 20 | | |
| 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..... | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties..... | 3,510,759. | 22 | 3,316,354. | |
| 24 Unsecured notes and loans payable to unrelated third parties..... | | 23 | | |
| 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..... | 153,136,579. | 24 | 123,453,968. | |
| 26 Total liabilities. Add lines 17 through 25..... | 166,388,554. | 25 | 136,478,371. | |
| 27 Unrestricted net assets..... | | 26 | | |
| 28 Temporarily restricted net assets..... | -38,630,326. | 27 | 2,675,483. | |
| 29 Permanently restricted net assets..... | 17,028,330. | 28 | 20,656,593. | |
| 30 Capital stock or trust principal, or current funds..... | 7,598,333. | 29 | 7,161,547. | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund..... | | 30 | | |
| 32 Retained earnings, endowment, accumulated income, or other funds..... | | 31 | | |
| 33 Total net assets or fund balances..... | -14,003,663. | 32 | 30,493,623. | |
| 34 Total liabilities and net assets/fund balances..... | 152,384,891. | 33 | 166,971,994. | |

BAA

Form 990 (2016)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 167,925,586. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 169,036,367. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,110,781. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -14,003,663. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,688,369. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) <i>See Schedule O</i> | 9 | 40,919,698. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 30,493,623. |

Part XII Financial Statements and Reporting

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

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

BAA

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **Catholic Charities of the Archdiocese of Chicago** Employer identification number **36-2170821**

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2016. 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. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2015. 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. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) P. t. . VI | 15503547. | 123040873. | 121685566. | 120493883. | 123983541. | 504707410. |
| 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. | 142928384. | 47721960. | 47172437. | 45479253. | 38544046. | 321846080. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 6 Total. Add lines 1 through 5. | 158431931. | 170762833. | 168858003. | 165973136. | 162527587. | 826553490. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | 0. | 0. | 0. | 0. | 0. | 0. |
| 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. | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 826553490. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| 9 Amounts from line 6. | 158431931. | 170762833. | 168858003. | 165973136. | 162527587. | 826553490. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 1,322,830. | 1,159,074. | 1,933,267. | 1,394,194. | 1,172,642. | 6,982,007. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 1,322,830. | 1,159,074. | 1,933,267. | 1,394,194. | 1,172,642. | 6,982,007. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | -10,688. | -2,746. | -3,709. | -2,776. | -2,905. | -22,824. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. | 200,391. | 265,259. | 178,539. | 180,553. | 162,780. | 987,522. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 159944464. | 172184420. | 170966100. | 167545107. | 163860104. | 834500195. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------|---------|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). | 15 | 99.05 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15. | 16 | 99.06 % |

Section D. Computation of Investment Income Percentage

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.84 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17. | 18 | 0.83 % |
| 19a 33-1/3% support tests—2016. 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. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support tests—2015. 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. ▶ <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| 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? <i>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.</i> | | | |
| 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? <i>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.</i> | | | |
| 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? <i>Provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> | | | |

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

| Section D – Distributions | | Current Year |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2016 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-2016 | (iii) Distributable Amount for 2016 |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| e | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

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.)

Part III, Line 1 - Unusual Grants

| 2012 | 2013 | 2014 | 2015 | 2016 | Total |
|---------------|---------------|-------|-------|---------------|----------------|
| \$ 9,496,302. | \$ 3,395,506. | \$ 0. | \$ 0. | \$ 2,724,823. | \$ 15,616,631. |

Part III, Line 12 - Other Income

| Nature and Source | 2016 | 2015 | 2014 | 2013 | 2012 |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Parking Lot Income | \$ 162,780. | \$ 180,553. | \$ 178,539. | \$ 265,259. | \$ 200,391. |
| Total | <u>\$ 162,780.</u> | <u>\$ 180,553.</u> | <u>\$ 178,539.</u> | <u>\$ 265,259.</u> | <u>\$ 200,391.</u> |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization Catholic Charities of the Archdiocese of Chicago | Employer identification number 36-2170821 |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|----------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization Catholic Charities of the Archdiocese | Employer identification number 36-2170821 |
|----------------------------------------------------------------------|-----------------------------------------------------|

