

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1213 16TH ST N

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 33705

D Employer identification number
59-0875805

E Telephone number
(727) 893-1314

G Gross receipts \$ 10,024,698

F Name and address of principal officer:
FRANK V MURPHY
1213 16TH ST N
ST PETERSBURG, FL 33705

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.CCDOSP.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1968

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CATHOLIC CHARITIES SERVES WITH CHARITY AND COMPASSION TO PROMOTE THE SANCTITY AND DIGNITY OF ALL PEOPLE WITH GOD.

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	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	176
6 Total number of volunteers (estimate if necessary)	6	150
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)	8,212,996	8,480,885
9 Program service revenue (Part VIII, line 2g)	1,270,792	1,191,039
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	542,750	-8,215
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,493	123,168
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,166,031	9,786,877
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,519,455	3,458,822
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)	5,116,318	4,260,552
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶135,908		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,069,026	2,519,043
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,704,799	10,238,417
19 Revenue less expenses. Subtract line 18 from line 12	-1,538,768	-451,540
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,171,784	5,875,956
21 Total liabilities (Part X, line 26)	10,318,890	11,463,220
22 Net assets or fund balances. Subtract line 21 from line 20	-5,147,106	-5,587,264

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: 2021-02-23
FRANK V MURPHY PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-02-23
Check if self-employed PTIN: P00848115
Firm's name: ▶ WARREN AVERETT LLC Firm's EIN: ▶ 45-4084437
Firm's address: ▶ 400 NORTH ASHLEY DRIVE SUITE 700 TAMPA, FL 33602 Phone no. (813) 229-2321

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 SERVES WITH CHARITY AND COMPASSION TO PROMOTE THE SANCTITY AND DIGNITY OF ALL PEOPLE WITH GOD. AS A MEMBER OF CHURCH, CATHOLIC CHARITIES OFFERS HOPE BY HELPING THOSE IN NEED AND UNITES WITH OTHERS IN SERVICE.

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 \$ 1,383,511 including grants of \$ 298,503) (Revenue \$ 467,479)
 See Additional Data

4b (Code:) (Expenses \$ 2,491,176 including grants of \$ 602,063) (Revenue \$ 135,506)
 See Additional Data

4c (Code:) (Expenses \$ 2,099,106 including grants of \$ 1,573,742) (Revenue \$ 26,232)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 2,460,217 including grants of \$ 984,514) (Revenue \$ 620,411)

4e Total program service expenses ▶ 8,434,010

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the final column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, 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 [checked]

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 176				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No

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 (FL)
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: JIM WAYNE 1213 16TH ST N ST PETERSBURG, FL 33705 (727) 893-1314

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) MOST REVERAND GREGORY PARKES CHAIRMAN	3.00	X		X			0	0	0	
(2) REV MSGR ROBERT MORRIS VG VICE CHAIRMAN	3.00	X		X			0	0	0	
(3) DEACON RICK WELLS SECOND VICE CHAIRMAN	3.00	X		X			0	0	0	
(4) JEFFORY FORBES PRESIDENT/ EMERITUS	3.00	X		X			0	0	0	
(5) FRANK V MURPHY PRESIDENT	3.00	X		X			0	0	0	
(6) SR MARY CLAIRE NEUOFER OSS VICE PRESIDENT	9.00	X		X			0	0	0	
(7) GERALD GIGLIA TREASURER	3.00	X		X			0	0	0	
(8) FATHER EMERY LONGANGA TRUSTEE	3.00	X					0	0	0	
(9) DEACON GLENN SMITH TRUSTEE	3.00	X					0	0	0	
(10) MARK BOYCE TRUSTEE	3.00	X					0	0	0	
(11) DENNIS O'HANLAN TRUSTEE	1.00	X					0	0	0	
(12) ROBERT CHIAVACCI TRUSTEE	3.00	X					0	0	0	
(13) NICHOLAS GRIFFIN TRUSTEE	3.00	X					0	0	0	
(14) GERALD KLUFT TRUSTEE	3.00	X					0	0	0	
(15) CECILIA MAHONE TRUSTEE	1.00	X					0	0	0	
(16) STEPHANIE MARIE MARTIN TRUSTEE	3.00	X					0	0	0	
(17) CHRISTOPHER MCDONNELL TRUSTEE	3.00	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) SR MARY MCNALLY TRUSTEE	3.00	X						0	0	0	
(19) CANDY OLSON TRUSTEE	3.00	X						0	0	0	
(20) DENNIS WAGGONER TRUSTEE	3.00	X						0	0	0	
(21) ED SUAREZ TRUSTEE	3.00	X						0	0	0	
(22) TONY COLEMAN TRUSTEE	3.00	X						0	0	0	
(23) JAMES WAYNE CFO	28.00 12.00			X				76,769	0	18,204	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								76,769	0	18,204	

