

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
212 NINTH STREET

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15222

D Employer identification number
25-1326213

E Telephone number
(412) 456-6999

G Gross receipts \$ 11,923,230

F Name and address of principal officer:
SUSAN RAUSCHER
212 NINTH STREET 10TH FLOOR
PITTSBURGH, PA 15222

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.CCPGH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1978

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	95
6 Total number of volunteers (estimate if necessary)	6	85
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,158,411	10,077,961
9 Program service revenue (Part VIII, line 2g)	276,860	261,554
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,570	178,688
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	713,154	639,237
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,296,995	11,157,440

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	846,186	3,378,410
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,492,123	4,597,894
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 784,219		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,045,193	3,439,556
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,383,502	11,415,860
19 Revenue less expenses. Subtract line 18 from line 12	913,493	-258,420

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,543,363	17,139,596
21 Total liabilities (Part X, line 26)	1,578,902	1,616,975
22 Net assets or fund balances. Subtract line 21 from line 20	14,964,461	15,522,621

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2022-02-15
SUSAN RAUSCHER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-02-15
Check if self-employed PTIN: P00095538
Firm's name ▶ GROSSMAN YANAK & FORD LLP Firm's EIN ▶ 25-1638525
Firm's address ▶ THREE GATEWAY CTR STE 1800 Phone no. (412) 338-9300
PITTSBURGH, PA 15222

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CATHOLIC CHARITIES PROVIDES A NUMBER OF SOCIAL SERVICES TO THE POOR AND NEEDY INCLUDING COUNSELING, PREGNANCY AND PARENTING SUPPORT, FINANCIAL ASSISTANCE FOR BASIC NEEDS, HOUSING ASSISTANCE, ELDERLY SERVICES, YOUTH PROGRAMS, HOMELESS SHELTERS, AND OTHER SOCIAL SERVICES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,308,200 including grants of \$ 1,136,488) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 932,891 including grants of \$ 313,917) (Revenue \$ 169,292)

See Additional Data

4c (Code:) (Expenses \$ 578,655 including grants of \$ 390,990) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 4,813,753 including grants of \$ 1,537,015) (Revenue \$ 92,262)

CATHOLIC CHARITIES ALSO PROVIDES SUPPORT AND SERVICES IN THE FOLLOWING AREAS: SHELTER SERVICES - PATH II GRANT, AGING ASSISTANCE, ANGER MANAGEMENT, COMMUNITY OUTREACH, COUNSELING, FAMILY INTERVENTION, FAMILY SERVICES, FINANCIAL ASSISTANCE, HOMELESS CARE MANAGEMENT, RENTAL HOUSING ASSISTANCE, INFORMATION & REFERRAL, LIFE SKILLS EDUCATION, PREGNANCY & PARENTING SUPPORT, REFUGEE SUPPORT SERVICES, YOUTH & FAMILY SERVICES, COMMUNITY EDUCATION/ADVOCACY, YOUTH COPING SKILLS EDUCATION, AND ASSISTANCE FOR YOUTH IN NEED.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,813,753 including grants of \$ 1,537,015) (Revenue \$ 92,262)

4e Total program service expenses ▶ 9,633,499

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JILL KRAUZA 212 NINTH STREET 10TH FLOOR PITTSBURGH, PA 15222 (412) 456-6993

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

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

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

See instructions for the order in which to list the persons above.