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | United Way of Metropolitan Chicago 333 S Wabash Fl 30 Chicago, IL 60604-4503 | \$ 2,724,823. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---------------------------------------------------------------|----------------------------------------------|
| Name of organization Catholic Charities of the Archdiocese | Employer identification number 36-2170821 |
|---------------------------------------------------------------|----------------------------------------------|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

Name of organization: Catholic Charities of the Archdiocese
 Employer identification number: 36-2170821

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

| | |
|----------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization Catholic Charities of the Archdiocese | Employer identification number 36-2170821 |
|----------------------------------------------------------------------|-----------------------------------------------------|

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. (see instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) ▶ _____

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 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

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

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|-----------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 a Lobbying nontaxable amount..... | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e))..... | | | | | |
| c Total lobbying expenditures..... | | | | | |
| d Grassroots nontaxable amount..... | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e))..... | | | | | |
| f Grassroots lobbying expenditures..... | | | | | |

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

| | (a) | | (b) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| | Yes | No | Amount |
| <i>For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i> | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 30,000. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i. | | | 30,000. |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912. | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
2a Preservation of land for public use (e.g., recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, acreage, certified historic structures, and historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | 56,277,412. | 56,021,288. | 55,032,089. | 45,863,912. | 41,010,951. |
| b Contributions | 2,286,778. | 1,265,409. | 500,136. | 2,883,328. | 681,496. |
| c Net investment earnings, gains, and losses | 5,117,849. | 1,047,613. | 1,702,971. | 6,666,620. | 4,755,424. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | -2,279,334. | -2,106,898. | -1,213,908. | -381,771. | -583,959. |
| f Administrative expenses | | | | | |
| g End of year balance | 61,352,705. | 55,317,088. | 56,021,288. | 55,032,089. | 45,863,912. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 84.73 %
 - b Permanent endowment ▶ 11.69 %
 - c Temporarily restricted endowment ▶ 3.58 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. See Part XIII

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | 4,191,005. | | 4,191,005. |
| b Buildings | | 12,335,290. | 4,587,412. | 7,747,878. |
| c Leasehold improvements | | 23,275,287. | 14,937,238. | 8,338,049. |
| d Equipment | | 5,967,000. | 5,020,735. | 946,265. |
| e Other | | 4,493,216. | 2,254,967. | 2,238,249. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 23,461,446.

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 <u>Marketable Alt Equity</u> | 5,015,324. | End of Year Market Value |
| (A) Real Estate | 5,113,507. | End of Year Market Value |
| (B) Private Equity | 1,549,701. | End of Year Market Value |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | 11,678,532. | |

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. N/A

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. N/A

| (a) Description | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | |

Part X Other Liabilities.

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

| (a) Description of liability | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) Charitable Gift Annuities Payable | 1,460,928. |
| (3) Government Advances | 6,589,996. |
| (4) Interest Payable | 41,532. |
| (5) Obligations Under Capital Lease | 750,766. |
| (6) Pension Liability | 91,547,066. |
| (7) Post-Retirement Liability | 23,049,883. |
| (8) Refundable Resident Deposits | 13,797. |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 123,453,968. |

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

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

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2 a | | |
| | b Donated services and use of facilities | 2 b | | |
| | c Recoveries of prior year grants | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4a and 4b | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |

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

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

| | | | | |
|---|----------------------------------------------------------------------------------|-----|-----|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2 a | | |
| | b Prior year adjustments | 2 b | | |
| | c Other losses | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4a and 4b | | 4 c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The purpose of the endowment funds is to provide a source of funds to be used by the organization for operating programs in accordance with the governing board's policy and/or in the case of donor-restricted funds in accordance with the donor's restrictions.

