

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](http://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 OF LOUISVILLE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2911 SOUTH FOURTH STREET

City or town, state or province, country, and ZIP or foreign postal code  
LOUISVILLE, KY 402081303

**F** Name and address of principal officer:  
LISA DEJACO CRUTCHER  
2911 SOUTH FOURTH STREET  
LOUISVILLE, KY 402081303

**D** Employer identification number  
61-1239600

**E** Telephone number  
(502) 637-9786

**G** Gross receipts \$ 14,210,051

**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 ▶

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

**J** Website: ▶ WWW.CCLOU.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1992

**M** State of legal domicile: KY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
CATHOLIC CHARITIES OFFERS A WIDE VARIETY OF PROGRAMS THAT WELCOME, EMPOWER AND STRENGTHEN PEOPLE THROUGHOUT THE ARCHDIOCESE OF LOUISVILLE AND BEYOND. WE SERVE CLIENTS OF ALL RELIGIOUS, ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS. WE WELCOME THE STRANGER, HELPING OUR IMMIGRANT AND REFUGEE BROTHERS AND SISTERS OVERCOME BARRIERS AND BECOME SELF SUFFICIENT IN THEIR NEW HOMES. WE EMPOWER CLIENTS THROUGH SOCIAL ENTERPRISE PROGRAMS THAT PROVIDE A PATHWAY TOWARD SELF-SUFFICIENCY AND ADVANCE A POSITIVE SOCIAL MISSION. WE STRENGTHEN INDIVIDUALS AND FAMILIES, PROVIDING A NETWORK OF SOCIAL SERVICES THAT RESTORE HOPE TO THE POOREST AND MOST VULNERABLE AMONG US.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	18
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	102
<b>6</b> Total number of volunteers (estimate if necessary)	6	256
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,025,401	13,082,282
<b>9</b> Program service revenue (Part VIII, line 2g)	1,176,494	1,003,354
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,449	15,866
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,186	49,598
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,219,530	14,151,100
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,866,432	6,114,525
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,206,228	4,238,481
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶380,403		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,093,578	2,028,941
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,166,238	12,381,947
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,053,292	1,769,153
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	7,450,091	9,675,395
<b>21</b> Total liabilities (Part X, line 26)	1,146,618	1,517,721
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,303,473	8,157,674

## 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 2021-05-10 Date  
NICHOLAS HUNTER DIRECTOR OF FINANCE Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00024055
Firm's name ▶ MCM CPAS & ADVISORS LLP			Firm's EIN ▶ 27-1235638	
Firm's address ▶ 702 NORTH SHORE DRIVE 500 JEFFERSONVILLE, IN 471303104			Phone no. (812) 670-3400	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

CATHOLIC CHARITIES OF LOUISVILLE SERVES PEOPLE IN NEED, ESPECIALLY THE POOR AND OPPRESSED. CONSISTENT WITH THE PRINCIPLES OF CATHOLIC SOCIAL TEACHING, WE BUILD BRIDGES OF HOPE, MERCY, AND JUSTICE AS WE ACCOMPANY STRUGGLING FAMILIES AND INDIVIDUALS TO GREATER SELF-SUFFICIENCY, ONE RELATIONSHIP AT A TIME. WE COLLABORATE AND ADVOCATE FOR NECESSARY CHANGES IN SOCIAL POLICY. WE CALL THE LOCAL CATHOLIC CHURCH AND OTHERS OF GOODWILL TO ENGAGE IN ACTS OF MERCY AND JUSTICE. WE SUPPORT AND RESOURCE OUR 110 PARISHES TO EXPAND THIS WORK ACROSS THE ARCHDIOCESE OF LOUISVILLE.

**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 \$ 7,884,575 including grants of \$ 4,612,308 ) (Revenue \$ )

See Additional Data

**4b** (Code: ) (Expenses \$ 1,546,650 including grants of \$ 307,084 ) (Revenue \$ 1,012,311 )

See Additional Data

**4c** (Code: ) (Expenses \$ 1,784,891 including grants of \$ 1,117,458 ) (Revenue \$ 2,080 )

See Additional Data

(Code: ) (Expenses \$ 267,239 including grants of \$ 77,675 ) (Revenue \$ 3,286 )

CATHOLIC IDENTITY AND EXTERNAL RELATIONS: CATHOLIC CHARITIES ENGAGES PARISHES AND THE WIDER COMMUNITY WITH OUR PROGRAMS AND PROVIDES PARISHES AND OTHERS WITH ASSISTANCE AND RESOURCES TO DO THE WORKS OF CHARITY AND JUSTICE. MISSION STAFF WORK WITH LOCAL SCHOOLS, PARISHES, ORGANIZATIONS, AND OTHER NON-PROFITS TO EDUCATE ON COMMUNITY ISSUES, AND PROVIDE TOOLS TO STRENGTHEN EACH INDIVIDUAL'S VOICE. WE HOLD WORKSHOPS ON CATHOLIC SOCIAL TEACHING AND CURRENT SOCIAL ISSUES. WE ORGANIZE REFUGEE CAMP SIMULATIONS WITH LOCAL SCHOOLS TO HELP YOUNG PEOPLE BETTER UNDERSTAND THE CHALLENGES FACED BY MISSIONS WORLDWIDE ON THEIR QUEST TO A NEW LIFE IN A NEW HOME. CATHOLIC CHARITIES MANAGES AND AWARDS LOCAL GRANTS THROUGH ARCHDIOCESAN COLLECTIONS FOR CATHOLIC RELIEF SERVICES, CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT AND OPPORTUNITIES FOR LIFE. WE MANAGE THE PRISON AND RE-ENTRY MINISTRY FOR THE ARCHDIOCESE OF LOUISVILLE, PROVIDING SUPPORT TO ALL WHO MINISTER TO THE RESIDENTS OF PRISONS AND JAILS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 267,239 including grants of \$ 77,675 ) (Revenue \$ 3,286 )

**4e Total program service expenses** 11,483,355

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 questions 11 and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part 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 102
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year?
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?
4b If "Yes," enter the name of the foreign country:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
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?
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
7d If "Yes," indicate the number of Forms 8282 filed during the year.
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
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.
9a Did the sponsoring organization make any taxable distributions under section 4966?
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders
11b Gross income from other sources
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state?
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
13c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
14b If "Yes," has it filed a Form 720 to report these payments?
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?
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, management control, and governance documents.