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 ▶ **0**

	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>		No
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

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 ▶ **0**

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	229,281				
	b Membership dues	1b					
	c Fundraising events	1c	110,820				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,207,240				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,933,544				
	g Noncash contributions included in lines 1a - 1f:\$	1g	845,113				
	h Total. Add lines 1a-1f			8,480,885			
Program Service Revenue	2a CLIENT SERVICE FEES	Business Code					
		900099	1,013,197	1,013,197			
	b RENTAL INCOME	531110	94,065	94,065			
	c CHOOSE LIFE INCOME	900099	83,777	83,777			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		1,191,039					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,704			22,704	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	142,798				
		b Less: cost or other basis and sales expenses	7b	173,717			
		c Gain or (loss)	7c	-30,919			
	d Net gain or (loss)			-30,919		-30,919	
	8a Gross income from fundraising events (not including \$ 110,820 of contributions reported on line 1c). See Part IV, line 18						
		8a	128,683				
		b Less: direct expenses	8b	64,104			
	c Net income or (loss) from fundraising events			64,579		64,579	
	9a Gross income from gaming activities. See Part IV, line 19						
9a							
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a ADMINISTRATIVE FEES	900099	58,589	58,589				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			58,589				
12 Total revenue. See instructions			9,786,877	1,249,628	0	56,364	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	3,458,822	3,458,822		
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	100,071	10,007	90,064	
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	2,946,434	2,225,525	654,487	66,422
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	332,322	223,174	102,365	6,783
9 Other employee benefits	641,333	488,852	141,326	11,155
10 Payroll taxes	240,392	178,842	56,844	4,706
11 Fees for services (non-employees):				
a Management				
b Legal	61,773	55,997	5,776	
c Accounting	54,467		54,467	
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)	286,355	219,769	65,308	1,278
12 Advertising and promotion	40,531	34,285		6,246
13 Office expenses	371,882	247,261	118,923	5,698
14 Information technology	283,730	56,416	206,803	20,511
15 Royalties				
16 Occupancy	812,521	758,557	48,510	5,454
17 Travel	67,946	52,320	15,621	5
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,239	11,516	9,573	150
20 Interest	13,308	2,241	10,702	365
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	360,695	316,704	38,020	5,971
23 Insurance	124,114	88,247	34,703	1,164
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				
b				
c				
d				
e All other expenses	20,482	5,475	15,007	
25 Total functional expenses. Add lines 1 through 24e	10,238,417	8,434,010	1,668,499	135,908
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	14,520	1	183,495
	2 Savings and temporary cash investments	1,130,019	2	2,064,838
	3 Pledges and grants receivable, net	713,334	3	452,830
	4 Accounts receivable, net	150,147	4	23,784
	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	34,957	7	43,675
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	63,629	9	67,433
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,510,059		
	b Less: accumulated depreciation	10b 2,844,489	2,717,323	10c 2,665,570
	11 Investments—publicly traded securities	33,251	11	27,128
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	314,604	15	347,203
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,171,784	16	5,875,956	
Liabilities	17 Accounts payable and accrued expenses	1,560,243	17	646,955
	18 Grants payable		18	
	19 Deferred revenue	83,333	19	0
	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	256,748	23	1,108,700
	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	8,418,566	25	9,707,565
	26 Total liabilities. Add lines 17 through 25	10,318,890	26	11,463,220
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	-6,176,041	27	-6,745,170
	28 Net assets with donor restrictions	1,028,935	28	1,157,906
	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	-5,147,106	32	-5,587,264	
33 Total liabilities and net assets/fund balances	5,171,784	33	5,875,956	

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	9,786,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,238,417
3	Revenue less expenses. Subtract line 2 from line 1	3	-451,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,147,106
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	11,382
7	Investment expenses	7	
8	Prior period adjustments	8	
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 33, column (B))	10	-5,587,264