Part X - FIN 48 Footnote

Catholic Charities adopted FIN No. 48 in 2008, and the impact of adoption was not material.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 - ▶ Attach to Form 990.
 - ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Catholic Charities of the Archdiocese

Employer identification number

36-2170821

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) Europe - Poland | | 1 | Program services | Liaison to the Polish Adoption Program | 22,200. |
| (2) Americas - Mexico | | 1 | Program services | Liaison to the Mexican Adopt. | 10,007. |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3 a Sub-total | | 2 | | | 32,207. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) ... | 0 | 2 | | | 32,207. |

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 0

3 Enter total number of other organizations or entities ▶ 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **Catholic Charities of the Archdiocese of Chicago**

Employer identification number
36-2170821

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

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 10 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 column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

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.

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.

| REVENUE | | (a) Event #1 <u>St. Nicholas B</u> (event type) | (b) Event #2 <u>Century of Hop</u> (event type) | (c) Other events <u>19</u> (total number) | (d) Total events (add column (a) through column (c)) | |
|-----------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------|
| | 1 | Gross receipts | 1,913,404. | 1,008,799. | 3,460,247. | 6,382,450. |
| 2 | Less: Contributions | 391,004. | 337,985. | 921,576. | 1,650,565. | |
| 3 | Gross income (line 1 minus line 2) | 1,522,400. | 670,814. | 2,538,671. | 4,731,885. | |
| DIRECT EXPENSES | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | 104,730. | 104,730. |
| | 7 | Food and beverages | 329,572. | 145,666. | 527,908. | 1,003,146. |
| | 8 | Entertainment | 19,330. | | 31,241. | 50,571. |
| | 9 | Other direct expenses | 85,414. | 73,306. | 420,842. | 579,562. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,738,009. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 2,993,876. | |

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.

| REVENUE | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) | |
|-----------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|
| | 1 | Gross revenue | | 107,814. | 74,545. | 182,359. |
| DIRECT EXPENSES | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | 5,035. | 5,035. |
| | 5 | Other direct expenses | | 91,682. | 31,905. | 123,587. |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | 128,622. | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 53,737. | |

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

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

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

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---------|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | 100.0 % |

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

Name ▶ Melissa Schutz

Address ▶ 721 North LaSalle, Chicago, IL 60654

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Annie Scully

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ Coordinates volunteers

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' 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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Catholic Charities of the Archdiocese

Employer identification number

36-2170821

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) ----- ----- ----- | | | | | | | |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |
| (5) ----- ----- ----- | | | | | | | |
| (6) ----- ----- ----- | | | | | | | |
| (7) ----- ----- ----- | | | | | | | |
| (8) ----- ----- ----- | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| 1 Food | 176,336 | 437,207. | | | |
| 2 Clothing | 60,000 | 8,732. | | | |
| 3 Medical/Dental | 72 | 1,661. | | | |
| 4 General Client Assistance | 66,378 | 2,474,168. | | | |
| 5 Client Transportation | 394 | 155,411. | | | |
| 6 Client Activity | 700 | 63,820. | | | |
| 7 Fostercare Board Assistance | 156,952 | 156,952. | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

The organization receives funding for grant funds by various funding bodies each with its own predetermined procedure for monitoring the use of grant funds. The organization complies with the respective funding body's monitoring procedures.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| Shelter/Utilities | 63,432 | 11,077,258. | | | |
| | | | | | |
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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Catholic Charities of the Archdiocese

36-2170821

Part I Questions Regarding Compensation

1 a 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. Part III

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

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

| | Yes | No |
|------------|-----|----|
| 1 b | X | |

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

| | | |
|----------|---|--|
| 2 | X | |
|----------|---|--|

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

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

| | | |
|------------|--|---|
| 4 a | | X |
| 4 b | | X |
| 4 c | | X |

Only section 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:

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

| | | |
|------------|--|---|
| 5 a | | X |
| 5 b | | X |

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:

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

| | | |
|------------|--|---|
| 6 a | | X |
| 6 b | | X |

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

| | | |
|----------|--|---|
| 7 | | X |
|----------|--|---|

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 | | X |
|----------|--|---|