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

Table with 10 main rows (10a-10b, 11a-b, 12a-c, 13, 14, 15a-b, 16a-b) and 3 columns: Question, Yes, No. Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention.

Section C. Disclosure

Table with 4 rows (17, 18, 19, 20) and 3 columns: Question, Yes, No. Includes questions about state requirements, public inspection of Form 1023, and disclosure of governing documents.

**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) LISA DEJACO CRUTCHER PRESIDENT/EXECUTIVE DIRECTOR	35.00	X		X			115,287	0	6,738	
(2) NICHOLAS HUNTER DIRECTOR OF FINANCE	35.00			X			60,208	0	9,082	
(3) CHRISTINE HOVAN DIRECTOR OF FINANCE	35.00			X			21,848	0	1,648	
(4) JENNIFER MORAN BOARD MEMBER	2.00	X					0	0	0	
(5) REV JOHN SCHWARTZLOSE BOARD MEMBER	3.00	X					0	0	0	
(6) JASON STUECKER BOARD MEMBER	1.00	X					0	0	0	
(7) NAGY TAWFIK BOARD MEMBER	1.00	X					0	0	0	
(8) SHAKIR ALI BOARD MEMBER	1.00	X					0	0	0	
(9) SUSAN OVERTON BOARD MEMBER	1.00	X					0	0	0	
(10) STEVEN LANNERT BOARD MEMBER	1.00	X					0	0	0	
(11) PETER CUMMINS BOARD MEMBER	1.00	X					0	0	0	
(12) KRISTIE DAUGHERTY BOARD MEMBER	1.00	X					0	0	0	
(13) TRINITY GIVANS BOARD MEMBER	1.00	X					0	0	0	
(14) LUCY WEAVER BOARD MEMBER	1.00	X					0	0	0	
(15) BRO PETER CAMPBELL BOARD MEMBER	1.00	X					0	0	0	
(16) DCN KEITH MCKENZIE BOARD MEMBER	1.00	X					0	0	0	
(17) LARRY ROSA BOARD MEMBER	1.00	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) KATHY SEYLE BOARD MEMBER	1.00	X						0	0	0	
(19) REV MICHAEL TOBIN BOARD MEMBER	1.00	X						0	0	0	
(20) SCOTT HANER CHAIR	2.00	X		X				0	0	0	
(21) GEORGE B BOEHNLEIN TREASURER	1.00	X		X				0	0	0	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								197,343	0		17,468

<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1			
----------	---	--	--	--

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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
<b>5</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	44,875		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	920,000		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	9,549,187		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,568,220		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	186,178		
	<b>h Total.</b> Add lines 1a-1f . . . . .		13,082,282		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
	Business Code					
<b>2a</b> INTERPRETATION FEES	624100		994,973	994,973		
<b>b</b> PROGRAM/ACTIVITY INCOME	900099		8,381	8,381		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		1,003,354				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		15,866			15,866	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	1,350			
			<b>6b</b> Less: rental expenses	0			
		(ii) Personal	<b>6c</b>	1,350			
		<b>d</b> Net rental income or (loss) . . . . .		1,350			1,350
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>				
			<b>7b</b> Less: cost or other basis and sales expenses				
		(ii) Other	<b>7c</b>				
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 44,875 of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	73,574			
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	51,954			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		21,620			21,620
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>	19,302			
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	6,997			
		<b>c</b> Net income or (loss) from gaming activities . . . . .		12,305			12,305
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>				
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS INCOME	900099		14,323	14,323			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			14,323				
<b>12 Total revenue.</b> See instructions . . . . .			14,151,100	1,017,677	0	51,141	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,061,927	4,061,927		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,052,598	2,052,598		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	214,813	198,444	3,566	12,803
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,097,377	2,861,363	51,413	184,601
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	192,998	178,292	3,203	11,503
<b>9</b> Other employee benefits . . . . .	487,989	450,804	8,101	29,084
<b>10</b> Payroll taxes . . . . .	245,304	226,612	4,072	14,620
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	37,272		37,272	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	343,978	255,941	42,621	45,416
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	342,627	146,040	154,521	42,066
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	426,066	277,867	142,069	6,130
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	54,293	19,553	34,740	
<b>23</b> Insurance . . . . .				
<b>24</b> 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.)				
<b>a</b> CONTRACT INTERPRETERS	480,278	480,096		182
<b>b</b> PROGRAM & ACTIVITY EXPE	169,273	134,814	3,526	30,933
<b>c</b> EDUCATIONAL/TRAINING	165,360	129,527	32,768	3,065
<b>d</b> AUTO EXPENSE	9,573	9,284	289	
<b>e</b> All other expenses	221	193	28	
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,381,947	11,483,355	518,189	380,403
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,064,495	<b>1</b>	3,389,804
	<b>2</b> Savings and temporary cash investments . . . . .	604,161	<b>2</b>	481,403
	<b>3</b> Pledges and grants receivable, net . . . . .	3,774,605	<b>3</b>	3,837,677
	<b>4</b> Accounts receivable, net . . . . .	208,427	<b>4</b>	128,926
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	9,131	<b>8</b>	25,728
	<b>9</b> Prepaid expenses and deferred charges . . . . .	42,579	<b>9</b>	59,609
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,512,294		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 885,563	646,466	<b>10c</b> 626,731
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	34,375
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,100,227	<b>15</b>	1,091,142
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,450,091	<b>16</b>	9,675,395	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	916,414	<b>17</b>	699,321
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	230,204	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	818,400
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,146,618	<b>26</b>	1,517,721
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,356,471	<b>27</b>	1,699,608
	<b>28</b> Net assets with donor restrictions . . . . .	4,947,002	<b>28</b>	6,458,066
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	6,303,473	<b>32</b>	8,157,674	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,450,091	<b>33</b>	9,675,395	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,151,100
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,381,947
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,769,153
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,303,473
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	85,048
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,157,674