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0875805

Name: CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PREGNANCY, PARENTING SUPPORT AND ADOPTION PROGRAMS - CATHOLIC CHARITIES DIOCESE OF ST. PETERSBURG ("CCDOSP") TRAINED STAFF AND VOLUNTEERS TO OFFER CONFIDENTIAL, COMPREHENSIVE SERVICES TO ADOLESCENTS, WOMEN AND FAMILIES FACING THE ISSUES OF SEXUALITY, PREGNANCY AND THE RESPONSIBILITY OF PARENTING. ALL SERVICES ARE PROVIDED FREE OF CHARGE. SERVICES INCLUDE FREE CONFIDENTIAL PREGNANCY TESTING, LIMITED ULTRASOUND UP TO 12 WEEKS, PARENTING OPTIONS, INFORMATION ON ADOPTION, MENTORING, MATERNITY AND INFANT SUPPLIES, COMMUNITY RESOURCE REFERRAL, EMERGENCY FOOD ITEMS, PRENATAL CHILDBIRTH EDUCATION, INFANT PARENTING CLASS, ABSTINENCE EDUCATION AND FERTILITY CARE MINISTRIES. THE ORGANIZATION SERVED 2,552 CLIENTS THROUGH ITS PREGNANCY, ADOPTION, AND PARENTING SUPPORT PROGRAMS DURING THE FISCAL YEAR ENDING JUNE 30, 2020.

Form 990, Part III, Line 4b:

TEMPORARY SUPPORTIVE HOUSING - THE ORGANIZATION PROVIDES TEMPORARY AND EMERGENCY HOUSING TO MEN, WOMEN, AND CHILDREN LIVING IN HILLSBOROUGH, PINELLAS, AND PASCO COUNTIES. HOUSING WITH 24-HOUR SUPPORT STAFF IS AVAILABLE TO QUALIFIED INDIVIDUALS LIVING WITH HIV/AIDS WHO ARE HOMELESS OR AT RISK OF EVICTION. SUPPORT AND WRAPAROUND SERVICES ARE ALSO PROVIDED AT CERTAIN LOCATIONS.

Form 990, Part III, Line 4c:

PATHWAYS TO SELF SUFFICIENCY - THE PATHWAYS TO SELF SUFFICIENCY PROGRAM PROVIDES SUPPORT AND GUIDANCE TO STABILIZE POOR INDIVIDUALS AND FAMILIES IN CRISIS. THE PROGRAM WAS DEVELOPED TO ASSIST PEOPLE WHO ARE IN DANGER OF BECOMING HOMELESS OR WHO ARE IN NEED OF EMERGENCY UTILITY ASSISTANCE. THE PROGRAM ALSO PROVIDES CLIENTS WITH REFERRALS TO OTHER ORGANIZATIONS. CCDOSP SERVED 583 CLIENTS THROUGH THE PATHWAYS TO SELF SUFFICIENCY PROGRAM DURING FISCAL YEAR 2020.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 265,936 including grants of \$ 59,605) (Revenue \$ 25,841)