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) STEVEN C BLANCO SR PRESIDENT	4.00	X		X			0	0	0	
(2) CHRISTOPHER SCOLETTI VICE PRESIDENT	4.00	X		X			0	0	0	
(3) VICTORIA BECHTOLD KUSH SECRETARY	4.00	X		X			0	0	0	
(4) GREGORY A STEVE TREASURER, AUDIT CO-CHAIR	4.00	X		X			0	0	0	
(5) JOHN M HAGAN NOMINATING CHAIR	4.00	X		X			0	0	0	
(6) COLLEEN M DARRAGH FINANCE CO. CHAIR	4.00	X		X			0	0	0	
(7) ANNA B TORRANCE EX-OFFICIO, VOTING BRD. MB	1.00	X		X			0	0	0	
(8) SUSAN CRUZ BOARD MEMBER	2.00	X					0	0	0	
(9) DOROTHY ALKE BOARD MEMBER	1.00	X					0	0	0	
(10) SHANNON MCHUGH CULLY EX-OFFICIO, VOTING BRD. MB	2.00	X					0	0	0	
(11) SAMUEL J DIPPOLD BOARD MEMBER	1.00	X					0	0	0	
(12) KIMBERLY J HAMMER ESQ BOARD MEMBER	1.00	X					0	0	0	
(13) JUDGE MAUREEN LALLY-GREEN BOARD MEMBER	1.50	X					0	0	0	
(14) PAUL MALONE BOARD MEMBER	1.00	X					0	0	0	
(15) JONIDA MINCE BOARD MEMBER	2.00	X					0	0	0	
(16) MICHELLE ROBERTS MD EX-OFFICIO, VOTING BRD. MB	2.00	X					0	0	0	
(17) GEORGIA ROSS EX-OFFICIO, VOTING BRD. MB	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JONI MANGINO SELEP BOARD MEMBER	2.00	X						0	0	0
(19) LAUREN E WEDDELL BOARD MEMBER	2.00	X						0	0	0
(20) NEAL SHIPLEY EX-OFFICIO, VOTING BRD. MB	2.00	X						0	0	0
(21) DANIEL PISANIELLO BOARD MEMBER	1.50	X						0	0	0
(22) SUSAN RAUSCHER EXECUTIVE DIRECTOR	40.00				X			180,197	0	0
(23) JILL KRAUZA DEPUTY EXECUTIVE DIRECTOR	40.00					X		131,775	0	0
(24) VINCE KANE HR DIRECTOR	40.00					X		131,607	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								443,579	0	0

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3			
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	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PCN 603 STANWIX STREET SUITE 1308 PITTSBURGH, PA 15222	SENIOR CENTER AND HOME DELIVERED MEALS	1,039,915
DIOCESE OF PITTSBURGH 111 BOULEVARD OF THE ALLIES PITTSBRUGH, PA 15222	EMPLOYEE BENEFITS AND BUSINESS INSURANCE	962,861
DONNELLY-BOLAND & ASSOCIATES 2801 CUSTER AVENUE G PITTSBRUGH, PA 15227	ACCOUNTANT/FINANCE/OUTSOURCING	383,400
SUPER 8 MOTEL 1699 NEW BUTLER ROAD NEW CASTLE, PA 16101	HOUSING ASSISTANCE	283,506
PEAK SECURITY INC 103 YOST BLVD 100 PITTSBURGH, PA 15221	CONTRACTOR	233,942

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 ▶ 10	
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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	1a Federated campaigns	1a	526,536				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	643,953				
	e Government grants (contributions)	1e	6,033,405				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,874,067				
	g Noncash contributions included in lines 1a - 1f:\$	1g	381,845				
	h Total. Add lines 1a-1f			10,077,961			
	Program Service Revenue						
Program Service Revenue	2a RESIDENTIAL CARE	Business Code					
		624100	169,292	169,292			
	b SERVICES & OTHER DEPTS	624100	92,262	92,262			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		261,554					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		178,688			178,688	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	455,032				
		(ii) Personal					
		b Less: rental expenses	732,098				
		c Rental income or (loss)	-277,066				
	d Net rental income or (loss)			-277,066		-277,066	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		690,762				
		b Less: direct expenses	33,692				
		c Net income or (loss) from fundraising events		657,070			657,070
	9a Gross income from gaming activities. See Part IV, line 19						
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MISC INCOME	624100	259,233	259,233				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			259,233				
12 Total revenue. See instructions			11,157,440	520,787	0	558,692	