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1239600

**Name:** CATHOLIC CHARITIES OF LOUISVILLE INC

Form 990 (2019)

---

**Form 990, Part III, Line 4a:**

REFUGEE PROGRAMS: CCL HAS PARTICIPATED IN THE REFUGEE RESETTLEMENT EFFORTS OF THE U.S. CONFERENCE OF CATHOLIC BISHOPS (USCCB) SINCE SHORTLY AFTER WORLD WAR II. IT OFFICIALLY FORMED THE MIGRATION AND REFUGEE SERVICES (MRS) PROGRAM IN 1975, IN ANTICIPATION OF AN INFLUX OF REFUGEES FROM SOUTHEAST ASIA. THROUGH USCCB, CCL HAS CONTRACTS WITH THE STATE DEPARTMENT AND THE OFFICE OF REFUGEE RESETTLEMENT OF THE HEALTH AND HUMAN SERVICES DEPARTMENT TO PROVIDE RESETTLEMENT SERVICES TO VARIOUS IMMIGRANT GROUPS INCLUDING REFUGEES, ASYLEES, AND CUBAN PAROLEES. THROUGH THE KENTUCKY OFFICE FOR REFUGEES (A DEPARTMENT OF CATHOLIC CHARITIES), MRS ALSO RECEIVES FUNDING TO PROVIDE THESE INDIVIDUALS WITH SERVICES AND ASSISTANCE. THE MRS MANDATE IS TO ASSIST CLIENTS TO BECOME FINANCIALLY AND SOCIALLY INDEPENDENT AND INTEGRATED INTO THE LARGER SOCIETY HERE IN THE UNITED STATES, ALL WITHIN A REASONABLE TIME FRAME. MRS APPLIES A HOLISTIC APPROACH IN REFUGEE RESETTLEMENT, USING ALL THE METHODS OF SOCIAL WORK TO PROVIDE LONG-LASTING SOLUTIONS TO THE PROBLEMS AND SITUATIONS THAT REFUGEES AND IMMIGRANTS FACE. MRS PROVIDES CASE MANAGEMENT, EMPLOYMENT, AND NON-EMPLOYMENT SERVICES TO ITS CLIENTS, INCLUDING ENGLISH LANGUAGE TRAINING AT ITS OWN ENGLISH LANGUAGE SCHOOL, WHERE ADULTS LEARN THE SKILLS NEEDED TO ENTER THE WORKFORCE, AND SERVICES TO CHILDREN SUCH AS SCHOOL ENROLLMENT AND ACCESS TO DAYCARE. MRS PARTICIPATES IN THE ADVANCING CITIES FINANCIAL COACHING PROGRAM, PROVIDING WEALTH BUILDING SERVICES TO REFUGEE CLIENTS. IN RECENT YEARS MRS HAS EXPANDED ITS SERVICES TO INCLUDE FAMILY LEARNING PROGRAMMING, AND WRAP-AROUND SERVICES ASSOCIATED WITH HEAD START AND EARLY HEAD START PROGRAMS TO ENGLISH LEARNER FAMILIES (REFUGEES OR OTHER IMMIGRANTS). MRS ALSO PARTICIPATES IN THE SAFE RELEASE SERVICES PROGRAM, PROVIDING FINGERPRINTING SERVICES TO SPONSORS RECEIVING MINORS AS THEY ARE RELEASED FROM OFFICE OF REFUGEE RESETTLEMENT RUN SHELTERS. DURING THE PANDEMIC MRS HAS ADJUSTED TO PROVIDE ALL SERVICES SAFELY TO ITS CLIENTS, WITH A FOCUS ON IMPROVING DIGITAL ACCESS TO CLIENTS. MRS IS READY TO RESPOND TO AN ANTICIPATED INFLUX OF REFUGEES IN THE NEXT FEW YEARS, AS THE BIDEN ADMINISTRATION INTENDS TO INCREASE REFUGEE ADMISSIONS.