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

| | | |
|----------|--|--|
| 9 | | |
|----------|--|--|

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

Schedule J (Form 990) 2016

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 | | | | |
| Michele Bianchi | (i) | 179,727. | 0. | 399. | 20,914. | 2,053. | 203,093. | 0. |
| 1 General Counsel | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Kathleen Donahue-Coia | (i) | 190,528. | 0. | 1,917. | 18,584. | 11,536. | 222,565. | 0. |
| 2 SR VP Programs | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| John J. Ryan | (i) | 198,308. | 0. | 443. | 23,315. | 23,921. | 245,987. | 0. |
| 3 Chief of Staff | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Elida Hernandez | (i) | 160,288. | 0. | 333. | 18,309. | 7,861. | 186,791. | 0. |
| 4 CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Judith Silekis | (i) | 146,582. | 0. | 69. | 17,480. | 6,291. | 170,422. | 0. |
| 5 Development Dir | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Angel Gutierrez | (i) | 140,951. | 0. | 104. | 16,410. | 9,444. | 166,909. | 0. |
| 6 Vice President | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Frank Burr | (i) | 139,108. | 0. | 486. | 18,104. | 17,640. | 175,338. | 0. |
| 7 CIO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Laura E Rios | (i) | 133,263. | 0. | 819. | 16,392. | 23,580. | 174,054. | 0. |
| 8 Vice President | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

Semi annual gross up payments are made to priests to cover ministerial expenses. As a priest of the Archdiocese of Chicago, the CEO/Administrator is provided with a residence in Archdiocesan property.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **Catholic Charities of the Archdiocese of Chicago** Employer identification number **36-2170821**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | (1) | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990 or 990-EZ) 2016**

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| (1) Michael Stanley | Former Dir | 135,820. | Printing Services | | X |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

Supplemental Information

Catholic Charities purchased printing services from Elk Grove Graphics which is owned by the Stanley family. Michael Stanley is a former member of the Board of Directors.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **Catholic Charities of the Archdiocese of Chicago** Employer identification number **36-2170821**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------------------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 Art – Works of art | | | | |
| 2 Art – Historical treasures | | | | |
| 3 Art – Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities – Publicly traded | X | 73 | 890,824. | Avg Mkt Price |
| 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 | X | 1 | 1,290,000. | Appraisal |
| 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 ▶ (Toy Shower) | X | 13,665 | 1,541,394. | Avg Cost |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If 'Yes,' describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If 'Yes,' describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2016)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Catholic Charities of the Archdiocese
of Chicago

Employer identification number

36-2170821

Part XI Lines 1-3: Financial Stmtns

The organization's financial statements were not audited as a stand alone organization but rather audited by an independent auditor as part of a consolidated entity which includes the organization and its related affiliates and is referred to as the Catholic Charities of the Archdiocese of Chicago Combined Financial Statements. The organization's audit committee assumes the responsibility of the audit of the combined financial statements. The audit committee of the organization's sole member is responsible in the selection of an independent accountant. The organization did undergo the required audit set forth in the Single Audit Act and OMB Circular A-133, as part of a consolidation. The audit report is referred to the Administrative and Service Delivery Operations of the Archdiocese of Chicago.

Form 990, Part III, Line 1 - Organization Mission

Catholic Charities fulfills the Church's role in the mission of charity to anyone in need by providing compassionate, competent and professional services that strengthen and support individuals, families and communities based on the value and dignity of human life.

Form 990, Part III, Line 4d - Other Program Services Description

Housing Services provides dignified, safe and affordable housing for individuals and families across the lifespan. It includes four congregate emergency shelters, transitional and permanent supportive housing using a scattered site model. Clients Served: 5,624.

Children, Youth and Family Services: Mission is to empower children, youth and their families to develop stability and self-reliance by enhancing their education, health, safety and connections to their community. Child development centers, after

Name of the organization Catholic Charities of the Archdiocese
of Chicago

Employer identification number
36-2170821

Form 990, Part III, Line 4d - Other Program Services Description

school care, maternity services, domestic and international adoptions, services to pregnant and parenting teens, child and family counseling and child welfare programs. Total clients served 7,888

Program development: Services include health fairs, tutoring and ESL classes, evening supper programs, distribution of clothes for needy, etc. Total clients served: 57,624