OTHER HOUSING PROGRAMS - CCUSA PROVIDES HOMEBUYER EDUCATION AND HOUSING COUNSELING SERVICES AT NO CHARGE TO PROSPECTIVE AND EXISTING HOMEOWNERS. HOMEOWNERS ARE ALSO OFFERED HELP WITH DEBT AND BUDGET COUNSELING TO PREVENT FORECLOSURES. OTHER HOME SERVICES INCLUDE REVERSE MORTGAGE COUNSELING, DEBT CONSOLIDATION, HANDICAPPED AND DISABLED RETROFITTING AND CODE COMPLIANCE ASSISTANCE. THE VETERANS AND FAMILIES PROGRAM PROVIDES TRANSITIONAL LIVING FOR HOMELESS VETERANS AND THEIR FAMILIES AS THEY BUILD SUPPORTS TO MAINTAIN SELF-SUFFICIENCY AND PERMANENCY IN HOUSING AND ASSISTANCE IN TREATMENT AND RECOVERY. PINELLAS HOPE MEDICAL RESPITE PARTNERED WITH THE BAYCARE HEALTH SYSTEM TO PROVIDE SPACE FOR RECUPERATIVE CARE TO PERSONS WITHOUT HOMES WHO ARE TOO MEDICALLY FRAIL TO RETURN TO THE STREETS, BUT DO NOT REQUIRE FURTHER HOSPITALIZATION. THIS 10-BED PROGRAM IS HOUSED WITH PINELLAS HOPE AND PROVIDES A SPACE FOR BAYCARE HOME CARE NURSE VISITS. CLIENTS ARE LINKED TO MEDICAL PROVIDERS AND ARE ASSISTED WITH OBTAINING NEEDED MEDICATION, CASE MANAGEMENT SERVICES, HOUSING REFERRAL, MEALS AND TRANSPORTATION. LARGO DUPLEX AND ADRIAN PROPERTY ARE HOUSING UNITS AVAILABLE TO LOW-INCOME INDIVIDUALS AND FAMILIES WHO ARE STABLE ENOUGH TO LIVE INDEPENDENTLY. PERMANENT SUPPORTIVE HOUSING - BETHANY FAMILY APARTMENTS PROVIDES COMPREHENSIVE SUPPORTIVE SERVICES TO PROMOTE SELF-SUFFICIENCY AND INDEPENDENT LIVING IN IN PERMANENT HOUSING FOR HOMELESS FAMILIES COPING WITH DISABILITIES. FAMILIES MUST EARN LESS THAN 50% OF THE MEDIAN INCOME FOR HOUSEHOLDS OF THEIR SIZE IN THE TAMPA BAY AREA. MERCY APARTMENTS, CHRISTOPHER CENTER APARTMENTS AND CHRISTOPHER FAMILY RESIDENCES ARE FOR INDIVIDUALS AND FAMILIES LIVING WITH HIV/AIDS WHO ARE STABLE ENOUGH TO LIVE INDEPENDENTLY. IN ADDITION TO A UTILITY ALLOWANCE, A VOUCHER PROGRAM IS AVAILABLE TO QUALIFIED INDIVIDUALS TO PAY A PORTION OF RENT AT AN ELIGIBLE PROPERTY. IMMIGRATION SERVICES - IMMIGRATION SERVICES PROVIDES AFFORDABLE IMMIGRATION SERVICES TO ALL NEWCOMERS REGARDLESS OF RACE, RELIGION, SEX OR CREED. THE PROGRAM PROVIDES ASSISTANCE WITH APPLICATIONS SUCH AS AFFIDAVIT OF SUPPORT, ADJUSTMENT OF STATUS, NATURALIZATION, REPLACEMENT OF IMMIGRATION DOCUMENTS, EXTENSION OF NON-IMMIGRANT VISAS, CHANGE OF STATUS, PETITIONS FOR FAMILY REUNIFICATION, POLITICAL ASYLUM AND OTHER SERVICES. OTHER PROGRAM SERVICES INCLUDE: (1) RESPITE SERVICES ARE PROVIDED IN CITRUS AND HERNANDO COUNTIES TO THOSE CARING FOR LOVED ONES WITH ALZHEIMER'S DISEASE. (2) VOLUNTEER MEDICAL PROFESSIONALS AND STAFF PROVIDE MEDICAL SCREENING AND FOLLOW UP MEDICAL CARE ON A MEDICALLY EQUIPPED BUS TO LOW-INCOME RESIDENTS. (3) HEALTH PROMOTION AND DISEASE PREVENTION EDUCATION IS PROVIDED TO TARGET COMMUNITIES. (4) THE ST. ANDRE CLINIC OFFERS MEDICAL SCREENING AND FOLLOW UP MEDICAL CARE TO LOW-INCOME RESIDENTS OF PASCO COUNTY, TARGETING PERSONS WITH HOUSEHOLD INCOMES LESS THAN 200% OF POVERTY LEVEL AND WITHOUT HEALTH CARE COVERAGE. (5) THE CITY OF ST. PETERSBURG PROVIDES ESG DOLLARS TO QUALIFIED INDIVIDUALS IN ST. PETERSBURG, FLORIDA FOR RENTAL AND UTILITY ASSISTANCE.

(Code:) (Expenses \$ 1,044,456 including grants of \$ 579,625) (Revenue \$ 44,218)

PERMANENT SUPPORTIVE HOUSING - BETHANY FAMILY APARTMENTS PROVIDES COMPREHENSIVE SUPPORTIVE SERVICES TO HOMELESS FAMILIES WITH DISABILITIES LEADING TO SELF-SUFFICIENCY AND INDEPENDENT LIVING IN PERMANENT HOUSING. FAMILIES MUST EARN LESS THAN 50% OF THE MEDIAN INCOME FOR THE TAMPA BAY AREA FOR THEIR HOUSEHOLD SIZE. MERCY APARTMENTS, CHRISTOPHER CENTER APARTMENTS AND CHRISTOPHER FAMILY RESIDENCES ARE FOR INDIVIDUALS AND FAMILIES WHO ARE STABLE ENOUGH TO LIVE INDEPENDENTLY WITH HIV/AIDS. A VOUCHER PROGRAM IS AVAILABLE TO QUALIFIED INDIVIDUALS TO PAY A PORTION OF RENT AT AN ELIGIBLE PROPERTY IN ADDITION TO A UTILITY ALLOWANCE.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 497,373 including grants of \$ 392) (Revenue \$ 530,488)