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	3,378,410	3,378,410		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,469,501	2,743,081	307,196	419,224
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	785,110	651,737	63,464	69,909
10 Payroll taxes	343,283	227,186	78,294	37,803
11 Fees for services (non-employees):				
a Management				
b Legal	15,524	12,508	3,016	
c Accounting	544,446	438,672	105,774	
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)	510,851	305,201	73,591	132,059
12 Advertising and promotion	110,457	66,700	34,631	9,126
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,100,285	1,006,848	82,511	10,926
17 Travel	37,236	29,725	6,768	743
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	302,947	250,999	42,832	9,116
23 Insurance	173,049	114,427	49,506	9,116
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 REPAIRS AND MAINTENANCE	170,788	157,733	12,138	917
b OTHER	119,011	32,350	79,784	6,877
c TELECOMMUNICATIONS	112,655	93,453	16,555	2,647
d SUPPLIES	104,452	87,881	6,530	10,041
e All other expenses	137,855	36,588	35,552	65,715
25 Total functional expenses. Add lines 1 through 24e	11,415,860	9,633,499	998,142	784,219
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	6,205,364	2	5,581,277
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,960,519	4	2,025,240
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	69,535	9	42,375
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,871,094		
	b Less: accumulated depreciation	4,396,389	10c	2,474,705
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	5,755,177	12	7,015,999
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,543,363	16	17,139,596	
Liabilities	17 Accounts payable and accrued expenses	718,103	17	740,241
	18 Grants payable		18	
	19 Deferred revenue	21,411	19	37,346
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	86,588	23	86,588
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	752,800	25	752,800
	26 Total liabilities. Add lines 17 through 25	1,578,902	26	1,616,975
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,084,473	27	10,754,922
	28 Net assets with donor restrictions	4,879,988	28	4,767,699
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	14,964,461	32	15,522,621	
33 Total liabilities and net assets/fund balances	16,543,363	33	17,139,596	

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	11,157,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,415,860
3	Revenue less expenses. Subtract line 2 from line 1	3	-258,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,964,461
5	Net unrealized gains (losses) on investments	5	1,260,273
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-443,693
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,522,621

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 25-1326213

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Form 990 (2020)

Form 990, Part III, Line 4a:

CATHOLIC CHARITIES ADMINISTERS A PROGRAM FOR SENIORS TO ENHANCE THEIR INDEPENDENCE IN THE COMMUNITY. CATHOLIC CHARITIES PROVIDES COMPREHENSIVE SERVICES IN THE HOME, WHICH MAY ELIMINATE THE NEED FOR AN INDIVIDUAL TO MOVE TO A NURSING HOME. SERVICES INCLUDE: CARE MANAGEMENT, HOME DELIVERED MEALS, NURSING HOME TRANSITION, PERSONAL CARE, RESPITE CARE, FAMILY CAREGIVER SUPPORT, ASSISTANCE WITH UNDERSTANDING MEDICAID COVERAGE AND OPTIONS, LONG-TERM CARE OMBUDSMAN PROGRAM, SUPPORT GROUPS, TRANSPORTATION, AND HOME SUPPORT. CATHOLIC CHARITIES RUNS TWO COMMUNITY CENTERS WHERE INDIVIDUALS CAN RECEIVE MEALS, RECREATION ACTIVITIES, EDUCATION PROGRAMMING, HEALTH PROMOTION PROGRAMS, AND ACTIVITIES WHICH INCLUDES A STATE-OF-THE-ART FITNESS CENTER WITH A FULL-TIME FITNESS EXPERT. CASE MANAGEMENT IS PROVIDED TO CONSUMERS WITH THE GOAL OF ASSISTING EACH RESIDENT IN MAINTAINING THEIR INDEPENDENCE UNTIL THEY MUST MOVE TO ASSISTED LIVING, PERSONAL CARE, OR NURSING CARE FACILITIES.