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Board of Director, James Ryan is related to John Ryan who is also a Board of Director and employee of the organization.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The organization's Corporate Member is the Catholic Bishop of Chicago.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The governing body is elected as set out in the Corporate By-Laws under sections 3.2 and 5.2.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Decisions of the governing body may be subject to the approval by the Corporate Member as set out in the Corporate By-Laws under sections 2.2 and 2.3.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board of Directors has delegated the review and approval of the Form 990 to the Audit Committee. The Audit Committee reviewed and approved the Form 990 on November 13, 2017.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, officers, directors and key employees are required to complete and sign a conflict of interest form where they disclose any potential conflicts of

Name of the organization Catholic Charities of the Archdiocese
of Chicago

Employer identification number
36-2170821

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

interest or affirmatively state that there are no conflicts of interest. Potential conflicts of interest are investigated and documented.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

On an annual basis, the Executive Compensation Committee reviews and approved the compensation of covered employees which includes the CEO and other executives. In its review and approval of compensation, the Committee shall affirmatively determine that compensation is reasonable to the organization based on information sufficient to determine whether the value of services is the amount that would ordinarily be paid for like services by like enterprises that are tax exempt under like circumstances. Relevant information includes but is not limited to, compensation levels paid by similarly situated organizations that are tax exempt, for functionally comparable positions.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

On an annual basis, the Executive Compensation Committee reviews and approved the compensation of covered employees which includes the CEO and other executives. In its review and approval of compensation, the Committee shall affirmatively determine that compensation is reasonable to the organization based on information sufficient to determine whether the value of services is the amount that would ordinarily be paid for like services by like enterprises that are tax exempt under like circumstances. Relevant information includes but is not limited to, compensation levels paid by similarly situated organizations that are tax exempt, for functionally comparable positions.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Form 1023 is not applicable. Catholic Charities' tax exemption status is covered under the U.S. Conference of Catholic Bishops group exemption ruling. Catholic Charities' Form 990 is available on Guidestar's website. Guidestar receives the

| | |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization Catholic Charities of the Archdiocese of Chicago | Employer identification number 36-2170821 |
|---------------------------------------------------------------------------------|----------------------------------------------|

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection (continued)

Agency's Form 990 directly from the IRS.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and Conflict of Interest Policy are available upon request. The Agency's audited financial statements are available on our website.

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

| | |
|------------------------------------|-----------------------------|
| Pension & Post Retirement Adj..... | \$ 40,919,698. |
| | Total <u>\$ 40,919,698.</u> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization

Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) ----- ----- ----- | | | | | |
| (2) ----- ----- ----- | | | | | |
| (3) ----- ----- ----- | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? | |
|---------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------------|----|
| | | | | | | Yes | No |
| (1) Holy Family Villa 12220 S. Will Cook Road Palos Park, IL 60464 36-3680983 | Skilled Nursing Facility | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| (2) Options for Housing, Inc. 721 N. LaSalle Street Chicago, IL 60654-3503 36-3580405 | Subsidized Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| (3) Catholic Charities Housing Develop 721 N. LaSalle Street Chicago, IL 60654-3503 36-4325317 | Subsidized Real Estate Development | IL | 501c3 | 11 | Catholic Charities of the Arch of Chicag | | X |
| (4) Roseland Senior Housing Corporatio 721 N. LaSalle Street Chicago, IL 60654-3503 36-3519061 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| See Part VII | | | | | | | | | | | | |
| (1) St. Leo Residenc 721 N. LaSalle S Chicago, IL 6065 83-0378871 | Real Estate | IL | N/A | | 0. | 0. | | X | N/A | | X | |
| (2) Cortland Manor L 721 N. LaSalle S Chicago, IL 6065 36-4482230 | Real Estate | IL | N/A | | 0. | 0. | | X | N/A | | X | |
| (3) ----- ----- ----- | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | |
|------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|------------------------------------------|----|
| | | | | | | | | Yes | No |
| (1) Cortland Manor Development Cor 721 N LaSalle St Chicago, IL 60654-3503 36-4505393 | Real Estate | IL | N/A | | 0. | 0. | | | X |
| (2) St. Leo Development Associatio 721 N LaSalle St Chicago, IL 60654-3503 83-0378870 | Real Estate | IL | N/A | | 0. | 0. | | | X |
| (3) Crisp Mobile Grocery L3C 721 N LaSalle St Chicago, IL 60654 46-1073616 | Produce Grocer | IL | N/A | | 0. | 0. | | | X |