IMMIGRATION AND REFUGEE SERVICES. REFUGEE SERVICES PROVIDE EMPLOYMENT ASSESSMENT, TRAINING, DEVELOPMENT AND JOB PLACEMENT SERVICES TO REFUGEES, IDENTIFIES REFUGEES WHO HAVE BEEN VICTIMS OF TORTURE AND PROVIDES LINKS TO QUALIFIED MENTAL HEALTH PRACTITIONERS, LEGAL INTERPRETERS AND MEDICAL SUPPORT SERVICES AND PROVIDE FAMILY REUNIFICATION CASES WITH ORIENTATION AND GUIDANCE IN OBTAINING SERVICES SUCH AS FOOD STAMPS, MEDICAID, CASH ASSISTANCE, SSI BENEFITS ,HEALTH SCREENING, ENGLISH AS A SECOND LANGUAGE CLASSES, AND SCHOOL ENROLLMENT FOR CHILDREN. IMMIGRATION SERVICES PROVIDES AFFORDABLE IMMIGRATION SERVICES TO ALL NEWCOMERS REGARDLESS OF RACE, RELIGION, SEX OR CREED. THE PROGRAM PROVIDES ASSISTANCE WITH APPLICATIONS SUCH AS AFFIDAVIT OF SUPPORT, ADJUSTMENT OF STATUS, NATURALIZATION, REPLACEMENT OF IMMIGRATION DOCUMENTS, EXTENSION OF NON-IMMIGRANT VISAS, CHANGE OF STATUS, PETITIONS FOR FAMILY REUNIFICATION, POLITICAL ASYLUM AND OTHER SERVICES.

(Code:) (Expenses \$ 652,452 including grants of \$ 344,892) (Revenue \$ 19,864)

OTHER PROGRAM SERVICES INCLUDE RESPITE SERVICES IN CITRUS AND HERNANDO COUNTIES TO THOSE CARING FOR LOVED ONES EXPERIENCING ALZHEIMERS DISEASE. MOBILE MEDICAL SERVICES INCLUDE VOLUNTEER MEDICAL PROFESSIONALS AND STAFF PROVIDING MEDICAL SCREENING AND FOLLOW UP MEDICAL CARE TO LOW INCOME RESIDENTS ON A MEDICALLY EQUIPPED BUS. HEALTH PROMOTION AND DISEASE PREVENTION EDUCATION IS PROVIDED TO TARGET COMMUNITIES. THE ST ANDRE CLINIC OFFERS MEDICAL SCREENING AND FOLLOW UP MEDICAL CARE TO LOW-INCOME RESIDENTS OF PASCO COUNTY TARGETING PERSONS WITH HOUSEHOLD INCOMES LESS THAN 200% OF POVERTY LEVEL AND WITHOUT HEALTH CARE COVERAGE. HARDEST HIT ASSISTS FAMILIES TO STOP THE FORECLOSURE PROCESS. ACCESS TO RECOVERY IS A VOUCHER PROGRAM FOR SUBSTANCE ABUSE CLINICAL TREATMENT AND RECOVERY SUPPORT SERVICES. IT IS PART OF AN INITIATIVE TO PROVIDE CLIENT CHOICE AMONG SUBSTANCE ABUSE CLINICAL TREATMENT AND RECOVERY SUPPORT SERVICE PROVIDERS; EXPAND ACCESS TO A COMPREHENSIVE ARRAY OF CLINICAL TREATMENT AND RECOVERY SUPPORT OPTIONS (INCLUDING FAITH-BASED PROGRAMATIC OPTIONS); AND INCREASE SUBSTANCE ABUSE TREATMENT CAPACITY. MY RECOVERY MATTERS PROVIDED CASE MANAGER SERVICES FOR THOSE IN RECOVERY. THE CITY OF ST. PETERSBURG PROVIDED ESG DOLLARS TO PROVIDE RENTAL AND UTILITY ASSISTANCE TO QUALIFIED INDIVIDUALS IN ST. PETERSBURG, FLORIDA. THE HERNANDO OUTREACH CENTER PROVIDES SPACE TO OTHER AGENCIES TO PROVIDE MEDICAL CHECKUPS TO LOW INCOME INDIVIDUALS IN HERNANDO COUNTY. THE HERNANDO OUTREACH CENTER PROVIDES SPACE TO OTHER AGENCIES TO PROVIDE MEDICAL CHECKUPS TO LOW INCOME INDIVIDUALS IN HERNANDO COUNTY. CITRUS OUTREACH CENTER PROVIDES SPACE TO OTHER AGENCIES TO PROVIDE FOOD DISTRIBUTION AND DENTAL CARE TO LOW INCOME INDIVIDUALS AND FAMILIES IN CITRUS COUNTY.