Form 990, Part III, Line 4b:

ST. JOSEPH HOUSE OF HOSPITALITY IS A PROGRAM OF CATHOLIC CHARITIES OF THE DIOCESE OF PITTSBURGH THAT SERVES MEN, 50 YEARS OF AGE AND OLDER, FROM SOUTHWESTERN PENNSYLVANIA WHO ARE HOMELESS OR FACED WITH HOMELESSNESS. A MAJORITY OF HOMELESS MEN WHO ARE SERVED HAVE A MENTAL HEALTH DIAGNOSIS OR DEVELOPMENTAL DISABILITIES, SOME HAVE PROBLEMS STEMMING FROM SUBSTANCE ABUSE, AND OTHERS HAVE BEEN RELEASED FROM INCARCERATION. DUE TO A LACK OF EDUCATION AND OPPORTUNITY OR DEPRESSED ECONOMIC CONDITIONS, MANY OF ST. JOSEPH'S CLIENTS CANNOT SECURE GAINFUL EMPLOYMENT OR BECOME FINANCIALLY INDEPENDENT. ST. JOSEPH'S OFFERS RESIDENTS PERMANENT HOUSING AND TRANSITIONAL HOUSING. IN THE PERMANENT HOUSING PROGRAM, MEN LIVE AT ST. JOSEPH'S AS LONG AS THEY ARE CAPABLE OF INDEPENDENT LIVING. RESIDENTS IN PERMANENT HOUSING PROGRAM TYPICALLY LIVE AT ST. JOSEPH'S FOR MORE THAN 24 MONTHS. ST. JOSEPH'S FOOD PROGRAM IS AN IMPORTANT PART OF THE SERVICES PROVIDED FOR RESIDENTS. ST. JOSEPH'S PREPARES AND SERVES MEALS AT THE SAME TIME EVERYDAY, PROVIDING A DAILY STRUCTURE THAT IS OFTEN LACKING IN THE RESIDENTS' PREVIOUS LIFESTYLE. NUTRITIOUS MEALS SERVED AT THE SAME TIME EVERYDAY IS IMPORTANT IN ESTABLISHING A PATTERN OF STABILITY IN THE LIVES OF ST. JOSEPH'S RESIDENTS. THIS STABILITY IS AN IMPORTANT PREREQUISITE TO HELP RESIDENTS MOVE TOWARD GREATER SELF-SUFFICIENCY. SUPPORTIVE COUNSELING SERVICES ARE ALSO PROVIDED TO ENABLE HOMELESS MEN TO OBTAIN EMPLOYMENT AND BECOME INDEPENDENT CONTRIBUTING MEMBERS OF SOCIETY. ST. JOSEPH'S PROVIDES THREE PREPARED MEALS EVERY DAY OF THE YEAR, SERVING AN ESTIMATED 45,627 MEALS ANNUALLY. IN ADDITION TO ST. JOSEPH'S, CATHOLIC CHARITIES' BUTLER COUNTY OFFICE HAS A SAFE HARBOR PROGRAM WHICH PROVIDES HOMELESS INDIVIDUALS AND FAMILIES A SAFE-SUPPORTIVE ENVIRONMENT ON A TEMPORARY BASIS, ALONG WITH SPECIFIC GOAL DIRECTED INTENSIVE CASE MANAGEMENT AND LIFE SKILLS TRAINING. THE STAFF ASSISTS HOMELESS INDIVIDUALS AND FAMILIES IN ACQUIRING PERMANENT, AFFORDABLE HOUSING, AS WELL AS MEDICAL, EDUCATIONAL, VOCATIONAL AND SOCIAL SERVICES. THE SAFE HARBOR PROGRAM IS LOCATED ABOVE THE OFFICE OF BUTLER CATHOLIC CHARITIES. IT CONSISTS OF SIX APARTMENTS, ONE THAT IS OCCUPIED BY A RESIDENT MANAGER EMPLOYED BY THE LIGHTHOUSE FOUNDATION, TWO FAMILY UNITS, AND THREE SINGLE APARTMENTS. THE SINGLE APARTMENTS ARE SEPARATE FROM THE FAMILY UNITS. SAFE HARBOR IS ABLE TO HOUSE APPROXIMATELY 12-15 PEOPLE AT ANY GIVEN TIME, WITH AN AVERAGE LENGTH OF STAY 30-60 DAYS.