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) Holy Family Villa | l | 1,028,363. | Cost |
| (2) Holy Family Villa | q | 7,596,544. | Cost |
| (3) Options for Housing, Inc. | l | 130,508. | Cost |
| (4) Options for Housing, Inc. | q | 855,819. | Cost |
| (5) Catholic Charities Housing Development | l | 22,647. | Cost |
| (6) Catholic Charities Housing Development | q | 33,045. | Cost |

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part III - Partnership Full Name, Address, FEIN

St. Leo Residence, LP 83-0378871 721 N. LaSalle Street Chicago, IL

60654-3503

Cortland Manor LLC 36-4482230 721 N. LaSalle Street Chicago, IL

60654-3503

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity | (G) Sec 512(b)(13) controlled entity? | |
|-------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------------|----|
| | | | | | | Yes | No |
| Hayes Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-3686967 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Matthew Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-3867486 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Tolton Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-3932659 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Frances Manor Senior Housing Corpora 721 N. LaSalle Street Chicago, IL 60654-3503 36-3867489 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Lawrence Manor Senior Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-3932662 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Bernardin Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-4188920 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Ailbe Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-3985169 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Sabina Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-4223533 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Ailbe Assisted Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-4223536 | Assisted Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity | (G) Sec 512(b)(13) controlled entity? | |
|-------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------------|----|
| | | | | | | Yes | No |
| Peter Claver Senior Housing Corporat 721 N. LaSalle Street Chicago, IL 60654-3503 36-4188922 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Brendan Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-4435695 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Goedert Senior Housing Corporation 721 N. LaSalle Street Chicago, IL 60654-3503 36-4526043 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| North Center Senior Housing NFP 721 N. LaSalle Street Chicago, IL 60654-3503 80-0097745 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Northlake Senior Housing NFP 721 N. LaSalle Street Chicago, IL 60654-3503 90-0213451 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| St. Leo Assisted Housing NFP 721 N. LaSalle Street Chicago, IL 60654 47-0950766 | Assisted Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Catholic Bishop of Chicago 835 N. Rush Street Chicago, IL 60611 36-2170826 | Church | IL | 501c3 | 1 | US Conference of Catholic Bishops | | X |
| St. Joseph Carondelet Child Center 721 N. LaSalle Street Chicago, IL 60654-3503 36-2171745 | Social Services | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| Palos Park Senior Housing NFP 721 N. LaSalle Street Chicago, IL 60654-3503 20-8032139 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity | (G) Sec 512(b)(13) controlled entity? | |
|----------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------------|----|
| | | | | | | Yes | No |
| All Saints Senior Housing, NFP 721 N LaSalle St Chicago, IL 60654 27-3362317 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| The Catholic Charities USA Employee 2050 Ballenger Avenue Alexandria, VA 22314 45-6491273 | Health Insurer | VA | 501c9 | | N/A | | X |
| Porta Coeli Senior Housing, NFP 721 N LaSalle St Chicago, IL 60654 45-5299589 | Senior Housing | IL | 501c3 | 7 | Catholic Charities of the Arch of Chicag | | X |
| House of the Good Shepherd 721 N LaSalle St Chicago, IL 60654 36-2167738 | Domestic Violence Shelter | IL | 501c3 | 7 | Catholic Charities of the Arch of Chgo | | X |
| Peace Corner 721 N LaSalle St Chicago, IL 60654 20-2940156 | Youth Programs | IL | 501c3 | 7 | Catholic Charities of the Arch of Chgo | | X |