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

Employer identification number
59-0875805

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-0875805

Name: CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

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

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 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 DIOCESE OF ST PETERSBURG INC

Employer identification number 59-0875805

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	1,028,935	1,089,961	996,798	1,081,644	1,205,276
b Contributions	727,196	564,843	198,759	337,761	180,282
c Net investment earnings, gains, and losses	32,510	5,253	28,245	12,982	-25,324
d Grants or scholarships					
e Other expenditures for facilities and programs	630,735	631,122	133,841	435,589	278,590
f Administrative expenses					
g End of year balance	1,157,906	1,028,935	1,089,961	996,798	1,081,644

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 8.430 %
 - c** Temporarily restricted endowment ▶ 91.570 %
- 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) Yes | 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		249,700		249,700
b Buildings		3,692,002	1,853,790	1,838,212
c Leasehold improvements				
d Equipment		1,068,883	850,918	217,965
e Other		499,474	139,781	359,693
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,665,570

Part VII Investments—Other Securities.

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

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD	38,454
(2) DEPOSITS	26,798
(3) ADVANCE TO RELATED PARTY	110,000
(4) RECEIVABLE FROM REMAINDER TRUST	169,609
(5) LOAN COSTS - NET	2,342
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	347,203

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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,707,565

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0875805

Name: CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS OR OF ANY TAX POSITIONS THE ORGANIZATION HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TEMPORARILY RESTRICTED NET ASSETS ARE AVAILABLE FOR PROGRAM ACTIVITIES AND CAPITAL EXPENDITURES. INCLUDED IN THE TEMPORARILY RESTRICTED NET ASSETS ARE FACILITIES SUBJECT TO TIME RESTRICTIONS, UNAMORTIZED DISCOUNTS ON BELOW MARKET LOANS, AND FUNDING FOR FUTURE PERIODS. THE PERMANENTLY RESTRICTED ENDOWMENT IS TO BE HELD IN PERPETUITY. EARNINGS ON THE ENDOWMENT ARE AVAILABLE FOR UNRESTRICTED USE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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
DIOCESE OF ST PETERSBURG INC

Employer identification number
59-0875805

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	BANQUET FOR LIFE - HILLSBOROUGH (event type)	BANQUET FOR LIFE - PINELLAS (event type)	14 (total number)	(add col. (a) through col. (c))
1 Gross receipts	66,755	39,012	133,736	239,503
2 Less: Contributions	23,755	15,798	71,267	110,820
3 Gross income (line 1 minus line 2)	43,000	23,214	62,469	128,683
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	698	405	3,857	4,960
7 Food and beverages	13,818	8,411	9,670	31,899
8 Entertainment	1,272	740	1,989	4,001
9 Other direct expenses	4,419	2,486	16,339	23,244
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				64,104
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				64,579

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
------------------	-------------

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

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG INC

Employer identification number

59-0875805

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, (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) PATHWAYS PROGRAMS - ASSISTANCE	612	1,649,822		N/A	N/A
(2) HIV/AIDS HOUSING ASSISTANCE	157	567,557		N/A	N/A
(3) REFUGEE AND IMMIGRATION ASSISTANCE	1	392		N/A	N/A
(4) HOUSING ASSISTANCE	20	15,215	599,082	ESTIMATED FMV	CLOTHING, MEALS, PERSONAL ITEMS
(5) FOL - MEDICAL AND BASIC NEEDS	35	51,472	246,031	ESTIMATED FMV	CLOTHING, PERSONAL ITEMS
(6) HURRICANE ASSISTANCE	72	327,310		N/A	N/A
(7) MEDICAL CLINICS - ASSISTANCE	43	1,941		N/A	N/A
(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:	MONTHLY BILLINGS ARE COMPLETED BY THE STAFF ACCOUNTANT AND REVIEWED BY THE PROGRAM MANAGER RESPONSIBLE FOR THE GRANT. ONCE THE PROGRAM MANAGER APPROVES THE MONTHLY BILLING, THE STAFF ACCOUNTANT GIVES THE BILLING WITH THE SUPPORTING DOCUMENTATION TO THE CHIEF FINANCIAL OFFICER OR DESIGNEE TO REVIEW AND APPROVE. ONCE APPROVED, THE BILLING IS SENT TO THE FUNDER. THE ORGANIZATION'S FINANCIAL STATEMENTS BY PROGRAM ARE REVIEWED ON A MONTHLY BASIS BY THE CHIEF FINANCIAL OFFICER. THE FINANCE/EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE ORGANIZATION'S FINANCIAL STATEMENTS ON A QUARTERLY BASIS AND REPORTS ON THE FINANCIAL STATEMENTS TO THE FULL BOARD OF TRUSTEES.