---

**Form 990, Part III, Line 4b:**

SOCIAL ENTERPRISE: LANGUAGE SERVICES (LS), A SOCIAL ENTERPRISE, HAS BEEN OPERATING FOR MORE THAN TWENTY YEARS TO ASSIST SERVICE PROVIDERS IN LOUISVILLE TO PROVIDE CULTURALLY APPROPRIATE SERVICES TO LIMITED ENGLISH PROFICIENT CLIENTS OR PATIENTS. LS PROVIDES IN-PERSON, OVER-THE-PHONE, VIDEO INTERPRETING, AND TRANSLATION SERVICES TO ITS CLIENTS. ITS MISSION IS TO SUPPLY THE LIMITED ENGLISH PROFICIENCY COMMUNITY WITH EQUAL ACCESS TO HEALTHCARE, EDUCATION, AND OTHER SOCIAL SERVICES BY PROVIDING PROFESSIONALLY QUALIFIED INTERPRETERS AND TO OFFER MEANINGFUL EMPLOYMENT AND JOB SKILLS TRAINING TO BILINGUAL INDIVIDUALS WHO CAN ASSIST US WITH OUR MISSION TO SERVE THE LEP COMMUNITY. PRIOR TO THE PANDEMIC, LS PROVIDED INTERPRETERS TO MORE THAN 100 GOVERNMENTAL, EDUCATIONAL, HEALTHCARE, AND OTHER BUSINESS ENTITIES IN LOUISVILLE, COVERING MORE THAN 10,000 APPOINTMENTS A YEAR AND PROVIDED TRAINING TO OVER 100 PROSPECTIVE INTERPRETERS PER YEAR, CONSTANTLY SECURING NEW INTERPRETERS IN OUR COMMUNITY. THROUGH A GRANT FROM OFFICE OF VICTIMS OF CRIME OF THE DEPARTMENT OF JUSTICE, LS IS HELPING ENTITIES IN KENTUCKY TO INCREASE SERVICE CAPACITY TO RESIDENTS WHO ARE DEAF, HARD OF HEARING, AND/OR LIMITED ENGLISH PROFICIENCY. WHILE THE PRESENT NUMBER OF APPOINTMENTS IS JUST ONE-THIRD OF THE PRE-PANDEMIC VOLUME, LS WILL BE READY TO RESPOND TO THE INCREASE IN THE IN-PERSON SERVICES WHEN THE PANDEMIC IS OVER. FURTHERMORE, LS ANTICIPATES A SIGNIFICANT INCREASE IN DEMAND AS NEW REFUGEE ARRIVALS INCREASE. THE MISSION OF IMMIGRATION LEGAL SERVICES (ILS) IS TO PROTECT THE RIGHTS OF ITS CLIENTS UNDER THE LAWS OF THE UNITED STATES AND HELP THEM TO ACCESS ALL THE FREEDOMS OF OUR SOCIETY. IT FULFILLS THAT MISSION BY PROVIDING QUALITY PROFESSIONAL SERVICES AT LOW FLAT-FEE RATES, TURNING NO ONE AWAY FOR THE INABILITY TO PAY. AS A MEMBER OF CATHOLIC LEGAL IMMIGRATION NETWORK, INC. (CLINIC), CCL IS OBLIGED TO KEEP FEES AFFORDABLE TO SERVE THE GREAT DEMAND FOR LOW-COST LEGAL SERVICES IN IMMIGRATION LAW. IMMIGRATION LEGAL SERVICES (ILS) PROVIDES SERVICES IN 26 DIFFERENT CATEGORIES RANGING FROM SIMPLE CONSULTATIONS TO REPRESENTATIONS IN THE IMMIGRATION COURT. IN FY2020 ILS OPENED 1,142 CASES AND DURING THE FIRST SIX MONTHS OF FY2021 IT OPENED 509 CASES. THE COMMON TABLE (CT) PROJECT WAS OFFICIALLY LAUNCHED ON JUNE 1, 2015 WITH THE PURPOSE OF OFFERING AN OPPORTUNITY FOR UNEMPLOYED OR UNDER-EMPLOYED INDIVIDUALS TO OBTAIN MARKETABLE FOOD SERVICE SKILLS, TO PROVIDE FRESHLY MADE NUTRITIOUS MEALS TO WEST LOUISVILLE RESIDENTS AND CCL CLIENTS, TO PROVIDE CULTURALLY APPROPRIATE AND READY-TO-EAT FOOD FOR NEWLY ARRIVED REFUGEES PER STATE DEPARTMENT REQUIREMENTS, AND TO GENERATE REVENUE THROUGH LUNCH SERVICE AND EVENT CATERING. AS THE PROGRAM HAS EVOLVED THROUGH THE YEARS, IT NOW OFFERS BOXED LUNCHES AND SOUPS BY SUBSCRIPTION WHILE TRAINING THOSE WHO FACE BARRIERS TO EMPLOYMENT TO GAIN NECESSARY SOFT SKILLS AND A MARKETABLE FOOD HANDLING CERTIFICATION TO WORK IN COMMERCIAL KITCHENS. COMMON TABLE (CT) IS A UNIQUE CULINARY ARTS TRAINING PROGRAM IN LOUISVILLE BECAUSE IT IS OFFERED YEAR-ROUND TO COMMUNITY MEMBERS. IN JUNE OF 2020 COMMON TABLE MOVED TO A NEW DARE TO CARE FACILITY IN WEST LOUISVILLE FROM ITS ORIGINAL LOCATION AT ST. ANTHONY'S. DURING THE PANDEMIC, CT HAS CHANGED ITS MENU AND MOSTLY FOCUSED ON THE SOUP SUBSCRIPTION WITH DELIVERY AT SEVERAL LOCATIONS THROUGHOUT THE CITY. THE COMMON EARTH GARDENS (CEG) PROGRAM WAS CREATED 12 YEARS AGO WITH A MISSION TO PROVIDE COMMUNITY MEMBERS AND NEWLY ARRIVED REFUGEES WITH THE OPPORTUNITY TO GROW FOOD, TO BUILD A COMMUNITY, TO PARTICIPATE IN THE SOCIETY, AND TO ACCESS LOCAL MARKETS TO SUPPLEMENT THEIR INCOMES. CURRENTLY, COMMON EARTH GARDENS (CEG) MANAGES OR HELPS TO MANAGE ELEVEN COMMUNITY GARDENS THROUGHOUT LOUISVILLE, WHERE 450 PLOTS ARE TENDED BY LOW-INCOME FAMILIES, MANY OF THEM REFUGEES. THE GARDENS ARE VERY POPULAR, AND GARDENERS RARELY RELINQUISH THEIR PLOTS, LEAVING LITTLE OPPORTUNITY FOR NEW FAMILIES TO OBTAIN A PLOT IN ONE OF THE GARDENS. CEG ALSO MANAGES AN INCUBATOR FARM WHERE GARDENERS ARE TRAINED TO GROW THEIR CROP AND SELL IT ON THE MARKET. IN PARTNERSHIP WITH THE MISSION DEPARTMENT, CEG IS WORKING ON CONNECTING REFUGEE GARDENERS WITH FARMERS IN THE RURAL AREAS OF THE ARCHDIOCESE.