Form 990, Part III, Line 4c:

PREGNANCY AND PARENTING PROGRAM SUPPORTS STRUGGLING PARENTS - REGARDLESS OF FINANCIAL STATUS - WITH FREE AND CONFIDENTIAL ASSISTANCE, INCLUDING LIFE-AFFIRMING COUNSELING, PREGNANCY-TO-TODDLER PARENTING EDUCATION AND TANGIBLE CHILDCARE ITEMS, SUCH AS DIAPERS, BABY EQUIPMENT AND CLOTHING. WE RECOGNIZE THAT REGARDLESS OF ECONOMIC BACKGROUND ALL PARENTS STRUGGLE. OUR GOALS ARE TO PROVIDE HOPE THROUGH TEACHING NORMALIZED PARENTING SKILLS AND HELPING FAMILIES ESTABLISH HEALTHY PATTERNS OF BEHAVIOR TO CREATE HAPPY, STRONG AND LESS-STRESSFUL HOMES FOR CHILDREN. STAFF AND VOLUNTEERS HELP PROGRAM PARTICIPANTS, INCLUDING SOON-TO-BE PARENTS AND THOSE RAISING TODDLERS, IDENTIFY CURRENT NEEDS FOR IMMEDIATE RELIEF AND DEVELOP ACTION PLANS TO PREPARE FOR FUTURE GOALS AND CHALLENGES.

SCHEDULE A
 (Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number
 25-1326213

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 **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		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	8,512,558	8,691,226	8,236,918	9,158,411	10,077,961	44,677,074
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	8,512,558	8,691,226	8,236,918	9,158,411	10,077,961	44,677,074
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.						44,677,074

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	8,512,558	8,691,226	8,236,918	9,158,411	10,077,961	44,677,074
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	666,327	709,018	197,255	148,570	178,688	1,899,858
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.). . .	40,015	289,500	295,806	258,574	259,233	1,143,128
11 Total support. Add lines 7 through 10						47,720,060
12 Gross receipts from related activities, etc. (see instructions)					12	2,228,969
13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	93.620 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	92.920 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
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>		
	7		
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>		
	8		
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>		
	9a		
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>		
	9b		
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>		
	9c		
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 line 10b below.</i>		
	10a		
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>		
	10b		

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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):	1	
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PART II LINE 10	EXPLANATION FOR OTHER INCOME: OTHER MISCELLANEOUS REVENUE, REFUNDS, REBATES, INSURANCE PROCEEDS, PENSION PLAN FORFEITURE, ETC.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: CATHOLIC CHARITIES OF THE DIOCESE OF PGH Employer identification number: 25-1326213

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,135,271	6,771,030	6,631,255	6,331,599	3,695,808
b Contributions	1,241,706	1,177,735	195,104	333,369	109,973
c Net investment earnings, gains, and losses					437,695
d Grants or scholarships					
e Other expenditures for facilities and programs	433,228	813,494	55,329	33,713	-2,088,123
f Administrative expenses					
g End of year balance	7,943,749	7,135,271	6,771,030	6,631,255	6,331,599

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,468,316	1,942,369	1,525,947
c Leasehold improvements		1,420,434	609,516	810,918
d Equipment		1,972,984	1,844,504	128,480
e Other		9,360		9,360
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,474,705

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) THE INSTITUTIONAL COMMON FUND TRUST	7,014,999	C
(B) OTHER	1,000	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	7,015,999	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM	752,800
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	752,800

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,728,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,260,273
b	Donated services and use of facilities	2b	277,066
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,537,339
3	Subtract line 2e from line 1	3	11,191,132
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-33,692
c	Add lines 4a and 4b	4c	-33,692
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,157,440

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

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

1	Total expenses and losses per audited financial statements	1	11,726,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	277,066
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	33,692
e	Add lines 2a through 2d	2e	310,758
3	Subtract line 2e from line 1	3	11,415,860
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,415,860