Additional Data

Software ID:
Software Version:
EIN: 59-0875805
Name: CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

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

PATHWAYS PROGRAMS - ASSISTANCE	612	1,649,822		N/A	N/A
PATHWAYS PROGRAMS - ASSISTANCE	612	1,649,822		N/A	N/A
HIV/AIDS HOUSING ASSISTANCE	157	567,557		N/A	N/A
REFUGEE AND IMMIGRATION ASSISTANCE	1	392		N/A	N/A
HOUSING ASSISTANCE	20	15,215	599,082	ESTIMATED FMV	CLOTHING, MEALS, PERSONAL ITEMS
FOL - MEDICAL AND BASIC NEEDS	35	51,472	246,031	ESTIMATED FMV	CLOTHING, PERSONAL ITEMS

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

HURRICANE ASSISTANCE	72	327,310	N/A	N/A
HURRICANE ASSISTANCE	72	327,310	N/A	N/A
MEDICAL CLINICS - ASSISTANCE	43	1,941	N/A	N/A

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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
DIOCESE OF ST PETERSBURG INC

Employer identification number
59-0875805

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	X		532,907	SALVATION ARMY FMV
6 Cars and other vehicles	X	3	62,574	KBB-FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	125,443	249,632	AVG PRICE PER MEAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

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?	Yes	No
		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

CATHOLIC CHARITIES
DIOCESE OF ST PETERSBURG INC

Employer identification number

59-0875805

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A	CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG, INC., FILES PAYROLL RETURNS AND W-2S FOR ITSELF AND ON BEHALF OF THE FOLLOWING RELATED ENTITIES: (1) CATHOLIC CHARITIES HOUSING, INC. (EIN: 59-3201112); (2) CATHOLIC COMMUNITY DEVELOPMENT CORPORATION (EIN: 59-2999635); (3) CATHOLIC CHARITIES - FOUNTAIN VIEW, INC. (EIN: 37-1620362); (4) CATHOLIC CHARITIES - ARBOR VILLAS, INC. (EIN: 27-4287768); (5) CATHOLIC CHARITIES - SAND DOLLAR, INC. (EIN: 27-3070662); (6) CATHOLIC CHARITIES - PALM ISLAND, INC. (EIN: 45-4855182); (7) CATHOLIC CHARITIES - RIVIERA MANOR, INC. (EIN: 27-3395014); AND (8) CATHOLIC CHARITIES - PINELLAS VILLAGE, INC. (EIN: 45-4775619). THE SALARIES AND RELATED COSTS REPORTED ON PAGE 10 REPRESENT THE COSTS ALLOCATED TO THIS ENTITY ONLY, AND THE NUMBER OF EMPLOYEES REPORTED ON PAGE 1, PART I, LINE 5 AND PAGE 5, PART V, LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES WHOSE SALARIES AND RELATED EMPLOYEE COSTS ARE ALLOCATED TO THIS ORGANIZATION. THE AMOUNTS ALLOCATED TO EACH OF THE RELATED ENTITIES ARE REPORTED ON THEIR INDIVIDUAL FORMS 990. THE TOTAL NUMBER OF W-2S FILED FOR ALL ENTITIES IN CALENDAR YEAR 2019 WAS 180.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	<p>CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG, INC., COMPENSATES VENDORS AND FILES FORMS 1099 ON BEHALF OF ITSELF AND THE FOLLOWING RELATED ENTITIES: (1) CATHOLIC CHARITIES HOUSING, INC. (EIN: 59-3201112); (2) CATHOLIC COMMUNITY DEVELOPMENT CORPORATION (EIN: 59-2999635); (3) CATHOLIC CHARITIES - FOUNTAIN VIEW, INC. (EIN: 37-1620362); (4) CATHOLIC CHARITIES - ARBOR VILLAS, INC. (EIN: 27-4287768); (5) CATHOLIC CHARITIES - SAND DOLLAR, INC. (EIN: 27-3070662); (6) CATHOLIC CHARITIES - PALM ISLAND, INC. (EIN: 45-4855182); (7) CATHOLIC CHARITIES - RIVIERA MANOR, INC. (EIN: 27-3395014); AND (8) CATHOLIC CHARITIES - PINELLAS VILLAGE, INC. (EIN: 45-4775619). THE NUMBER OF FORMS 1099 LISTED ON PAGE 4, PART V, LINE 1A REPRESENTS THE NUMBER OF INDEPENDENT CONTRACTORS WHOSE FEES ARE ALLOCATED TO THIS ENTITY ONLY. THE NUMBER OF 1099S ALLOCATED TO EACH OF THE RELATED ENTITIES IS REPORTED ON THEIR INDIVIDUAL FORMS 990. THE TOTAL NUMBER OF FORMS 1099 FILED FOR ALL ENTITIES IN CALENDAR YEAR 2019 WAS 265.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S CHIEF FINANCIAL OFFICER CONDUCTS THE INITIAL REVIEW OF FORM 990. THE FORM IS THEN MADE AVAILABLE TO THE EXECUTIVE & FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR ITS REVIEW AND APPROVAL AT ITS NEXT MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ADHERES TO HIGH STANDARDS OF ETHICAL CONDUCT AMONG THE MEMBERS OF ITS GOVERNING BODY AND ADVISORY GROUPS. PERSONNEL MAY NOT ENGAGE IN ANY ACTIVITY, PRACTICE OR ACT WHICH CONFLICTS WITH THE INTERESTS OF THE ORGANIZATION. PERSONNEL MUST NEVER HAVE NOR GIVE THE APPEARANCE OF A CONFLICT OF INTEREST OR USE THEIR RELATIONSHIP WITH THE ORGANIZATION FOR PERSONAL GAIN. PERSONNEL ARE PROHIBITED FROM HAVING A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE ORGANIZATION'S ASSETS, LEASES, OR ANY BUSINESS TRANSACTIONS, INCLUDING PROFESSIONAL SERVICES. SENIOR TEAM PERSONNEL MUST COMPLETE AN ANNUAL CONFLICT OF INTEREST INFORMATION SURVEY TO FACILITATE DISCLOSURE OF, AND TO PREVENT AND MANAGE, POTENTIAL AND APPARENT CONFLICTS. A CONFLICT OF INTEREST ACKNOWLEDGEMENT FORM IS ALSO COMPLETED ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE SHARED WITH RELATED NON-PROFIT ORGANIZATIONS AND ARE COMPENSATED BY THE ORGANIZATION, CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG, INC. (CCDOSP). THE CCDOSP BOARD OF TRUSTEES DETERMINES THE TERMS OF EMPLOYMENT AND THE COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR. THE BOARD PRESIDENT MONITORS AND EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS COMPENSATED AT THE MARKET RATE FOR THAT POSITION AND MAY RECEIVE AN ANNUAL COLA INCREASE AFTER THE FISCAL YEAR OPERATING PLAN IS APPROVED BY THE BOARD OF TRUSTEES. COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES IS GUIDED BY THE POLICIES AND PROCEDURES FOR ANNUAL EVALUATIONS. COMPENSATION INCREASES ARE BASED ON THE MARKET RATE FOR EACH POSITION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG, INC. WILL HAVE AVAILABLE ON THE SAME DAY IF REQUESTED IN PERSON, OR WITHIN 30 DAYS IF REQUESTED VIA MAIL, E-MAIL, FACSIMILE OR PRIVATE DELIVERY, ITS FORM 990, GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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
DIOCESE OF ST PETERSBURG INC