---

## Form 990, Part III, Line 4c:

CASE MANAGEMENT SERVICES: BAKHITA EMPOWERMENT INITIATIVE, AN ANTI-HUMAN TRAFFICKING PROGRAM, WAS CREATED IN 2007, WITH A MISSION TO INCREASE AWARENESS OF HUMAN TRAFFICKING, PROVIDING TRAINING, AWARENESS, AND TECHNICAL ASSISTANCE TO PROFESSIONALS AND COMMUNITY MEMBERS, ENGAGE IN PREVENTION WORK, OFFER OUTREACH TO HIGH-RISK POPULATIONS, PROVIDE DIRECT SERVICES TO SURVIVORS OF TRAFFICKING, AND INCREASE CAPACITY TO ADDRESS HUMAN TRAFFICKING ISSUES IN KENTUCKY AND THE LARGER ANTI-TRAFFICKING FIELD. BAKHITA'S VISION IS TO DISMANTLE SYSTEMS THAT PROMOTE HUMAN TRAFFICKING, SUPPORT SURVIVORS, AND BUILD CAPACITY TO ADDRESS HUMAN TRAFFICKING AT ALL LEVELS. THE MISSION OF FAMILY SUPPORT SERVICES (FSS) IS TO ENRICH THE LIVES OF FAMILY MEMBERS ACROSS GENERATIONS BY PROMOTING WELLNESS, PROVIDING RESOURCES, AND BUILDING COMMUNITY CONNECTIONS. TODAY CCL'S PROGRAM EMPLOYS FIVE FULL-TIME STAFF MEMBERS LOCATED IN LOUISVILLE AND LEXINGTON TO PROVIDE STATEWIDE SUPPORT TO SURVIVORS OF ANY AGE OR GENDER, WHO HAVE EXPERIENCED SEX OR LABOR TRAFFICKING. BAKHITA SUPPORTS FOREIGN BORN AND DOMESTIC SURVIVORS, ENSURING THAT CASE MANAGEMENT SERVICES ARE INDIVIDUALIZED TO BEST SUPPORT EACH INDIVIDUAL. IN PARTNERSHIP WITH CATHOLIC CHARITIES IN OWENSBORO, BAKHITA WILL SOON OPEN A NEW SATELLITE OFFICE IN OWENSBORO, KY. SUPPORT PROVIDED TO SURVIVORS OF HUMAN TRAFFICKING THROUGH BAKHITA INCLUDES CASE MANAGEMENT, PROVISION OF BASIC NEEDS (FOOD, CLOTHING, ETC.), LEGAL ADVOCACY, INTERPRETER SERVICES, IMMIGRATION LEGAL SERVICES, THERAPY SERVICES AND HOUSING ASSISTANCE. SUPPORTIVE SERVICES HELP TO ENSURE THEIR PERSONAL SAFETY, INCREASE STABILITY, ENCOURAGE EMPOWERMENT, AND IMPROVE THE OVERALL WELL-BEING OF SURVIVORS. THE FAMILY SUPPORT SERVICE PROGRAM BEGAN AS THE MOTHER INFANT CARE (MIC) PROGRAM IN 2000 WITH SUPPORT, VOLUNTEERISM, AND PARTIAL FUNDING FROM THE QUEEN'S DAUGHTERS ORGANIZATION TO CARRY ON THEIR MISSION OF HELPING YOUNG PREGNANT WOMEN IN OUR COMMUNITY AFTER THE CLOSURE OF LOUISVILLE'S INFANT'S HOME. FSS IS COMPRISED OF VARIOUS PROGRAMS THAT SUPPORT INDIVIDUALS AND FAMILIES IN ALL STAGES OF LIFE. MOST OF THE WORK DONE IN THIS DEPARTMENT FOCUSES ON SERVING FAMILIES WITH YOUNG CHILDREN, WITH THE THREE MAIN PROGRAMS BEING MOTHER-INFANT CARE, MAMA MATTERS, AND FAMILY SUPPORT ON-THE-GO. DURING THESE PROGRAMS, PARENTS IN THE COMMUNITY CAN LEARN AND DISCUSS TOPICS SUCH AS INFANT SAFETY, PARENTING, AND THE IMPORTANCE OF SELF-CARE. FSS NOT ONLY COORDINATES EDUCATIONAL WORKSHOPS BUT ALSO OFFERS CASE MANAGEMENT, COMMUNITY REFERRALS, AND BABY RESOURCES TO PROGRAM PARTICIPANTS. FSS ALSO PROVIDES OTHER SUPPORTIVE SERVICES TO INDIVIDUALS AND FAMILIES INCLUDING A PARENT/CHILD PLAYGROUP, CASE MANAGEMENT FOR SURVIVORS OF DOMESTIC VIOLENCE AND HUMAN TRAFFICKING PARTICIPATING IN RAPID REHOUSING WITH ST. VINCENT DE PAUL, AND MATERNITY RESOURCES AND FINANCIAL ASSISTANCE ON A LIMITED BASIS. CCL HAS HOUSED THE LONG-TERM CARE OMBUDSMAN PROGRAM (LTCO) IN THE LOUISVILLE AREA FOR MORE THAN TWENTY YEARS. THE LTCO PROGRAM IS DEDICATED TO IMPROVING THE LIVES OF THE RESIDENTS WHO LIVE IN LONG-TERM CARE FACILITIES IN THE KIPDA AND LINCOLN TRAIL DISTRICTS BY PROTECTING THEIR RIGHTS. THE LTCO PROGRAM REPRESENTS THE RESIDENTS OF LONG-TERM CARE FACILITIES, INVESTIGATING COMPLAINTS MADE BY RESIDENTS, FAMILY, OR OTHER CONCERNED COMMUNITY MEMBERS, AND BRINGING ABOUT A RESOLUTION THAT IS SATISFACTORY TO THE RESIDENT. LTCO STAFF VISIT EACH FACILITY AT LEAST ONCE PER QUARTER TO ENSURE THAT RESIDENTS RECEIVE THE CARE AND SERVICES THEY NEED, AND MAKE SURE THEY ARE AWARE THAT LTCO SERVICES ARE AVAILABLE TO THEM AT NO CHARGE. LTCO STAFF ALSO PROVIDES TRAINING TO THE STAFF OF NURSING HOME FACILITIES ON THE OLDER AMERICANS ACT, RESIDENTS RIGHTS, AND REGULATORY COMPLIANCE. COMPLAINTS HAVE ALWAYS BEEN RECEIVED THROUGH A VARIETY OF COMMUNICATION CHANNELS, BUT PRIOR TO THE PANDEMIC, OMBUDSMEN WERE ABLE TO PROVIDE MANY SERVICES TO RESIDENTS AND FAMILIES VIA FACE-TO-FACE VISITS. COVID-19 RESTRICTIONS HAVE FORCED LTCO TO RELY PRIMARILY ON PHONE AND VIDEO MEETINGS WITH RESIDENTS, FAMILIES, AND FACILITY STAFF. REGARDLESS, LTCO RESPONDS TO ANY COMPLAINT WITH THE PERMISSION OF THE RESIDENT OR LEGAL GUARDIAN TO INVESTIGATE, AND WORKS TO FIND RESOLUTION TO THE ISSUE. CURRENTLY LTCO IS RESPONSIBLE FOR NEARLY 10,000 BEDS IN THE KIPDA DISTRICT AND CLOSE TO 1,700 BEDS IN THE LINCOLN TRAIL DISTRICT. THE SISTER VISITOR CENTER (SVC) BEGAN IN 1969 AS AN OUTREACH EFFORT BY THE SISTERS OF CHARITY OF NAZARETH, WHO TAUGHT IN THE CATHOLIC SCHOOL SYSTEM AND GREW CONCERNED BY THE INCREASING NUMBER OF STUDENTS ARRIVING EACH MORNING HUNGRY AND DRESSED IN DIRTY CLOTHES. IN 1991, THE SISTER VISITOR CENTER OFFICIALLY BECAME AN AGENCY OF CCL. THE SISTER VISITOR CENTER IS AN EMERGENCY ASSISTANCE PROGRAM THAT PROVIDES ASSISTANCE WITH THE MOST BASIC OF HUMAN NEEDS: FOOD, CLOTHES, AND CRISIS FINANCIAL ASSISTANCE WITH RENT, UTILITIES, AND MEDICINE. THE CENTER'S PROGRAMS SERVE THREE NEIGHBORHOODS (DEFINED BY ZIP CODES) IN WEST LOUISVILLE. IN FY2020, SVC ASSISTED 2,941 UNDUPLICATED CLIENTS WITH FOOD, CLOTHING, AND ASSISTANCE WITH UTILITIES AND RENT. ALL OTHER FOOD PANTRIES IN THE AREA CLOSED IN MARCH OF LAST YEAR SO SVC STARTED PROVIDING FOOD TO EVERYONE NEEDING IT, PROVIDING FOOD ASSISTANCE TO 1,563 INDIVIDUALS IN FAMILIES, INCLUDING 109 SENIORS, IN MARCH ALONE, AS WELL AS FINANCIAL ASSISTANCE IN THE AMOUNT OF \$17,534. DURING THE FIRST SIX MONTHS OF FY2021, SVC PROVIDED FINANCIAL ASSISTANCE TO ITS CLIENTS IN THE AMOUNT OF \$251,710. SVC IS WORKING ON REDESIGNING ITS FOOD PANTRY INTO A FOOD OF CHOICE OR SUPERMARKET TYPE PANTRY WHERE THE CLIENTS WILL BE ABLE TO CHOOSE THEIR OWN FOOD. NUTRITIOUS EDUCATION WILL BE PROVIDED BY THE CT STAFF. THE OPENING IS PLANNED FOR THE SECOND WEEK OF FEBRUARY. ALSO, SVC ADDED IN JANUARY A STAFF MEMBER WHO WILL ASSIST RESIDENTS OF JEFFERSON COUNTY TO APPLY FOR SNAP BENEFITS.

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
CATHOLIC CHARITIES OF LOUISVILLE INC

**Employer identification number**  
61-1239600

**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		
<b>Total</b>						



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,820,491	16,426,262	11,191,388	15,025,401	13,082,282	70,545,824
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	14,820,491	16,426,262	11,191,388	15,025,401	13,082,282	70,545,824
<b>5</b> 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) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						70,545,824

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	14,820,491	16,426,262	11,191,388	15,025,401	13,082,282	70,545,824
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	18,210	13,682	1,144	3,249	17,216	53,501
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	23,921	17,084	9,783	14,386	14,323	79,497
<b>11 Total support.</b> Add lines 7 through 10						70,678,822

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 6,951,410

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.810 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.740 %

**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 . . . . .

**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 . . . . .

**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 . . . . .

**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 . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1239600

**Name:** CATHOLIC CHARITIES OF LOUISVILLE 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
CATHOLIC CHARITIES OF LOUISVILLE INC

**Employer identification number**  
61-1239600

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - 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:
- c** Beginning balance . . . . .
  - d** Additions during the year . . . . .
  - e** Distributions during the year . . . . .
  - f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	503,519	502,607	484,539	455,418	484,249
<b>b</b> Contributions . . . . .	29,266				
<b>c</b> Net investment earnings, gains, and losses	5,780	912	18,068	29,121	-28,831
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	538,565	503,519	502,607	484,539	488,518

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 6.380 %
  - b** Permanent endowment ▶ 93.620 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations . . . . .
  - (ii)** related organizations . . . . .
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>	Yes	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		803,398	367,368	436,030
<b>d</b> Equipment . . . . .		209,744	209,521	223
<b>e</b> Other . . . . .		499,152	308,674	190,478
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				626,731

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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 THIRD PARTY TRUST	1,091,142
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,091,142

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE- PPP LOAN	818,400
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	818,400

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	14,552,444
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	85,048	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	283,220	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	33,076	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 401,344
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 14,151,100
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 14,151,100

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	12,698,243
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	283,220	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	33,076	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 316,296
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 12,381,947
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 12,381,947

**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:** 61-1239600

**Name:** CATHOLIC CHARITIES OF LOUISVILLE INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ORGANIZATION EVALUATES ALL LOCAL, STATE, AND FEDERAL INCOME TAX RETURNS FOR POTENTIAL UNCERTAIN TAX POSITIONS TAKEN. MANAGEMENT HAS CONCLUDED THERE ARE NO TAX POSITIONS ATTRIBUTED TO THE REPORTING ENTITY WHICH MEET THE MORE-LIKELY-THAN-NOT CRITERION IN THE ASC. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES OR ACCRUED IN THE STATEMENTS OF FINANCIAL POSITION.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 33,076.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 33,076.