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 25-1326213

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TO COVER ANY MAJOR UNEXPECTED CUTS IN FUNDING SO THAT AN OPERATING PLAN CAN BE MADE TO ADDRESS SHORT FALLS TO KEEP THE AGENCY SERVICES RUNNING, TO STRENGTHEN THE AGENCY FINANCIALLY , AND TO PROVIDE FUNDS FOR UNEXPECTED OR EMERGENCY EXPENDITURES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, A PROVISION FOR FEDERAL OR STATE INCOME TAXES IS NOT REQUIRED. THE ORGANIZATION DOES NOT CURRENTLY CONDUCT ANY ACTIVITIES WHICH ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX; THEREFORE, MANAGEMENT BELIEVES THAT THERE IS NO LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2021 AND 2020. THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS BEFORE JUNE 30, 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990 REVENUE PAGE 9 -33,692.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990 REVENUE PAGE 9 33,692.

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	(b) Event #2	(c) Other events	(d) Total events
	<u>BISHOPS DINNER</u> (event type)	<u>JESSIE GAMES</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	569,985	48,829	71,948	690,762
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	569,985	48,829	71,948	690,762
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	14,844	2,059	16,789	33,692
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				33,692
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				657,070

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number 25-1326213

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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. Rows 1-12.

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

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) FINANCIAL ASSISTANCE	4776	624,303	0	FMV	DONATED APPLIANCES, FURNITURE, HOME REPAIR ITEMS
(2) FINANCIAL ASSISTANCE, RENT, UTILITIES, MISC.	676	16,995	0	FMV	
(3) EMERGENCY AND DISASTER ASSISTANCE	106	475,424	0	FMV	EMERGENCY ASSISTANCE
(4) CHILD AND BABY ITEMS	4654	9,145	381,846	FMV	DONATED DIAPERS, WIPES, STROLLERS, CRIBS, CAR SEATS
(5) BUS PASSES	175	251,508	0	FMV	TRANSPORTATION
(6) MEALS & CLOTHING FOR HOMELESS	45627	313,917	0	FMV	FOOD AND CLOTHING
(7) CHALLENGES ASSISTANCE - AGING SERVICES	2638	1,305,272	0	FMV	RJP - 01/27/22 12:05PM WORKSHEET SCHEDULE I
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	IN THE CASE OF OF GOVERNMENTAL GRANTS AND/OR SPECIFIC GRANTS TO CATHOLIC CHARITIES, A SPECIFIC PROJECT CODE IS ASSIGNED IN THE COMPUTERIZED ACCOUNTING SYSTEM FOR THE GRANT. ALL EXPENSES THAT RELATE TO THE GRANT ARE ASSIGNED A SPECIFIC PROJECT CODE ALONG WITH THE GENERAL LEDGER ACCOUNT NUMBER. SHARED COSTS ARE ALLOCATED BASED ON VARIOUS ALLOCATION METHODS. RENTAL IS BASED ON SQUARE FOOTAGE USED. PHONE COST IS BASED ON THE NUMBER OF PHONES IN USE, PLUS LONG DISTANCE CALLS IDENTIFIED BY A CODE NUMBER FOR EACH EMPLOYEE. INDIRECT COSTS ARE ALLOCATED BASED ON AN INDIRECT COST PLAN THAT IS SUBMITTED TO FUNDERS AS A CONTRACT ATTACHMENT EXHIBIT. AT THE END OF THE MONTH THE BOOKS ARE CLOSED AND A REPORT OF REVENUE AND EXPENSES IS RUN THAT SHOWS INCOME AND EXPENSES BY MONTH AS WELL AS YEAR TO DATE. A FINANCIAL STATEMENT IS THEN PREPARED WHICH WILL SHOW THE EXPENSE COMPARED TO GRANT BUDGET. VARIANCES WILL BE NOTED AS WELL AS THE AMOUNT OF FUNDS REMAINING FOR EACH LINE ITEM, AS WELL AS FOR THE GRANT IN TOTAL. THESE FINANCIAL STATEMENTS ARE SENT TO THE DEPARTMENT HEADS, ADMINISTRATIVE SUPERVISOR, EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS FINANCE COMMITTEE WHO OVERSEE THESE GRANTS AND THE FISCAL OPERATIONS OF THE AGENCY.