Employer identification number

59-0875805

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)SEE PART VII - SUPPLEMENTAL INFORMATION		FL				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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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)		No
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)		No
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)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
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 COMMUNITY DEVELOPMENT CORP	L	100,042	FAIR MARKET VALUE
(2)CATHOLIC CHARITIES - ARBOR VILLAS INC	L	74,550	FAIR MARKET VALUE

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
PART II	CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG, INC. IS THE CENTRAL ORGANIZATION FOR GROUP EXEMPTION NUMBER 0928. THE OTHER ORGANIZATIONS INCLUDED IN THIS GROUP EXEMPTION ARE: (1) CATHOLIC CHARITIES HOUSING, INC. (EIN: 59-3201112); (2) CATHOLIC COMMUNITY DEVELOPMENT CORPORATION (EIN: 59-2999635); (3) CATHOLIC CHARITIES - FOUNTAIN VIEW, INC. (EIN: 37-1620362); (4) CATHOLIC CHARITIES - ARBOR VILLAS, INC. (EIN: 27-4287768); (5) CATHOLIC CHARITIES - SAND DOLLAR, INC. (EIN: 27-3070662); (6) CATHOLIC CHARITES - PALM ISLAND, INC. (EIN: 45-4855182); (7) CATHOLIC CHARITIES - RIVIERA MANOR, INC. (EIN: 27-3395014); AND (8) CATHOLIC CHARITIES - PINELLAS VILLAGE, INC. (EIN: 45-4775619). EACH OF THE ORGANIZATIONS INCLUDED IN GROUP EXEMPTION 0928 FILES ITS OWN SEPARATE FORM 990.