SCHEDULE G  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Name of the organization  
CATHOLIC CHARITIES OF LOUISVILLE INC

Employer identification number  
61-1239600

**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			
<b>Total</b>						

**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
	<b>MARDI GRAS</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	118,449			118,449
<b>2</b> Less: Contributions . . . . .	44,875			44,875
<b>3</b> Gross income (line 1 minus line 2) . . . . .	73,574			73,574
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	5,067			5,067
<b>7</b> Food and beverages . . . . .	18,813			18,813
<b>8</b> Entertainment . . . . .	1,490			1,490
<b>9</b> Other direct expenses . . . . .	26,584			26,584
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				51,954
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				21,620

**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))
	<b>1</b> Gross revenue . . . . .	19,302		
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .	6,997			6,997
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				6,997
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				12,305

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

**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:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ LISA DEJACO CRUTCHER

Address ▶ 2911 SOUTH FOURTH STREET LOUISVILLE, KY 40208

**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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CATHOLIC CHARITIES OF LOUISVILLE INC

Employer identification number 61-1239600

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CASH, MEDICAL INSURANCE PREMIUMS, UTILITY PAYMENTS, RENT ASSISTANCE, GIFT CARDS, BUS PASSES, HOUSEWARES, FURNITURE AND MEDICAL ASSISTANCE.	5327	2,052,598			
(2)					
(3)					
(4)					
(5)					
(6)					
(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:	<p>THE ORGANIZATION ADHERES TO THE SUBRECIPIENT AND CONTRACTOR MONITORING REQUIREMENTS AND REGULATIONS STIPULATED IN ITS GRANT AGREEMENTS WITH THE FEDERAL AWARDED AGENCIES. REFUGEE RESETTLEMENT AGENCIES: 67% OF ALL SUBAWARDS KENTUCKY REFUGEE MINISTRIES (KRM): THE MAIN OFFICE IS LOCATED IN LOUISVILLE, KY AND THE SUB OFFICE LOCATED IN LEXINGTON KY. KRM IS KOR'S PRIMARY SUBRECIPIENT; THE AGENCY IS AWARDED APPROXIMATELY 60% OF ALL SUBAWARDED FUNDING. KRM ADMINSTRATES REFUGEE CASH ASSISTANCE (RCA), PROVIDES FOUNDATIONAL AND INTENSIVE CASE MANAGEMENT SERVICES, EMPLOYMENT SERVICES, ENGLISH LANGUAGE TRAINING, CULTURAL ORIENTATION AND OTHER SOCIAL SERVICES TO NEWLY ARRIVING REFUGEES. THEY ALSO SERVICES TO YOUTH WHICH INCLUDES MENTORING, EMPLOYMENT AND PARTNERSHIPS WITH THE PUBLIC SCHOOLS SERVING REFUGEE CHILDREN IN BOTH OF THEIR LOCATIONS. KRM PROVIDES CITIZENSHIP CLASSES, DRIVER'S EDUCATION AND OLDER REFUGEE SERVICES TO REFUGEES RESIDING IN JEFFERSON COUNTY, INCLUDING REFUGEES SERVED BY CATHOLIC CHARITIES, MIGRATION AND REFUGEE SERVICES. WKRMAA AKA. INTERNATIONAL CENTER: THE MAIN OFFICE IS LOCATED IN BOWLING GREEN, KY AND THE SUB OFFICE IS LOCATED IN OWENSBORO, KY. WKRMA IS THE SECOND LARGEST SUBRECIPIENT FOR FUNDING; THE AGENCY IS AWARDED 17% OF ALL SUBAWARDED FUNDING. WKRMAA ADMINSTRATES REFUGEE CASH ASSISTANCE (RCA), PROVIDES FOUNDATIONAL AND INTENSIVE CASE MANAGEMENT SERVICES, EMPLOYMENT SERVICES, OTHER SOCIAL SERVICES AND YOUTH MENTORING SERVICES TO NEWLY ARRIVING REFUGEES. PUBLIC SCHOOLS: 8% OF ALL SUBAWARDS THE PUBLIC SCHOOLS INCLUDE JEFFERSON, FAYETTE, DAVIESS AND WARREN COUNTIES, BOWLING GREEN INDEPENDENT AND OWENSBORO PUBLIC SCHOOLS. KOR FUNDING TO THE PUBLIC SCHOOLS ARE DESIGNED TO ADDRESS THE LANGUAGE, ACADEMIC AND CULTURAL ADJUSTMENT NEEDS OF NEWLY ARRIVED REFUGEE YOUTH. FUNDING IS ALSO USED FOR AFTER SCHOOL AND SUMMER PROGRAMMING SUCH AS DEVELOPMENT OF SPECIALIZED CLASSROOM LEARNING MATERIALS, HIRING OF BILINGUAL AND CULTURALLY COMPETENT SUPPORT STAFF, PARENT ENGAGEMENT ACTIVITIES, PROFESSIONAL DEVELOPMENT FOR SCHOOL STAFF, AND COMPREHENSIVE SCHOOL INTAKE AND ORIENTATION PROCESSES. TECHNICAL COMMUNITY COLLEGES: 4% OF ALL SUBAWARDS THE TECHNICAL COMMUNITY COLLEGES INCLUDE SOUTHERN KENTUCKY TECHNICAL COLLEGE, OWENSBORO TECHNICAL COLLEGE AND BLUEGRASS TECHNICAL COLLEGE. FUNDING TO THE TECHNICAL COMMUNITY COLLEGES PROVIDES ENGLISH LANGUAGE TRAINING TO NEWLY ARRIVED REFUGEES IN BOWLING GREEN, OWENSBORO AND LEXINGTON, KENTUCKY. OWENSBORO TECHNICAL COLLEGE ALSO PROVIDES EMPLOYMENT SERVICES FOR LONGER TERM REFUGEES LIVING IN OWENSBORO. OTHER MAINSTREAM PROVIDERS: 21% OF ALL SUBAWARDS THIS INCLUDES JEWISH FAMILY CAREER SERVICES (JFCS) WHICH PROVIDES CAREER PLANNING AND PLACEMENT SERVICES TO REFUGEES LIVING IN JEFFERSON COUNTY. COMMUNITY ACTION OF SOUTHERN KENTUCKY PROVIDES EMPLOYMENT SERVICES TO LONGER TERM REFUGEES RESIDING IN BOWLING GREEN KY.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 61-1239600  
**Name:** CATHOLIC CHARITIES OF LOUISVILLE INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE 500 NEWTON PIKE LEXINGTON, KY 40508	76-0826082	501(C)(3)	19,372				REFUGEE SOCIAL SERVICES
BOWLING GREEN INDEPENDENT SCHOOL 1211 CENTER STREET BOWLING GREEN, KY 42101	20-8622576	GOVERNMENT ENTITY	65,252				REFUGEE SCHOOL IMPACT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY ACTION OF SOUTHERN KENTUCKY 921 BEAUTY AVENUE BOWLING GREEN, KY 42102	61-0660969	501(C)(3)	78,706				REFUGEE SOCIAL SERVICES, REFUGEE HEALTH PROMOTION, REFUGEE TARGETED ASSISTANCE
DAVISS COUNTY PUBLIC SCHOOLS 1622 SOUTHEASTERN PARKWAY OWENSBORO, KY 42303	61-1346930	GOVERNMENT ENTITY	17,894				REFUGEE SCHOOL IMPACT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY HEALTH CENTERS AMERICANA 4805 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-0716483	501(C)(3)	31,732				REFUGEE HEALTH PROMOTION
FAYETTE COUNTY PUBLIC SCHOOLS 701 E MAIN ST LEXINGTON, KY 40502	61-1295655	GOVERNMENT ENTITY	72,677				REFUGEE SCHOOL IMPACT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-0445834	501(C)(3)	6,742				REFUGEE HEALTH PROMOTION
JEFFERSON COUNTY PUBLIC SCHOOLS 1325 BLUEGRASS AVENUE LOUISVILLE, KY 40215	61-1021128	GOVERNMENT ENTITY	81,130				REFUGEE SCHOOL IMPACT GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FAMILY & CAREER SERVICES 2821 KLEMPNER WAY LOUISVILLE, KY 40205	61-0444704	501(C)(3)	116,619				REFUGEE SOCIAL SERVICES, REFUGEE TARGETED ASSISTANCE
KENTUCKY REFUGEE MINISTRIES INC 969 B CHEROKEE ROAD LOUISVILLE, KY 40204	61-1229842	501(C)(3)	2,734,633				REFUGEE SOCIAL SERVICES, ELDERLY SERVICES, REFUGEE SCHOOL IMPACT, KENTUCKY WILSON FISH ALTERNATIVE, REFUGEE HEALTH PROMOTION, REFUGEE TARGETED ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OWENSBORO COMMUNITY & TECHNICAL COLLEGE 4800 NEW HARTFORD ROAD OWENSBORO, KY 42303	61-1109704	501(C)(3)	63,358				REFUGEE SOCIAL SERVICES, REFUGEE TARGETED ASSISTANCE
OWENSBORO PUBLIC SCHOOLS 450 GRIFFITH AVENUE OWENSBORO, KY 42301	61-1349137	GOVERNMENT ENTITY	22,861				REFUGEE SCHOOL IMPACT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHCENTRAL KENTUCKY COMMUNITY & TECHNICAL COLLEGE 1845 LOOP DRIVE BOWLING GREEN, KY 42101	02-0738080	501(C)(3)	96,092				REFUGEE SOCIAL SERVICES, REFUGEE TARGETED ASSISTANCE
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC 2301 S THIRD STREET LOUISVILLE, KY 40292	61-1029626	501(C)(3)	21,772				REFUGEE CASH AND MEDICAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WARREN COUNTY PUBLIC SCHOOLS 303 LOVERS LANE BOWLING GREEN, KY 42103	26-3727755	GOVERNMENT ENTITY	74,734				REFUGEE SCHOOL IMPACT GRANT
WESTERN KENTUCKY REFUGEE MUTUAL ASSISTANCE ASSOCIATION INC 806 KENTON STREET BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	558,353				REFUGEE SOCIAL SERVICES, KENTUCKY WILSON FISH ALTERNATIVE, REFUGEE TARGETED ASSISTANCE