Additional Data

Software ID:
Software Version:
EIN: 25-1326213
Name: CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

FINANCIAL ASSISTANCE	4776	624,303	0	FMV	DONATED APPLIANCES, FURNITURE, HOME REPAIR ITEMS
FINANCIAL ASSISTANCE	4776	624,303	0	FMV	DONATED APPLIANCES, FURNITURE, HOME REPAIR ITEMS
FINANCIAL ASSISTANCE, RENT, UTILITIES, MISC.	676	16,995	0	FMV	
EMERGENCY AND DISASTER ASSISTANCE	106	475,424	0	FMV	EMERGENCY ASSISTANCE
CHILD AND BABY ITEMS	4654	9,145	381,846	FMV	DONATED DIAPERS, WIPES, STROLLERS, CRIBS, CAR SEATS
BUS PASSES	175	251,508	0	FMV	TRANSPORTATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

MEALS & CLOTHING FOR HOMELESS	45627	313,917	0	FMV	FOOD AND CLOTHING
MEALS & CLOTHING FOR HOMELESS	45627	313,917	0	FMV	FOOD AND CLOTHING
CHALLENGES ASSISTANCE - AGING SERVICES	2638	1,305,272	0	FMV	RJP - 01/27/22 12:05PM WORKSHEET SCHEDULE I

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number
25-1326213

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number
25-1326213

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
BABY & INFANT	X	4,654	381,845	FMV
25 Other ▶ (ITEMS)				
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

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?

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?

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

b If "Yes," describe in Part II.

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.

	Yes	No
30a		No
31	Yes	
32a	Yes	

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

Return Reference	Explanation
PART I, LINE 32B:	WE HAVE A THIRD PARTY THAT WILL PICK UP DONATED AUTOS, SELL THEM AT AUCTIONS, SEND US THE PROCEEDS, AND FILE THE APPROPRIATE TAX FORMS. WHEN WE RECEIVE NOTIFICATION OF THE DONATION WE SEND AN ACKNOWLEDGEMENT TO THE DONOR.