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership | (I) Section 512 (b)(13) controlled entity? | |
|---------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|-----------------------------------------------|----|
| | | | | | | | | Yes | No |
| Veteran's Independent Painting 721 N LaSalle St Chicago, IL 60654 46-1063107 | Painting Services | IL | N/A | | 0. | 0. | | | X |
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of related organization | (B) Transaction type (a-s) | (C) Amount involved | (D) Method of determining amount involved |
|-----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| Roseland Senior Housing Corporation..... | l | 153,061. | Cost |
| Roseland Senior Housing Corporation..... | q | 225,897. | Cost |
| Hayes Senior Housing Corporation..... | l | 142,353. | Cost |
| Hayes Senior Housing Corporation..... | q | 209,797. | Cost |
| Matthew Senior Housing Corporation..... | l | 253,845. | Cost |
| Matthew Senior Housing Corporation..... | q | 481,321. | Cost |
| Tolton Senior Housing Corporation..... | l | 159,073. | Cost |
| Tolton Senior Housing Corporation..... | q | 288,766. | Cost |
| Frances Manor Senior Housing Corporation..... | l | 155,038. | Cost |
| Frances Manor Senior Housing Corporation..... | q | 345,900. | Cost |
| Lawrence Manor Senior Corporation..... | l | 230,657. | Cost |
| Lawrence Manor Senior Corporation..... | q | 338,448. | Cost |
| Bernardin Senior Housing Corporation..... | l | 331,273. | Cost |
| Bernardin Senior Housing Corporation..... | q | 531,613. | Cost |
| Ailbe Senior Housing Corporation..... | l | 293,448. | Cost |
| Ailbe Senior Housing Corporation..... | q | 404,889. | Cost |
| Sabina Senior Housing Corporation..... | l | 166,767. | Cost |
| Sabina Senior Housing Corporation..... | q | 282,424. | Cost |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of related organization | (B) Transaction type (a-s) | (C) Amount involved | (D) Method of determining amount involved |
|----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| Ailbe Assisted Housing Corporation..... | l | 16,470. | Cost |
| Ailbe Assisted Housing Corporation..... | q | 35,249. | Cost |
| Peter Claver Senior Housing Corporation..... | l | 146,818. | Cost |
| Peter Claver Senior Housing Corporation..... | q | 259,874. | Cost |
| Brendan Senior Housing Corporation..... | l | 146,401. | Cost |
| Brendan Senior Housing Corporation..... | q | 225,955. | Cost |
| Goedert Senior Housing Corporation..... | l | 152,089. | Cost |
| Goedert Senior Housing Corporation..... | q | 239,439. | Cost |
| North Center Senior Housing NFP..... | l | 173,997. | Cost |
| North Center Senior Housing NFP..... | q | 325,790. | Cost |
| Northlake Senior Housing NFP..... | l | 154,203. | Cost |
| Northlake Senior Housing NFP..... | q | 288,665. | Cost |
| St. Leo Assisted Housing NFP..... | l | 35,751. | Cost |
| St. Leo Assisted Housing NFP..... | q | 51,123. | Cost |
| Catholic Bishop of Chicago..... | p | 3,812,265. | Cost |
| Palos Park Senior Housing NFP..... | l | 168,877. | Cost |
| Palos Park Senior Housing NFP..... | q | 311,183. | Cost |
| All Saints Senior Housing, NFP..... | l | 89,499. | Cost |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of related organization | (B) Transaction type (a-s) | (C) Amount involved | (D) Method of determining amount involved |
|-----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| All Saints Senior Housing, NFP..... | q | 153,299. | Cost |
| The Catholic Charities USA Employee Welf..... | p | 17,055,692. | FMV |
| Porta Coeli Senior Housing, NFP..... | l | 171,930. | Cost |
| Porta Coeli Senior Housing, NFP..... | q | 220,476. | Cost |
| House of the Good Shepherd..... | l | 98,522. | Cost |
| House of the Good Shepherd..... | q | 640,509. | Cost |
| Peace Corner..... | l | 32,270. | Cost |
| Peace Corner..... | q | 167,482. | Cost |
| Cortland Manor Development Corporation..... | q | 1,042,865. | Cost |
| St. Leo Development Association..... | q | 453,152. | Cost |
| Crisp Mobile Grocery L3C..... | l | 102. | Cost |
| Crisp Mobile Grocery L3C..... | q | 17. | Cost |
| Veteran's Independent Painting, L3C..... | l | 1,628. | Cost |
| Veteran's Independent Painting, L3C..... | q | 16,033. | Cost |
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