**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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CATHOLIC CHARITIES OF LOUISVILLE INC

Employer identification number  
61-1239600

**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		160,303	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
SILENT AUCTION	X	93	25,875	FAIR MARKET VALUE
25 Other ▶ ( ITEMS )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		No
31	Yes	
32a		No
33		

**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
------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

CATHOLIC CHARITIES OF LOUISVILLE INC

Employer identification number

61-1239600

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE MEMBER, THE ROMAN CATHOLIC ARCHBISHOP OF LOUISVILLE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS ONE MEMBER WHO MAY ELECT ALL MEMBERS OF THE GOVERNING BODY.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBER OF THE ORGANIZATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE ANNUAL 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO ITS FILING. INTERNALLY, THE CEO AND CFO HAVE THE PRIMARY RESPONSIBILITY FOR THE 990 PREPARATION WITH ASSISTANCE FROM THE ORGANIZATION'S STAFF ESPECIALLY ON PROGRAM ACTIVITIES. ADDITIONAL INPUT IS PROVIDED BY THE EXTERNAL AUDITORS AND THE GOVERNING BODY'S FINANCE COMMITTEE.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, WHICH IS DONE IN CONNECTION WITH EMPLOYMENT AND CONTRACTING DECISIONS AND ANY ISSUES ARE ROUTINELY REVIEWED BY MANAGEMENT.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THERE ARE ESTABLISHED SALARY GRADE RANGES FOR ALL POSITIONS IN THE AGENCY WHICH ARE BENCHMARKED TO ARCHDIOCESAN SCHEDULES AND TO NATIONAL AND REGIONAL DATA COMPILED BY CATHOLIC CHARITIES USA.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	DISTRIBUTIONS FROM TRUSTS 52,859. INVESTMENT RETURN LESS ENDOWMENT SPENDING DISTRIBUTION 32,189.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE ORGANIZATION'S GOVERNING BODY AND FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AS IN PRIOR YEARS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CATHOLIC CHARITIES OF LOUISVILLE INC

**Employer identification number**

61-1239600

**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
<b>(1)</b> ROMAN CATHOLIC BISHOP OF LOUISVILLE AKA ARCHDIOCESE OF LOUISVILLE 212 E COLLEGE ST  LOUISVILLE, KY 40201 61-0444669	RELIGIOUS ORGANIZATION	KY	501(C)(3)	LINE 1	N/A		No



**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>