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the Organization

CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number

25-1326213

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>CATHOLIC CHARITIES IS THE PRIMARY SOCIAL SERVICE AGENCY OF THE DIOCESE OF PITTSBURGH, SERVING ALL REGARDLESS OF RELIGIOUS AFFILIATIONS, AT THEIR TIME OF GREAT NEED. RELYING ON GOD'S PROVIDENCE AND EMBRACING THE CALL OF THE GOSPEL AND THE SOCIAL TEACHINGS OF THE CHURCH, WE ARE DEDICATED TO CHAMPIONING THE DIGNITY OF THE PERSON, IMPROVING THE QUALITY OF LIFE, AND ADVOCATING FOR THE SOCIAL GOOD OF THE HUMAN FAMILY, SO THAT THE POOR AND VULNERABLE, ALWAYS WELCOMED AND LOVED, EMBRACE OPPORTUNITIES NECESSARY TO REALIZE THEIR POTENTIAL. LAST YEAR, CATHOLIC CHARITIES PROVIDED 422,993 ACTS OF SERVICE. CATHOLIC CHARITIES' CURRENT PROGRAMS AND SERVICES INCLUDE: BASIC NEEDS ASSISTANCE (FOOD, UTILITIES, TRANSPORTATION, RENT, MEDICATIONS, ETC.); LIFE/INTENSIVE CASE MANAGEMENT; SKILLS COUNSELING AND EMPLOYMENT ASSISTANCE; MENTAL HEALTH COUNSELING, GROUP COUNSELING SERVICES INCLUDING ANGER MANAGEMENT; ASSISTANCE FOR FIRST GENERATION AMERICANS AND TRANSITIONAL POPULATIONS INCLUDING REFUGEE ASSISTANCE; HOMELESS SHELTERS AND TRANSITIONAL HOUSING; COMMUNITY OUTREACH AND EDUCATION; YOUTH AND FAMILY SERVICE PROGRAMS; HOUSING ASSISTANCE; PREGNANCY AND PARENTING SUPPORT; A WIDE RANGE OF ELDERLY SERVICES; GAMBLING ADDICTION COUNSELING; WINTER WARMING STATION AND OTHER SOCIAL SERVICES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT AND REMOVE THE DIRECTORS OF CATHOLIC CHARITIES AND TO FILL VACANCIES ON THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ARE RESERVED POWERS EXCLUSIVE TO THE MEMBERS OF CATHOLIC CHARITIES AND NO ATTEMPTED EXERCISE OF ANY SUCH POWERS BY ANYONE OTHER THAN THE MEMBERS SHALL BE VALID OR IN FORCE OR EFFECT WHATSOEVER. THOSE POWERS ARE: TO DETERMINE THE POLICIES OF CATHOLIC CHARITIES AS THEY RELATE TO THE MISSION OF CATHOLIC CHARITIES AND REQUIRE THE IMPLEMENTATION OF PROGRAMS CONSISTENT WITH THOSE POLICIES; TO ELECT AND REMOVE THE DIRECTORS OF CATHOLIC CHARITIES AND TO FILL VACANCIES ON THE BOARD OF DIRECTORS; TO AMEND THE ARTICLES OF INCORPORATION; TO AMEND, ALTER, MODIFY, SUSPEND, AND REPEAL THE BYLAWS; TO PURCHASE, SELL, LEASE, TRANSFER, ENCUMBER, CONSTRUCT, AND CAUSE THE DESTRUCTION OF LAND AND BUILDINGS OWNED BY CATHOLIC CHARITIES OR WHICH CATHOLIC CHARITIES HAS LEGAL OR EQUITABLE TITLE; TO MERGE, CONSOLIDATE, OR AFFILIATE CATHOLIC CHARITIES WITH ANY OTHER ORGANIZATION; AND TO APPROVE THE APPOINTMENT OF THE EXECUTIVE DIRECTOR AND TO APPROVE OR INITIATE THE REMOVAL OF THE EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WILL BE SUBMITTED FOR APPROVAL TO THE BOARD FINANCE AND AUDIT COMMITTEES, WHO WILL, AFTER ITS REVIEW AND APPROVAL, PROVIDE IT TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. IT IS UP TO THAT BOARD MEMBER TO INFORM THE BOARD PRESIDENT AND/OR EXECUTIVE DIRECTOR OF ANY CONFLICT OF INTEREST THAT MAY ARISE IN THE COURSE OF CONDUCTING AGENCY BUSINESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE, WITH A REVIEW OF SALARY TO COMPARABLE NONPROFITS. THE SALARY OF ALL STAFF POSITIONS WERE REVIEWED AND COMPARED TO INDUSTRY STANDARDS LEVELS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO MADE AVAILABLE UPON REQUEST; HOWEVER, DONOR NAMES ARE WITHHELD FROM THE RELEASE TO PROTECT THE CONFIDENTIALITY OF THE DONORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FOR THE JUNE 30, 2021 TAX YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF PGH

Employer identification number
25-1326213

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CATHOLIC CHARITIES HEALTH CARE CENTER INC 212 NINTH STREET 3RD FLOOR PITTSBURGH, PA 15222 65-1307739	MEDICAL CLINIC	PA	501 (C)(3)	7	CATHOLIC CHARITIES OF THE DIOCESE OF PGH	Yes	

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	

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC CHARITIES HEALTH CARE CENTER INC	J	114,140	COST
(2) CATHOLIC CHARITIES HEALTH CARE CENTER INC	L	58,530	COST
(3) CATHOLIC CHARITIES HEALTH CARE CENTER INC	E	364,443	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation