EXTENDED TO MAY 15, 2019

Department of the Treasury Internal Revenue Barvice

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

	7 calendar year, or tax year beginning JUL 1, 2017 Name of organization		DUN 30, 2018 D Employer identific	ation number
Address	CAMBOT TO CHARTMIRG TWO		,/10	100
Name change	CATHOLIC CHARITIES, INC.		18_0	543703
	Coing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
Pinal patent	437 N. TOPEKA		316-	264-8344
Nome in-	City or town, state or province, country, and ZIP or foreign postal code		G Gress receipts \$	8,321,716.
American	WICHITA, KS 67202		H(a) Is this a group re	
percent 4	Name and address of principal officer:LISA SCOTT 137 N. TOPEKA, WICHITA, KS 67202		for subordinates* H(b) Are all subordinates in	ctuded7 Yes No
	status: X 501(c)(3)	a)(1) or 52		list. (see instructions)
	www.CATHOLICCHARITIESWICHITA.ORG		H(c) Group exemption	
Part Sur	nization; X Corporation Trust Association Other	L Year	of formation: 1951 M	State of legal domicite: KS
1 Brieff	y describe the organization's mission or most significant activities: OR	PERATES I	HOMBLESS & DO	MESTIC
VIC	DLENCE SHELTERS, PROVIDES COUNSELING	ADULT	DAY SERVICES	S. FOOD
E 2 Chec	k this box 🕨 📖 if the organization discontinued its operations or d			
VIC	her of voting members of the governing body (Part VI, line 1a)		[3]	22
	ber of independent voting members of the governing body (Part VI, line	1b)	4	22
6 Total	number of individuals employed in calendar year 2017 (Part V, line 2a)		5	186
₹ 6 Total	number of volunteers (estimate if necessary)		6	1306
7 a Total	unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b Net u	inrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year	Current Year
g 8 Conti	ributions and grants (Part VIII, fine 1h)		5,637,423	5,932,537.
	ram service revenue (Part VIII, line 2g)		1 587 130	1,658,312
3 10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		191,932.	307,913.
11 Other	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		287,560.	375,912
12 Total	revenue - add lines 8 through 11 (must equal Part VIII), column (A), line	12)	7,704,045	8 274 674
13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)		327,038	431 781
14 Bene	rits paid to or for members (Part IX, column (A), line 4)		0.	0.
g 15 Salar	ries, other compensation, employee benefits (Part IX, column (A), lines 5	S-10)	4,720,990	4,647,363.
15 Salar 16a Profe b Total	ries, other compensation, employee benefits (Part IX, column (A), lines 5 essional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total	fundralsing expenses (Part IX, column (D), line 25)	,202.		5.1.1/2
= 17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3 192 612	2,928,378
	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,240,640.	8,007,522.
19 Reve	nue less expenses. Subtract line 18 from line 12		-536,595.	267,152.
58			egianing of Current Year	End of Year
14.42	assets (Part X, tine 16)		11,143,587	11 505 921
	I liabilities (Part X, line 26)	ere inches	488,706	512,072
	assets or fund balances. Subtract line 21 from line 20	mercurana.	10,654,881.	10,993,849.
A STATE OF THE PARTY OF THE PAR	gnature Block		THE REAL PROPERTY.	
•	of perjury, I declare that I have examined this return, including accompanying sch			knowledge and belief, it is
true, correct, and	complete, Declaration of preparer (other than officer) is based on all information	of which prepare	r has any knowledge.	
	Signature of officer		Date	19
Sign			Liato	
Here	LISA SCOTT, DIRECTOR OF FINANCE Type or print name and title			
Delet			Date Check	II PTIN
the second second	VType preparer's name LEN K. DECKER BLLEN K. DECK	משי	5/15/19	001411210
-	's name ALLEN, GIBBS & HOULIK, L.C.	.ac	T sett, and mode	48-1032601
	's address 301 N. MAIN, SUITE 1700	_	Firm's EIN	40-1032001
Are ovel 1440)	WICHITA, KS 67202-4868		Dhans 21	6-267-7231
Admiration and art			rnona ma. 3 1.1	
way ind ind di	scuss this return with the preparer shown above? (see instructions)			X Yee No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) CATHOLIC CHARITIES, INC.	48-0543703 Pa	ge 2
PB	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Pa	t III	
ı	Briefly describe the organization's mission:		274
	CATHOLIC CHARITIES ALLEVIATES POVERTY	& BUILDS STRONG FAMILIES THROUGH	
		DOMESTIC VIOLENCE SHELTER, ADUL	T
	DAY SERVICES PROGRAM, FOOD PANTRY, COU	NSELING.	
_	Did the organization undertake any significant program services during the y	our which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X	1
	If "Yes," describe these new services on Schedule O.		1 MO
	Did the organization cease conducting, or make significant changes in how	conducts, any program services?] No.
	If "Yes," describe these changes on Schedule O.	Tes Las	1 MO
	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 amor	nt of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	and an	
	(Code:) (Expenses \$ 588,535. Including grents of \$) (Meverue \$ 162,69)	9.
	COUNSELING - PROVIDE LOW-INCOME INDIVI	DUAL FAMILY AND MARITAL	-
	COUNSELING.		
	DEC. WHENDS		
		<u> </u>	
			_
			
_	4 946 499	4 500 40	
b	(Code,) (Expenses 1,246,127. including grants of \$) (Revenue \$ 1,306,95	<u>7 - </u>
	ADULT DAY SERVICES PROGRAM - PROVIDE D	AILY CARE AND SUPERVISION FOR	
	ADULTS WITH INTELLECTURAL AND DEVELOPM	ENTAL DISABILITIES; OFFER DAILY	
	LIVING, RECREATION, HEALTH COUNSELING,	AND TRANSPORTATION TO THE	
	CENTER.	<u> </u>	
		<u> </u>	
		<u> </u>	
C	(Code) (Expenses 5 2, 251, 213 . including grants of 6	335,391.) (Recentes 188,65)	<u>6 •</u>
	HARBOR HOUSE - PROVIDE TEMPORARY SHELT	ER, COUNSELING, EDUCATION,	_
	OUTREACH AND ADVOCACY TO ADULTS AND CH	ILDREN WHO ARE VICTIMS OF	
	DOMESTIC VIOLENCE; OUTREACH SERVICES B	XTEND TO THE DISTRICT ATTORNEY'	3
	OFFICE, MUNICIPAL COURT, AND THE WICHI	TA AND EL DORADO, KANSAS,	
	DEPARTMENT OF CHILDREN AND FAMILIES.		
	Title:		
		······································	•
		17. (11)	
d	Other program services (Describe in Schedule O.)		
		, 390 -) (Revenue B 31, 662.)	
•	Total program service expenses ► 6,528,557.		
	007	Form 990 (2017
100	1 11-28-17		
	2		

3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	£	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	-	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for excrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	1		100
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	110	x	
b	Oid the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part IX	11d	Х	7
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	John Co.	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's fiability for uncertain tax positions under FIN 48 (ASC 740)? # "Yes," complete Schedule D, Part X	111	23	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	0
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yas," complete Schedule F, Parts I and IV	14b	ľ	x
15		15	1	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9s? // "Yes," complete Schedule G, Part III	19		х

Form **990** (2017)

Part IV | Checklist of Required Schedules (continued) 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, Isse 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? **24d** 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pert I X 25. b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? if "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions); A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 280 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 284 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? ff "Yes," complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete 32 Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part ! Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)7 // "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, fine 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

36

37

Х

X

Note. All Form 990 filers are required to complete Schedule O

	990 (2017) CATHOLIC CHARITIES, INC.		48-0543	703	P	age 5
Per	t 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					
	The second secon	724	1020	LDY	Yes	No
	Enter the number reported in Box 3 of Form 1098. Enter-0-if not applicable	10	17	Sin		63
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	15	U	218		1334
C	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?		ible gaming	1c	x	NEW S
25	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	40 - 20	T is		随些有
	filed for the calendar year ending with or within the year covered by this return	2a	186	BEN!	E.	
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2ъ	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		0.1	SIN	15213
				3a	1971	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	533	20
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		100	30.0
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	40		X
Ь	If "Yes," enter the name of the foreign country:		- A (III / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2		30	630
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			EXP	Last I	5.0
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	?	6b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		(81)
6a	Oces the organization have annual gross receipts that are normally greater than \$100,000, and did				7-1	FIL
	any contributions that were not tax deductible as charitable contributions?			ва	14.	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution and tax deductible?		or gifts	6b	100	4
7	Organizations that may receive deductible contributions under section 170(c).		ediana (France)	100		17/3
	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and se			70	X	1815
b	If "Yes," did the organization notity the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it value for the Form \$282?			7c		x
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d		4354	88,146	100
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7a	victority	AUDICACE.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			71		1-1
	If the organization received a contribution of qualified intellectual property, did the organization file if		599 as required?	79	1000	10
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	extion (te a Form 1098-C?	7h	75.15	11.5
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	I had the first the same	NO.	fa.50	前問
	sponsoring organization have excess business holdings at any time during the year?		-17 14	8	7.3	19
9	Sponsoring organizations maintaining donor advised funds.		man and treatment	DE CO	100年	NOW!
	Did the sponsoring organization make any taxable distributions under section 4986?			Qa .	237	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		Company days and	96	1000	Sec.
10	Section 601(c)(7) organizations. Enter:	-104(0)	The Atlanta	906	部	The same
8	initiation fees and capital contributions included on Part VIII, line 12	10m		130		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	the monthly		No.	
11	Section 501(c)(12) organizations. Enter:	- 9			1103	1000
	Gross income from members or shareholders	11a				
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	115				5 3
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization fiting Form 990 in lieu of Form		1211 99	12a	SULCON.	COURSE !
Ь	If "Yes," enter the amount of tax-exampt interest received or accrued during the year	125	THE PROPERTY OF THE PARTY OF TH	10-10/	1000	127XCS
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1787	VEX.		5 615
			The state of	13a	0.60	
-,	Note. See the instructions for additional information the organization must report on Schedule O.			1650	DE I	17/3A
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Ha	100	1	12/35
	organization is licensed to issue qualified health plans	13b	CEL ON	456		7 3
c	Enter the amount of reserves on hand	13c	COLUMN TO SERVE		1	200
14a	Did the organization receive any payments for indoor tanning services during the tax year?	or silv	Part Tolk Harris	14a	-79	X
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	e O	NAME OF A 11 A1 A1 A1 A1	14b	PLU	

Form	990 (2017) CATHOLIC CHARITIES, INC.	48-0543	703	Р	_{ege} 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 70 to line 8s, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins	below, and for a ' tructions	No" r	espon	50
	Check if Schedule O contains a response or note to any line in this Part VI			1/10#1	X
Sec	tion A. Governing Body and Management	<u></u>			
	1 1	201		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	22	調		VARA!
	if there are material differences in voting rights among members of the governing body, or if the governing		1	13.70	EVEN.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			根源	WELL
ь	Enter the number of voting members included in line 1s, above, who are independent	22	1000	(C)	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	, · · · ·	HE	超出	200
	officer, director, trustee, or key employee?	and the second second	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	of officers, directors, or trustees, or key employees to a management company or other person?	enantrition is.	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	*******	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	ne or			
	more members of the governing body?		7a	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold	ders. or			
	persons other than the governing body?		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	otlowing:	111200	25/25/11	·Fess
a	The governing body?		80	x	Name of Street
Б	Each committee with authority to act on behalf of the governing body?	in in the same of	86	X	┝
9	Is there any officer, director, trustee, or key amployee listed in Part VIII, Section A, who cannot be reached at				-
•	organization's mailing address? If 'Yes, ' provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section 8 requests information about policies not required by the Internal Revenue of		9		
300	tion by 1 discuss (in a decisor of requests millioniation about poinces not required by the midmet nevertue t	,00a.)		Yes	-1-
40-	Did the organization have local chapters, branches, or affiliates?	ſ	40-	708	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.		10a	_	<u> </u>
10					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	THEOR STEEL STEEL	11a	0.193.5	Bestrut
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3250	4000	55650
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confile		12b	_	_
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des				
	in Schedule O how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	(-1)-1	13	X	
14	Did the organization have a written document retention and destruction policy?	manner manage	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by ind	ependent	Tolki I		10
	persons, comparability date, and contemporaneous substantiation of the deliberation and decision?		河原		100
a	The organization's CEO, Executive Director, or top management official	Comment of the contract of	15a .	X	
b	Other officers or key employees of the organization	in a substitution of the	16b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Empl	施利	1373
15a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	ha		16.25	23
	taxable entity during the year?		16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa	rticipation	334	(6.85)	學的
	in joint venture arrangements under applicable federat tax law, and take steps to safeguard the organization'	8	問題		Miss
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
16	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 501(c)(3)s onivi a	vailab	la .	
	for public inspection. Indicate how you made these available. Check all that apply.			-	
	Own website Another's website X Upon request Other (explain in Sche	dule Ol			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of		finer	ciel	
	statements available to the public during the tax year.		11/14/1	- 10E)	
20	State the name, address, and telephone number of the person who possesses the organization's books and	recorde:			
e,0	LISA SCOTT - 316-264-8344				
	437 N. TOPEKA, WICHITA, KS 67202				
79264	6 11-29-17		Enve	004	(2017)
1 4 240	6 11-20-17 6		run!		(EU 17)

Form 990 (2		48-0543703	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
3.50	Check if Schedule O contains a response or note to any line in this Part VII	INTERPRETATION OF THE PROPERTY	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

- 1a Complete this table for all persons required to be fisted. 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 employees."

- List the organization's five surrenthighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	net c	es pe	itior mon	then is bot	na d	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Infinitional furstice of Stractor	Institutional Busine	- Gricer	Key employes	Hydrost companisated strictions	Sernor	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SISTER VICKI BERGKAMP	1.00			1	1		П				
DIRECTOR	1 00	X					-	0.	0.	0	
(2) JOB DELLASEGA DIRECTOR	1.00	x						0.	0.		
(3) MELISSA GRELINGER	1.00	1		Н	Н		-	0.	0.	0	
PRESIDENT	1.00	X		x				0.	0.	0	
(4) MARK EUMPHREY	1.00	-	15	-						4111	
DIRECTOR	we state you have	X	5	Ø.	H	3	76	0.		0	
(5) DENNIS KERSCHEN	1.00		_				Jan.	Annual of	1. 100	F-19-19-	
DIRECTOR	100	K						0.	0.	0	
(6) JEFF LEONARD	1.00	AGH.			W	23	4/5	man a Debeca	Historia de 1114	THE PLAN	
DIRECTOR		X						0.	0.	0	
(7) LISA OBIOKE	1.00		. 17	9		715	S.M.	Auto-live September	Hamble - Land	HATE STATE OF	
DIRECTOR	1 00	X	10.		3	33)	.790	0.	0.	0	
(8) WATT ONOFRIO TREASURER	1.00	x		x	190	100	7	0.	0.	The state of the s	
(9) PR. SHERNAN ORR	1,00	^	Н	^	3	=		U.	٧.	0	
DIRECTOR	1.00	x		3	T			0.	0.	0	
(10) CHRISTINA RICKE	1.00	716	976	710	75		250	- 120	a. B. V. di C. Li V. Janes L.	- 7	
SECRETARY	AA POST	X	- 3	x				0.	0.	0	
(11) CHRISTOPHER GOEBEL	1.00					2	775			a 3# 3 a 1	
DIRECTOR		X						0.	0.	0	
(12) JASON SEARL	1.00			-		4					
DIRECTOR		X	L	Ц		Щ		0.	0.	0	
(13) ANDREW TRENGVALL DIRECTOR	1.00	K	4			-					
(14) JUDY WORRELL	1.00	-	Н	Н	Н	Н		0.	0.	0	
DIRECTOR	1.00	X		8				0.	0.	0	
(15) MARY JANE WOOTEN	1.00			Н	Н			0.1			
DIRECTOR		X						0.	0.	0	
(16) BISHOP CARL A REMME	1.00									4 - 1 - 1	
DIRECTOR	HAT HATE	ĸ			+		A.h.	0.	0.	0	
(17) ARLIN BEBR	1.00	-			-1	-	1	TO SET THE	THE PERSON NAMED IN	WATE IN	
DIRECTOR		X		Ш				0.	0.	0	

Name and title	(B) Average hours per week	(de	not c	Pos heck	C) itior mere reen		one tun	ompensated Employee (D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat Imount other	of
	(fist eny hours for related organizations below fine)	Indicated from or director	Instintional Dectes	Officer	Kay emplayee	Hobers compensated employee	Romer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	01	mpens from th ganiza nd rela ganizat	ne tion ted
(18) ED MIKESELL DIRECTOR	1.00	x	П					0.	0.			•
(19) XBVIN MULLBN	1.00	1	1		-			0.		-	-	0,
DIRECTOR		X						0.	0.			0.
(20) MARY ALICE JOHNSON	1.00		Г	9				7,222				
DIRECTOR	1 00	X	1					0.	0.			0.
(21) MICHAEL MULLENS DIRECTOR	1.00	x	1			1			0			
(22) SCOTT BERGKAMP	1.00		\vdash		-	-	Н	0.	0.	-	_	0.
DIRECTOR	2.00	x						0.			0.	
(23) WENDY GLICK	40.00	1							0.			
EXECUTIVE DIRECTOR		1_	L	X				110,162.	0.		18,1	99.
(24) LISA SCOTT DIRECTOR OF FINANCE	40.00	1		x				F4 F06				
STUDGEST OF THEMSE				Â				51,586.	0.		4,3	24.
1b Sub-total				940			ı	161,748.	0.		20,5	
c Total from continuation sheets t	lo Part VII, Section A		((::::()					161.748	0.		20,5	0.
d Total (add lines 1b and 1c)	ling but not limited to ti	hose	liste	ed al	bov	e) wi	ю ге				40,5	1
									······································		Yes	No
3 Did the organization list any forme line 1a? If "Yes," complete Scheol	ule J for such individual	340						nomena I amana	three brood productions and in	3	M	х
 For any individual listed on line 1a and related organizations greater: 								•		100	100	x
5 Did any person listed on line 1a re								1-0-73-011-0	luai for services	11.	1 (200	
rendered to the organization? # *) Section B. Independent Contractors								THE PARTY OF THE P		6		X
Complete this table for your five h the organization. Report compens										sation	from	
HIS STREET PRODUCTS I SEPTEMBER SECTIONS IN	(A)	M						(B) Description of se			(C) ensatic	on
	business address	M	ON	3			+	- Description of st	IIVICes (omp		
	business address	N						Dasciption of st	IIVIDES C	-Cmp		
	business address	N		<u> </u>				Casciptoriors	IIVIDOS .	отр		

CATHOLIC CHARITIES, INC. 48~0543703 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) Related or 10 Unrelated Total revenue exempt function business revenue revenue ta 2,617,235 1 a Federaled campaigns b Membership dues 16 c Fundraising events 10 d Related organizations 792,050 14 Government grants (contributions) # All other centributions, gifts, grants, and 523,252 similar amounts not included above 759,857. 9 Noncash contributions included in time 1a-1t \$ 932,537 h Total. Add lines 1a-11 Business Code 624200 2 - ADULT DAY SERVICES 306,957.1 306,957 Program Service 624200 IMMIGRATION 188,656. 188,656. c COUNSELING 624200 162,699. 162,699. 1 All other program service revenue ▶ 1,658,312. g Total, Add lines 2a-21 ... Investment income (including dividends, interest, and 99,985. 99,985. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of fill Other 207,928. assets other than inventory b Less: cost or other basis and sales expenses c Gain or (lose) 207,928. d Net gain or (loss) 207,928. 207,928. B a Gross income from fundraising events (not including \$ contributions reported on line 1c), See Part IV, line 18 a 391,292 47,042. b Less; direct expenses ______b c. Net income or (loss) from fundraising events. 344,250. 344,250. 9 a Gross income from gaming activities. See Part IV, line 19 h Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ... Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS 900099 31,662. 31,662. d All other revenue 31,662. e Total. Add lines 11a-11d Total revenue. See instructions. 274,674.1,689,974. 652,163. 732009 11-28-17 Form **990** (2017) Form 990 (2017) CATHOLIC CHARITIES, INC.
Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			(2015年) · · · · · · · · · · · · · · · · · · ·	
2	Grants and other assistance to domestic	454 854	454 544		
_	Individuals See Part IV, line 22	431,781.	431,781.		12 12 12
3	Granta and other assistance to foreign			ALCOHOLD STATE	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				E/ELLE
4	Benefits paid to or for members			ALL STREET, STREET, ST	12/2
5	Compensation of current officers, directors,	206,095.	122 062	72 122	
_	trustees, and key employees Compensation not included above, to disqualified	200,095.	133,962.	72,133.	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,614,786.	2,619,915.	878,092.	116,779
8	Perision plan accruals and contributions (include	3,014,100.	Z,013,313.	070,032.	110,773
•	section 401(k) and 403(b) employer contributions)	67,671.	43,986.	23,685.	
9	Other employee benefits	432,644.	281,219.	151,425.	
0	Payroll taxes	326,167.	212,009.	114,158.	
1	Fees for services (non-employees):	780,1011	212,005.	114,130.	
b		1,710.	3,785.	-2,189.	114
c		61,007.	135,018.	-78,077.	4,066
_	Lobbying		150,0101	,0,0,,,	4,000
	Professional fundraising services. See Part IV, line 17		A STATE OF STREET	OF MAKING PURENCES	
i	Investment management fees	31,672.	and the state of the state of the	31,672.	
g	A. 114 Francis			02,0,2	
۰	column (A) amount, list line 11g expenses on Sch D.)	319,628.	595,964.	-291,515.	15,179
12	Advertising and promotion			572,73231	13,17
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	529,261.	422,534.	106,332.	395
7	Travel	177,790.	174,005.	4,687.	-902
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· ·		
0	Interest	843.	843.	1	
11	Payments to affiliates				
2	Depreciation, depletion, and amortization	360,572.	242,168.	118,404.	
3	Insurance				
4	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 Q.)				
	SUPPLIES	1,147,316.	947,558.	113,986.	85,772
b	STIPENDS	254,265.	254,265.		
¢	MISCELLANBOUS	30,799.	24,798.	5,623.	378
d	TRAINING	13,515.	4,747.	6,347.	2,421
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	8,007,522.	6,528,557.	1,254,763.	224,202
6	Joint costs. Complete this line only if the organization				
	reported in column (8) joint costs from a combined	1			
	educational campaign and fundraising solicitation.		1		
	Check Nare In it following SOF 98-2 (ASC 958-720)	- 1			

CATHOLIC CHARITIES, INC.

48-0543703 Page 11

	Check if Schedule O contains a response or no			(A)	T	(B)
				Beginning of year		End of year
1				354,001.	1	460,558
2	Savings and temporary cash investments			775,839.	2	854,940
3	Pledges and grants receivable, net			772,800.	3	792,100
4	Accounts receivable, net			403,832.	4	391,878
5	Loans and other receivables from current and for	ormer offic	ers, directors,			是以特色。唐
	trustees, key employees, and highest compens			美国人的	15	· 中国
1	Part II of Schedule L		7-111142100-141451111		6	
6	Loans and other receivables from other disqual	•		图 4 1 化图 2	100	
1	section 4958(f)(1)), persons described in section					
1	employers and aponsoring organizations of sec			Maria Maria	Y NO	
	employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use		and the second second		8	
9	Prepaid expenses and deferred charges		terration of the same of the s		9	
10s	Land, buildings, and equipment cost or other		1	The state of the s		THE PARTY OF THE PROPERTY OF THE PARTY OF TH
	basis. Complete Part VI of Schedule D	10a	8,368,229.			
1 2	Less: accumulated depreciation	10b	3,920,092.	4,492,876.	10c	4,448,137
11	Investments · publicly traded securities		Var terrorette en		11	17
12	investments - other securities. See Part IV, tine	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		-	4,344,239.	15	4,558,308
16	Total assets, Add lines 1 through 15 (must equ	al line 34)	THE CONTRACT OF THE PARTY OF TH	11,143,587.	16	11,505,921
17	Accounts payable and accrued expenses			488,706.	17	512,072
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities	************			20	
21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
22	Loans and other payables to current and forme			THE PROPERTY OF THE PARTY.	(4750)	Wight Classic Control
1	key employees, highest compensated employe					
	A 1. 5 . 11 . 14	-	,	Rull De Meridseline	22	W. Britania and Control
23	Secured mortgages and notes payable to unral				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa	_				
	parties, and other liabilities not included on line					
1					25	
26	Total fishlities, Add lines 17 through 25			488,706.		512,072
1	Organizations that follow SFAS 117 (ASC 95)	Ri. chack i	ara b X and		20	CA CONTRACTOR AND
1	complete lines 27 through 29, and lines 33 as				J. 33	Siela Marie Carlo
27	Unrestricted net assets			6,897,499.	27	6,931,003
28	Temporarily restricted net assets	en shariffan		1,801,099.	28	2,106,563
29				1,956,283.		1,956,283
	Organizations that do not follow SFAS 117 (A	SC 958)	chack have by	No. of the Control of	09500	Vision to the second
1	and complete lines 30 through 34.					等所述。 为45 方
30	Capital stock or trust principal, or current funds			THE PARTY OF THE P	30	COLUMN TO SERVICE STATE OF THE
31	Paid-in or capital surplus, or land, building, or ex	nicoment f	und		31	
32	Retained earnings, endowment, accumulated in				32	
33	Total net persets or first belonge	econie, of (Occupi Militas	10,654,881.		10,993,849
	Total net assets or fund balances			11,143,587.	33	11,505,921
34	Total liabilities and net assets/fund balances .	*****************		TT17431301.	34	Form 990 (201

Pa	CATHOLIC CHARITIES, INC. 48-0543703						
	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any fine in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,27	4.6	74.		
2			8,00				
3		3			52.		
4		4 1	0,65	4,8	81.		
5		5			16.		
6		6					
7		7					
8		8					
9		9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10 1	0,99	.	49.		
Da	column (B)) † XIII Financial Statements and Reporting	10 1 -	·, 23.	J, 0	43.		
- 44					(X)		
	Check if Schedule O contains a response or note to any line in this Part XII	er encontrato		Yes	_		
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		X		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		2a				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	m.e.,() ∤1 81	學版				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis	n a	學版	X			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis	n a	學版	X			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis	n a	學版				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	aria Dasis,	學版	X No.			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	en a Dasis, nuclit,	學版	THE RESERVE			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	an a basis, mudit,	學版	X			
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Scheduler.	an a basis, mudit, ule O.	2 N N N N N N N N N N N N N N N N N N N				
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 or separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sched As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	obasis, basis, audit, ule O. le Audit	2 N N N N N N N N N N N N N N N N N N N	X			
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2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Scheduler.	pasis, audit, le Audit	2b 2c	X			

SCHEDULE A (Form 990 or 990-EZ)

ent of the Transury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Employer identification number CATHOLIC CHARITIES, INC. 48-0543703 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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. 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. 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. 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. 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. 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 ill non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). abon listed (i) Name of supported (III) Type of organization (described on lines 1-10 tri bille drain (v) Amount of monetary (vi) Amount of other organization support (see instructional support (see instructions) Yes No bove (see instructional) Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 792921 19-08-17 Schedule A (Form 990 or 890-EZ) 2017

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Schedule A (form 990 or 990-EZ) 2017 CATHOLIC CHARITIES, INC. 48-05437

[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 falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	adar year (or flocal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	(f) Total
- 1	Gifts, grants, contributions, and			(4)	14,55.10	1072017	p) rous
	membership fees received. (Do not						
	include any "unusual grants.")	6,779,760.	6,974,457.	5,935,950.	5,637,423.	5,932,537,	31,260,127.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		i				
3	The value of services or facilities			···	·		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,779,760.	6,974,457.	5,935,950,	5,637,423,	5,932,537,	31,260,127.
5	The portion of total contributions	The same of	10 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	请48 <u>全人公</u> 有手位	Law Sunty	SEAL REMARKS	,,
	by each person (other than a	0.58200	部門 空底板的	建设场		REMARKS.	
	governmental unit or publicly						
	supported organization) included		Control (Control	I SHE SHARE		OCCUPANT TO PROPER	
	on line 1 that exceeds 2% of the	元本公司 医复杂的	分解了是400 000				
	amount shown on line 11,		100			100	
	column (f)		100				
6	Public support, Subject fire 5 from line 4.	(SOCIALIAND)	STATE AND LOSS.		In Committee	Physical Colors	31,260,127.
Se	ction B. Total Support						,,,
Cale	ndar year (er fiscal your beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	[e] 2017	(f) Total
	Amounts from line 4	6,779,760,	6,974,457.	5,935,950.	5,637,423,	5,932,537.	31,260,127.
	Gross income from interest,			, , ,			
	dividends, payments received on						
	securities loans, rents, royalties,]	
	and income from similar sources	161,573.	78,164.	75,576.	80,668.	99,984.	495,965.
9	Net income from unrelated business		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		22/2020	400,000.
•	activities, whether or not the						
	business is regularly carried on						
10	Other Income, Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part VI.)		293.749.	348.997.	332,389.	422.954.	1,398,089.
11	Total support. Add lines 7 through 10	1. (新版本/AUNELA)	NAME OF STREET	A TOTAL STREET	Carthal R.S. Ser.	PETERSON SOUTH	33,154,101,
12	Gross receipts from related activities,	etc. (see instructi	onsl			12	***************************************
	First five years, If the Form 990 is for			d fourth or fifth to	u veer se a eaclie		
					-		
Sec	organization, check this box and stop ction C, Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (ine 6. column (f) di	ivided by line 11. c	olumn (fi)		14	94.29 %
	Public support percentage from 2016					15	95.35 %
	33 1/3% support test - 2017, if the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the	organization did no	it check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ls hov
	and stop here. The organization qual			47			
178	10% -facts-and-circumstances tes				13, 16a, or 16b.	und line 14 le 1094 .	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	I organization		▶
b	10% -facts-and-circumstances tes	t - 2016. If the ora	anization did not c	heck a box on line	13, 16a, 16b or 1	7a. and fine 15 is 1	1096 or
	more, and if the organization meets ti						**** WI
	organization meets the "facts-and-circ						▶ [""]
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a. 16b. 17a. or 17h	o, check this hove	nd see instructions	
						dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2017 CATHOLIC CHARITIES, INC.

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

300	qualify under the tests listed bel	ow, please comp	Nete Part II.)				
_	tion A. Public Support						
	ndar year (or fiscal year beglaning in) 📂 🔃	(a) 2013	(b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u>			
2	Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				·		
	are not an unrelated trade or bus-						
	Iness under section 513						
4	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			i			
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	_					
/ 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
0	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the granter of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
<u>8</u>	Public support. Satisfies & San San L. Cotton B. Total Support		14年10年10日		Che Miles		
rle	ndar year (or fiscal year beginning in) 🕽	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6			1-7		10,20,1	to Lorent
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
_	Unretated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
2	Other income. Do not include gain					' 	
	or loss from the sale of capital assets (Explain in Part VI.)						
	appears fryhlenn in Lent Alf						
3	Total support. (Add fines 8, 10c, 11, and 12.)						
		he organization's	first, second, thin	I. fourth, or fifth to	x veer as a secti	on 501(c)(3) prospizat	llon
	First five years. If the Form 990 is for t						lion,
4	First five years. If the Form 990 is for the check this box and stop here						llon,
4	First five years. If the Form 930 is for to check this box and stop here tion C. Computation of Public	Support Pe	rcentage	/#1000 to real	***************************************		llon,
4 00 5	First five years. If the Form 930 is for to check this box and stop here ction C. Computation of Public Public support percentage for 2017 (In	Support Pere	rcentage ivided by line 13, c	clumn (f)			lion,
6 5 6	First five years. If the Form 930 is for to check this box and stop here tion C. Computation of Public	Support Peres 8, column (1) di Schedule A, Part	rcentage ivided by line 13, c	clumn (f)		15	lion,
5	First five years. If the Form 930 is for to check this box and stop here chion C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 Section D. Computation of Investing Investment income percentage for 201	Support Pe e 8, column (1) di schedule A, Part iment Income 7 (line 10c, colum	rcentage ivided by line 13, c III, line 15 • Percentage nn (f) divided by lin	olumn (f)		15 16	lion,
4 96 96 7	First five years. If the Form 930 is for to check this box and stop here ction C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 Stion D. Computation of Investinent Income percentage from 2011 Investment Income percentage from 2011	Support Peres B, column (1) dischedule A, Part Imooms 7 (line 10c, column 16 Schedule A, line 116 Schedule A, line	rcentage ivided by line 13, c III, line 15 Percentage in (f) divided by lin Part III, line 17	clumn (f)		15 16	
4 6 6 7 8	First five years. If the Form 930 is for the check this box and stop here chion C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 Stillon D. Computation of Investing Investment income percentage from 2011 investment income percentage from 2013 1/3% support tests - 2017. If the o	Support Pere 8, column (1) dischedule A, Part Incomer 7 (line 10c, column 116 Schedule A, leganization did n	rcentage ivided by line 13, c III, line 15 Percentage III (i) divided by lin Part III, line 17 ot check the box of	elumn (f)) e 13, column (f)) in line 14, and line	15 is more than	15 16 17 18 33 1/3% and line 17	ls not
4 6 6 7 8	First five years. If the Form 930 is for the check this box and stop here chion C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 Stillon D. Computation of Investing Investment income percentage from 2011 investment income percentage from 2013 1/3% support tests - 2017. If the o	Support Pere 8, column (1) dischedule A, Part Incomer 7 (line 10c, column 116 Schedule A, leganization did n	rcentage ivided by line 13, c III, line 15 Percentage III (i) divided by lin Part III, line 17 ot check the box of	elumn (f)) e 13, column (f)) in line 14, and line	15 is more than	15 16 17 18 33 1/3% and line 17	ls not
6 6 7 8	First five years. If the Form 930 is for to check this box and stop here ction C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 Stion D. Computation of Investinent Income percentage from 2011 Investment Income percentage from 2011	Support Per e 8, column (1) di schedule A, Part iment Income 7 (line 10c, colum 16 Schedule A, nganization did no i stop here. The	rcentage ivided by line 13, c III, line 15 Percentage in (f) divided by lin Part III, line 17 ot check the box o organization quali	e 13, column (f)) In line 14, and line lies as a publicly s	15 is more than supported organic	15 16 17 18 33 1/3%, and line 17 zation	ls not
4 5 6 0 7 8 9a	First five years. If the Form 930 is for the check this box and stop here can be called the called	Support Peres 8, column (f) dischedule A, Part Import Incomer 7 (line 10c, column 116 Schedule A, Inganization did not atop here. The reganization did not this box and abox a	rcentage Index by line 13, c Ill, line 15 Percentage In (f) divided by lin Part III, line 17 ot check the box of organization qualit ot check a box on op here. The organ	olumn (f)) o 13, column (f)) in line 14, and line les as a publicly s line 14 or line 19a alzation qualifies a	o 15 is more than supported organi , and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line 17 zation are than 33 1/3%, and orted organization	is not

Schedule A (Form 990 or 990-EZ) 2017 CATHOLIC CHARITIES, INC.

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Part IV Supporting Organizations

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

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

2	The same of	Yes	No
2 3a 3b 3b 3c			
3a		10 的	E A
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3c			
4c	JAIS!	129	ELSE
46 4c 4c 5a	13.54	202	能
5a 5b 5c 7 7 8 8 9a 9c 10a 10a	46		
5a			
6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
6 7 8 8 9c	5b	900.2	THO!
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1000年	
96 9c 10a			
96 9c 10a	ALEX.		TANK!
9c 10a			
9c 10a	吸肥		
10a	MEET.	, (<u>; ± ,</u>	HAN
		, v	
890 or 990-EZ) 2017	10b		

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Sche	dule A (Form 990 or 990-EZ) 2017 CATHOLIC CHARITIES, INC.	48-054370)3 P	age 5
	rt IV Supporting Organizations (continued)			134.4
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Silver	(85)	FASTAN
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	14.55		
	below, the governing body of a supported organization?	11a		-
þ	A family member of a person described in (a) above?	11b		厂
	A 35% controlled entity of a person described in (a) or (b) above?!/ "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	自	1300	TOES!
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		100	931
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ba- 1 1	1353	100
	controlled the organization's activities. If the organization had more than one supported organization,	AME AS		445 N. C.
	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.	1		404/44
2	Did the organization operate for the benefit of any supported organization other than the supported	5-15/A	1000	100801
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	717		100
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	最为自	NO.	Elen.
	supervised, or controlled the supporting organization.	2	Christia	460,740,0
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	MESER	1000	E FOR
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	(FI) 57	1900	EST 1
	or management of the supporting organization was vested in the same persons that controlled or managed	200	115	
	the supported organization(s).	BRIGHE.	ment	therma
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	9715900	63.69	BUTTER ST
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		100	100
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	totalog	(LIST)	TOTAL DIS
2	· ·	80000	E 200	(E.E.)
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			Fig.
	the organization maintained e close and continuous working relationship with the supported organization(s)	2	USEAC.	100 100
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1000	W805/	Ethios
•	significant voice in the organization's investment policies and in directing the use of the organization's	50	188	THE P
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	The same		
	supported organizations played in this regard	(3.22)	1223	7-11-3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3	_	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yealess in:			
,	The organization satisfied the Activities Test, Complete line 2 below.	MICHOREL.		
b	The organization is the parent of each of its supported organizations, Complete line 3 below.			
6	The organization supported a governmental entity, Describe in Part VI how you supported a government entity.	16 . Casa in assessable a	-1	
2	Activities Test. Answer (a) and (b) below.	ny (see matrucuon		
٠,	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	0275377	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	187/30	100	1666
	those supported organizations and explain how these activities directly furthered their exempt purposes,		問題	EEW.
			12.5	標別
	how the organization was responsive to those supported organizations, and how the organization determined	1000	(22)	West
	that these activities constituted substantially all of its activities.	2a	of Street or	Salaman Salama
В	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 14 4	都習	1000
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		140	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	是到	200
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
*	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	拉索	100 to
	trustees of each of the supported organizations? Provide details in Part VI,	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	巨型的特	100	\$60H
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Part V Type III Non-Functionally Integrated 509(a)(3) Sur		nizatione	48-0543703 Page
1 Check here if the organization salisfied the Integral Part Test as a	qualifying trust on	Nov. 20. 1970 (explain i	in Part VI \ See Instructions
other Type (it non-functionally integrated supporting organizations	must complete S	ections A through E.	art 713 Gaa maa oo Horis
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain			
2 Recoveries of prior-year distributions	2		
3 Other grass income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			i
maintenance of property held for production of income (see instructions	1 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 8, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(9) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	22/07/2	Poch telephone for	
instructions for short tax year or assets held for part of year):	(E2) (A)	TO MANAGEMENT	
a Average monthly value of securities	1a		
b Average monthly cash balances	1tb		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other	湯陰	只是我们将100m/增加强数3	新闻型品广映压场上的压
factors (explain in detail in Part VI):		CALL PROPERTY OF THE PARTY OF	建 在11年 1150
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater are	ount.		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prioryear distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount	The same of the sa		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 9	REAL PROPERTY OF THE PARTY OF T	14
2 Enter 85% of line 1	2 9		3
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	DESCRIPTION OF THE PARTY.	8
4 Enter greater of line 2 or line 3	4 8	STREET, NO SHE	70
5 Income tax imposed in prior year	5		73
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	A STATE OF THE PARTY OF	10
emergency temporary reduction (see instructions)	0 8		
7 Check here if the current year is the organization's first as a non-fu	netwasily integrate	ad Type III europodina a	rospiration feed

Schedule A (Form 990 or 990-EZ) 2017

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	ot purposes of supported		
3	Administrative expenses paid to accomplish exempt purpose	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6				
	Total ennual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to provide details in Part VI). See instructions.	he organization is responsive		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		The state of the s	
2	Underdistributions, if any, for years prior to 2017 (reason-	The state of the s		A VIII
	able cause required explain in Part VI). See instructions.			5 10E 8
3	Excess distributions carryover, if any, to 2017			
•				
_	From 2013			
	From 2014			
_	From 2015			
	From 2016		And and	
_	Total of lines 3a through e			
_	Applied to underdistributions of prior years		te minute	
_	Applied to 2017 distributable amount	0 1 7 9	me construction of the	
+		Part I was a part of the		100
4	Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D.	Company of the Park State of		The second secon
**	line 7:	100-15	J 1 J - 1	
_	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		No. of Contract of	
_	Remainder, Subtract tines 4s and 4b from 4.			Company of the last of the las
5	Remaining underdistributions for years prior to 2017, if	SIC SAME AND A		
•	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions.	4		400
6	Remaining underdistributions for 2017, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		100	
7			1 127 186	
8	Greakdown of line 7:	10 10 10 10		10.00
_	Excess from 2013	Delta Maria de Della		(TE - 1970
_	Excess from 2014			
	Excess from 2015	No. of the Section of		A STATE OF STATE
	Excess from 2016	No. of the last of	college of the second	
_	Excess from 2017	The state of the s		

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

Department of the Tressury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.lra.gov/Form990 for the latest information.

OMB No. 1645-0047

2017

Name of the organization Employer identification number CATHOLIC CHARITIES, 48-0543703 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (6), or (10) organization can check hoxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors, Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part III, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part V(I), line th; or (ii) Form 990-EZ, line 1. Complete Parts I and It. For an organization described in section 501(c)(7), (6), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 998, 990-EZ, or 990-FF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E2 or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

) mrs	TO CURDIMING THE		Employer identification number
Part I	LIC CHARITIES, INC.		48-0543703
frommer whi	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribu
1	FRANK AND MARGARET SCHNELLER	_	Person X
	7300 W 107TH ST APT 204	s 102,4	
	OVERLAND PARK, KS 66212	-	(Complete Part II to noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribu
2	LEON AND DOROTHY SKUBITZ FOUNDATION	-	Person 🔀
	PO BOX 2977	s <u>47,0</u>	58. Payroll 58.
	MILWAUKER, WI 53201	_	(Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribu
3	DONALD SMITH	_	Person X
	6550 E 45TH ST N	\$ 50,8	47. Payroli 47.
	WICHITA, KS 67226	-	(Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribu
4	BRIAN AND LYNNE KAISER	_	Person X
	13409 E EDGEWOOD DRIVE	s <u>30,</u> 0	Payroll
	WICHITA, KS 67230		(Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
5	NICK AND SUSAN ONOFRIO		Person X
	12 STONEBRIDGE CIRCLE	_ \$29,1	Payroli
	WICHITA, KS 67230	-	(Complete Part II to noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribu
6	RANDY AND ALICE SIMON	_	Person X
	1515 N FOLIAGE COURT	\$ 20,2	Payroli 90. Noncash
	WICHITA, KS 67206		(Complete Part II fo noncash contribution 8 (Form 980, 990-EZ, or 880-PI

Schedule Name of or	B (Form 990, 990-EZ, or 990-PF) (2017)	Fmale	Page 2 yer identification number
	LIC CHARITIES, INC.	***	8-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I If a		0 0343703
(a) No.	(b) Name, address, and ZIP + 4	(c) Yetal contributions	(d) Type of contribution
	ARLIN AND DEBBIE BEER 10201 B BRONCO ST WICHITA, KS 67206	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FUGATE ENTERPRISES 208 S MAIZE RD WICHITA, KS 67209	sss	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GENE WENINGER 7400 N 167TH ST WEST COLWICH, KS 67030	ss15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	UNITED WAY OF THE PLAINS PO BOX 47208 WICHITA, KS 67201	s14,840.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MARK AND MARLENE MILLER 1805 HIGH LONESOME LEANDER, TX 78641	s14,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MARGARET A. ROBERTS CHARITABLE FOUNDATION PO BOX 467 KECHI, KS 67067	\$25,000.	Person X

	8 (Form 990, 990-EZ, or 990-PF) (2017)	Emp	Page loyer Identification number	
CATHO	LIC CHARITIES, INC.		48-0543703	
Part I	Contributors (see instructions). Use duplicate copies of Part I # a			
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
13	MARY JANE AND BRENT WOOTEN 7304 W CLEAR MEADOW CIR WICHITA, KS 67205	<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
[a] No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	KATHY AND PAT O'SHAUGHNESSY S N SAINT JAMES PLACE BASTBOROUGH, KS 67206		Person Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Tetal contributions	(d) Type of contribution	
15	KEITH ANDERSON 3450 N ROCK RD APT 201 WICHITA, KS 67226	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	ELLIOT AND CHONCI LEKAWA 14301 W HARDTNER WICHITA, KS 67235	ss20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, socress, and ZIP → 4	(c) Total contributions	(d) Type of contribution	
17	MARK AND KAREN HUMPHREY FAMILY FOUNDATION 14626 E 29TH ST N WICHITA, KS 67228	s10,000.	Person X Payroll	
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	HAROLD AND JO BAALMANN 2517 S MAIZE RD	s20,000.		
723452 11-0	WICHITA, KS 67215	Schedule B (Far	(Complete Part II for noncash contributions.) m 990, 990-EZ, er 990-PF) (2017	

Name of or	B (Form 990, 990-EZ, or 990-PF) (2017) genization	Emp	Page loyer identification number
САТНО	LIC CHARITIES, INC.	_ 14	18-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	2
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MIKE AND MARTHA GRANT 10621 E CRESTWOOD COURT WICHITA, KS 67206	s10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	DAVE AND KATHY ROBERTSON 1962 N OAK CREEK PARKWAY WICHITA, KS 67206	s10,000.	Person X Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE LYNN RUFFIN-SMITH CHARITABLE FOUNDATION 840 S RANCHO DRIVE STE 4, DEPT 403 LAS VEGAS, NV 89106	s10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	JAY AND DEBBIE STOREY 5600 SW BUTLER RD ANDOVER, KS 67002		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	RICHARD AND REBECCA GATES 2804 E 69TH N VALLEY CENTER, KS 67147	s10,000	Person X Payroll Noncauh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	DEBANNE FAHNESTOCK 1821 N CRANBROOK CIR	_ s	Person X Payroll
723452 11-0	WICHITA, KS 67206	Rehadula B /Ea	(Complete Part II for noncash contributions.) m 980, 990-EZ, or 990-PF (201

Schedule	B (Form 990, 990-EZ, 07 990-PF) (2017)		Page 2
Name of or	ganization	E	mployer identification number
CATHO	LIC CHARITIES, INC.		48-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TEXTRON AVIATION EMP UPLIFT FUND	_	Person X
	PO BOX 7706	_ \$17,19	
	WICHITA, KS 67277	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u>	SCOTT AND KATHLEEN BERGKAMP	_	Person X
	5500 N WOODLAWN ST	sss	_
	KECHI, KS 67067	_	(Complete Part II for noncash contributions.)
(#) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOE HEIN AND DEE TROYER	_	Person X
	7206 W BARRINGTON ST	s	_
	WICHITA, KS 67212		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
28	STEPHEN AND MICHELLE HAYES FAMILY FOUNDATION		Person X
	15305 PINE CIRCLE	s7,00	Payroll
	GODDARD, KS 67052	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	RONNIE AND JEFFREY LEONARD		Person X
	115 N BAY COUNTRY	_ \$17,000	
	WICHITA, KS 67235	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	RACHEL AND KEVIN LEWIS	_	Person X
	401 E WINDING LANE CIR	_ s6,506	-
729632 11-0	DERBY, KS 67037	Petradute 6.7	(Complete Part II for noncash contributions.) arm 996, 990-EZ, ar 990-PF1720171
-av-3E 11"U	F-17	OCH EQUIE H ! !	· write # 80. 0000*24. 07 3000*27 1 120371

Name of or	B (Form 990, 990-EZ, or 990-PF) (2017) rganization	Emplo	Page yer identification number	
САТНО	LIC CHARITIES, INC.	41	48-0543703	
Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	a vertical light of	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31	CARLOS O'KELLY'S, INC. 1877 N ROCK RD WICHITA, KS 67206	s6,456.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
32	MEL HAMBELTON FORD INC. 11771 W KELLOGG WICHITA, KS 67209	\$\$.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33	PATRICK AND ROBYN JOHNSON 1371 N HICKORY CREEK COURT WICHITA, KS 67235	s6,000.	Person X Payrell	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34	PAUL AND ANN KONECNY 5701 E 87TH ST KANSAS CITY, MO 64132	\$ 6,000.	Parson X Payroll (Noncash (Complete Part 8 for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
35	MECHANICAL SYSTEMS, INC PO BOX 3029 WICHITA, KS 67201	sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36	EARL AND KATHY MIES 1746 W DRIFTWOOD WICHITA, KS 67204	s 5,500.	Person X Payroll	

	8 (Form 990, 990-EZ, or 990-PF) (2017)		Page 2
Name of o	nobesinag	E	mployer identification number
CATHO	LIC CHARITIES, INC.	<u>.</u>	48-0543703
Part !	Contributors (see Instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	WICHITA COMMUNITY FOUNDATION 301 N MAIN ST STE 100	\$5,49	Person X Payroll Noncash
	WICHITA, KS 67202		(Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	LUBBERS CHEVROLET, INC		Person X
	PO BOX 487	<u> </u>	
	CHENEY, KS 67025		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	STAN AND WANDA GEGEN 14975 W 45TH ST N	\$5,000	Person X Payroll Noncash
	COLWICH, KS 67030	_ _	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	MIKE AND JULIE LIEVENS 2801 E FLINT KILLS NATL PKWY ANDOVER, KS 67002	ss,00	Person X Payroll Noncash (Complete Part I) for noncash contributions.)
(=) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	TOM AND SELENE GEORGE 1900 N RED BRUSH CT WICHITA, KS 67206	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	LISA AND RANDY OBHMKE		Person (X)
	2611 N WILDERNESS CT	s5,000	Psyroli Noncash (Complete Part II for
723492 11-0	WICHITA, KS 67226	Schodule # //	noncash contributions.) Form 990, 990-EZ, or 990-PF) (2017)
	• •	Child and D	****** **** ******** ** **************

	8 (Form 990, 990-EZ, or 990-PF) (2017)		Page
10.01		Em	ployer identification number
	LIC CHARITIES, INC.		48-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	DOTTIE AND ROGER KOEPPEN 14010 W SHERIAC ST WICHITA, KS 67235	<u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	DALE AND ALICE WIGGINS 8773 W NORTHRIDGE CT WICHITA, KS 67205	sss	Person X Payroll Noneach (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>	PHILIP AND BARBARA MEYER 12501 W JAYSON LANE WICHITA, KS 67235	ss	Person Peyroli Noncash (Complete Part If for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	ED TOON 4931 S VICTORIA WICHITA, KS 67217	\$\$,5,000	Person X Payroll Noncaeh (Complete Part II for noncaeh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	GARY DONAHUE 1313 N MAISE CT APT 1704 WICHITA, KS 67212	sss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	MARTHA MULVANEY 3215 S ASH ST DENVER, CO 80222	\$ 5,000	Person X

	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 2
Name of or	ganization		Employ	er identification number
CATHO	LIC CHARITIES, INC.		4.8	-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	n‡	(d) Type of contribution
49	ISAAC FAMILY INSTITUE OF CHARITY 8100 E 22ND ST N BLDG 500	s5,0	00.	Person X Payrell — Noncash —
	WICHITA, KS 67226			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
50	JAMES CRUCE			Person X
	1301 N ST ANDREWS	ss	00.	Payrolí
	WICHITA, KS 67230			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
51	DAVID AND DIANNE DISHMAN			Person X
	1027 N POST OAK	\$ 5,0	00.	Payroll
	WICHITA, KS 67206			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	n#	(d) Type of contribution
52	TRENT AND MARY LOU MCKENZIE			Person X
	8600 KILLARNEY PLACE	\$5,0	00.	Noncash (Complete Part II for
-	WICHITA, KS 67206			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	Π Ģ	(d) Type of contribution
53	BUILDING CONTROLS AND SERVICES, INC			Person X
	1730 E DOUGLAS	\$5,0	00.	Noncash Complete Part II for
	WICHITA, KS 67214			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u>54</u>	JOHN AND MOLLY SHAWVER			Person X
	1426 N LINDEN CIR	\$5,0	00.	Payroll
-	WICHITA, KS 67206		M-112	(Complete Part II for noncash contributions.)
723492 11-0	144f	achecule	₽ (rom)	880, 980-EZ, or 980-PF) (2017)

	B (Form 990, 990-EZ, or 990-PF) (2017)	·	Page
Meme of CI	ganization	Emp	layer identification number
CATHO	LIC CHARITIES, INC.	4	8-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	VORNADO AIR, LLC 415 E 13TH ST ANDOVER, KS 67002	sss,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
56	IMA OF KANSAS, INC PO BOX 2992 WICHITA, KS 67201	\$5,000.	Person Payroti Nencash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 57	Name, address, and ZIP + 4 JESSICA GOOD RVANS CHARITABLE FOUNDADTION 105 N MAIN ST MS 1.1 WICHITA, KS 67202	* 5,000.	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	MILLER FAMILY FOUNDATION PO BOX 777 PITTSBURG, KS 66762	<u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	PO BOX 5004 WICHITA, KS 67201	\$5,000.	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	KT WRIDEMANN FOUNDATION PO BOX 782499 WICHITA, KS 67278	ss,s,000.	Person X Payroli

	B (Farm 990, 990-EZ, or 990-PF) (2017)	<u> </u>		Page 2
Name of a	ganization		Employ	er identification number
CATHO	LIC CHARITIES, INC.		48	-0543703
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed		_
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	n#	(d) Type of contribution
61	JOE AND BRENDA GORGES 1414 S 183RD ST W	\$5,0	00.	Person X Payroll Noncash (Complete Part II for
(a)	GODDARD, KS 67052	(c)		noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
62	JANE AND HERBERT MORCH 3905 JASMINE ST WICHITA, KS 67226	s5,0	00.	Person X Payroll Noncash (Complete Part It for roncash contributions.)
(a) No.	(b) Name, address, and Z(P + 4	(c) Total contributio	ns	(d) Type of contribution
63	THERESA AND BRAD URBAN 3112 DEN HOLLOW WICHITA, KS 67205	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
64	LOUIS AND RAYLENE PERRIER 2610 LAKE RIDGE ST WICHITA, KS 67205	\$9,5	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Tetal contributio	n\$	(d) Type of contribution
65	BISHOP CARROLL CATHOLIC HIGH SCHOOL 8101 W CENTRAL AVE WICHITA, KS 67212	\$ 22,1		Person Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	na	(d) Type of contribution
66	HEARTLAND COCA-COLA BOTTLING CO 3151 S WEST ST	\$ <u>19,2</u>	00.	Person Payroll X (Complete Part II for
723452 11-0	WICHITA, KS 67217	Schadula	B (Farm :	noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Schedule Name of or	B (Form 990, 990-EZ, or 990-PF) (2017)	<u> </u>	Page 2
САТНО	LIC CHARITIES, INC.		48-0543703
Part I	Contributors (see Instructions). Use duplicate copies of Part I	if additional space is needed.	50 ° U BE
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
67	THE LED, ETC 2132 N ROCK RD WICHITA, KS 67206	\$8,0	Person Payroli Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
68	HOORAY RANCH 26202 S SEGO RD KINGMAN, KS 67068	s7,5	Person Payroti Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
69 	CHURCH OF THE RESURRECTION 4910 N WOODLAWN BEL AIRE, KS 67220	ss	Person Payvoll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
70	KANSAS FOOD BANK WAREHOUSE 1919 E DOUGLAS AVE WICHITA, KS 67211	\$5,6	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	ST. THOMAS AQUINAS 1321 N STRATFORD LN WICHITA, KS 67206	\$ <u>5,1</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of centribution
721462 11.0		•	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ or 990-PF) (2017) Name et organization Employer identification number CATHOLIC CHARITIES, INC. 48-0543703

Part II	Noncash Property (see instructions). Use duplicate copies of I	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
65	FOOD		
		s22,159.	11/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
66	FOOD	_	
		sss	12/18/17
(e) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
67	NON FOOD	_	-
-		sss	09/20/17
(a) No. from Part 6	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
68	NON FOOD		
-00		<u></u>	02/25/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	NON FOOD		1005
69			
		\$\$,775.	12/16/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Dats received
70	FOOD		
23e\$3 11-01	.47	\$ 5,679.	07/21/17 90, 990-EZ, or 990-PF) (

Schedule B Name of orga	(Form 990, 990-EZ, or 990-PF) (2017)	_ 341	Page 1	je 3
mame et orgi	anization		Employer Identification number	
CATHOL	IC CHARITIBS, INC.		48-0543703	
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate (See instruction:		
71	FOOD			
		sss	11/21/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See Instructions		
		ss		
(n) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See Instructions		
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
_		\$		
(a) No. from Part I	(b) Description of nancash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See Instructions		
723463 11-01-	17	\$Sahadida	B (Farm 990, 980-EZ, or 890-PF) (2	N47

	Form 990, 990-EZ, or 990-PF) (2017)		Page
Name of organ	INTERNOT		Emptoyar identification number
CATHOL	C CHARITIES, INC.		48-0543703
Port III	Exclusively retigious, charitable, etc., continue year from any one contributor. Complete of	ributions to organizations described	THE STATE OF THE PROPERTY OF T
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	s, churitable, etc., contributions of \$1,900 or	Please for the year-(Saler is 5 in io. erge.) > \$
(a) No.		al space is needed.	
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of gif	t
L	Transferes's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
-		·	
		(e) Transfer of gif	
	The made we start and the		
\vdash	Transferée's name, address, ar	1d ZIP + 4	Relationship of transferor to transferee
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(a) No. from	St. Comment of the		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- [-			
<u>-</u>			
⊢			
		(a) Franster of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
} -			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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ſ		(e) Transfer of giff	
	Transferee's name, address, an	ud 71P ± 4	Delotionable of transfers to transfer
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23454 11-01-17		<u> h</u>	Schedula B (Form 990, 990-EZ, or 990-PF) (2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization CATHOLIC CHARITIES. TNC

Employer Identification number
48-0543703

		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			
2	Aggregate water of contributions to fdustre wood			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor adv	ised fur	nds
	are the organization's property, subject to the organization's ex	ctusive legal control?		☐ Yes ☐
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o	ionor advisor, or for any other purpos	e confe	rring
_	Impermissible private benefit?	and the same of th		
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990	Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu			
	Protection of natural habitat	Preservation of a ce	rtified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the for	n of a c	onservation easement on the la
	day of the tax year.			Held at the End of the Tax
	- Interchantly growing the state of the stat			28
b	Total acreage restricted by conservation easements			25
c		ture included in (a)	- 12 (2 SA)	2c
d				
				ادما
	listed in the National Register	AND THE RESERVE AND THE PARTY OF THE PARTY O		20
3	listed in the National Register	used, extinguished, or terminated by t	he orgal	2d nization during the tax
3	Number of conservation easements modified, transferred, rates year	used, extinguished, or terminated by t	he orgal	nization during the tax
_	Number of conservation easements modified, transferred, release year	used, extinguished, or terminated by t	he orgai	nization during the tex
4	Number of conservation easements modified, transferred, rates year >	used, extinguished, or terminated by ti ment is located .	he orgal	ization during the tex
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4 5 6 7 8	Number of conservation easements modified, transferred, released year. Number of states where property subject to conservation easements the organization have a written policy regarding the period violations, and enforcement of the conservation easements it in Staff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(8)(ii)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements. If the organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9 of the footnote to the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educating to these items:	ment is located dic monitoring, inspection, handling or olds? andling of violations, and enforcing consents of violations, and enforcing consents at large the requirements of section 17 assembly the requirements of section 17 assembly the requirements that describe assembly in its revenue and expension's financial statements that describe Art, Historical Treasures, or (90, Part IV, line 8. 958), not to report in its revenue statements there items. 958), to report in its revenue statements the cation, or research in furtherence of procession, or research in furtherence of procession, or research in furtherence of processions.	nservation earlies state on Differ ament a rance of nt and L	Yes On easements during the year asements during the year asements during the year Wes The sements during the year Wes The sements during the year Significant Assets. Indication's accounting for Similar Assets. Indication accounting for public service, provide, in Part Palance sheet works of art, historice, provide the following arm Similar Assets.
4 5 6 7 8 9 1a b	Number of conservation easements modified, transferred, relea year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it in Staff and volunteer hours devoted to monitoring, inspecting, hat Amount of expenses incurred in monitoring, inspecting, handlin \$ Does each conservation easement reported on fine 2(d) above and section 170(h)(4)(8)(6)? In Part Xill, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements. If the organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 91 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educating to these items: (i) Revenue included on Form 990, Part VIII, 6ne 1	ment is located dic monitoring, inspection, handling or olds? andling of violations, and enforcing congregation of the requirements of section 17 and ling of violations, and enforcing consensatisfy the requirements of section 17 assembly the requirements of section 17 assembly the requirements that describe assembly in its revenue and expensive financial statements that describe Art, Historical Treasures, or 190, Part IV, line 8. 958), not to report in its revenue state its these items. 958), to report in its revenue stateme cation, or research in furtherance of p	nservation earlies state on Dther ament a rance of nt and t	Yes con easements during the year asements during the year asement, and balance sheet, and ganization's accounting for Similar Assets. In balance sheet works of art, public service, provide the following armounts of art, historyice, are also are
4 5 6 7 8 9 1a b	Number of conservation easements modified, transferred, relea year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handlin \$ Does each conservation easement reported on fine 2(d) above and section 170(h)(4)(B)(6)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements. If the organizations Maintaining Collections of / Complete if the organization answered "Yes" on Form 91 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition, educations, or other similar assets held for public exhibition, educating to these items: (i) Revenue included on Form 990, Part VIII, line 1 [iii] Assets included in Form 990, Part VIII, line 1	ment is located dic monitoring, inspection, handling or olds? andling of violations, and enforcing congretation of violations, and enforcing consents of violations, and enforcing consents at the requirements of section 17 reasures or 17 reasures, or 18 revenue and expensive financial statements that describe a financial statements that describe a financial statements are reported in further states items. 958), not to report in its revenue states these items. 958), to report in its revenue statements the statements in further and cation, or research in further and cation, or research in further and provided in the statements of the	nservation earlies state on Dther ament a rance of nt and t	Yes con easements during the year asements during the year asement, and balance sheet, and ganization's accounting for Similar Assets. In balance sheet works of art, public service, provide the following armounts of art, historyice, are also are
4 5 6 7 8 9 1a b	Number of conservation easements modified, transferred, relea year	ment is located dic monitoring, inspection, handling or olds? andling of violations, and enforcing consent of provided the requirements of section 17 to a season of violation of violation, or research in furtherance of provided the violation of violations	nservation earlies state on Diffeer ament a rance of nt and buildings.	Yes con easements during the year asements during the year as a year as

		c CHARITIE		2001111011 2005	W 4	40-U	543/0	<u> </u>	Page 2
_	and an amount of the second of the								
3	Using the organization's acquisition accessi	on, and other record	s, check any of the	ns farif grawdaor	a a signi	ncant use of i	ts collecti	on Ite	ms
_	(check all that apply): Public exhibition								
a		d		hange programs					
ь	Scholarly research	•	Other						
C	Preservation for future generations	Marila I de							
4	Provide a description of the organization's co						art XIII.		
5	During the year, did the organization solicit o						-	-	-
Tipo I	to be sold to raise funds rather than to be me	untained as part of the	ne organization's co	llection?		L	<u>Yes</u>		No
Fal	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	4 Х. васта Сомра	ite if the organizatio	n answared "Yes	s" on Fa	rm 990, Part I	V, line 9, ()r	
42						6	<u> </u>		
Id	Is the organization an agent, trustee, custodi						— —	-	٦.,
	on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIII:					L	Yes	L	No
D	in 168, explain the arrangement in Part Alli	sauc combiété rue tot	lowing table:		- 1				
_	Regionies belease				- }		Amou	nt	
۰	Beginning balance	*****************************	1			tc			
u	Additions during the year		*************			1d			
4	Distributions during the year	* (***************************************		,	16			
T On	Ending balance		74 In an annual annual			1f	1,,		1
						٠ـــــــــــــــــــــــــــــــــ	Yes		╡ᅍ
Pa	If "Yes," explain the arrangement in Part XIII, it V Endowment Funds. Complete it	Check here if the ex	planstion has been	provided on Pari	t XIII		4	<u>L</u>	
-	E V Lindowillette Fortus. Complete					-	11.55		
4-	Regionion of years belones	(a) Current year 4,341,626,	(b) Prior year	(c) Two years ba				_	
1a	Beginning of year balance	4,361,020.	4,112,099.	4,279,27	_	3,933,35	-		,165
þ	Contributions	369,894,	139,	147,21	-	390,32			2,298
6	Net investment earnings, gains, and losses	307,074,	372,592.	-28,13	38.	75,44	<u>'</u>	438	649
a	Grants or scholarships								
9	Other expenditures for facilities						.		
	and programs	124,252,	117,357.	257,17		126,34			,300
Ţ	Administrative expenses	31,672.	25,847.	29,07		24,49			,454
9	End of year balance	4,555,596,	4,341,626,	4,112,05	99.	4,279,279	5.	1,933	,358.
2	Provide the estimated percentage of the cur		e (kne 1g. column (a	i)) held as:					
a	Board designated or quasi-endowment	34.99	96						
þ	Permanent endowment > 42.94	2 02							
c	Temporarily restricted endowment > 2								
_	The percentages on lines 2a 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered	for the o	vganization		_	
	Бу							Yes	
			*****************			el-ectobra.	3a(i)		X
	(ii) related organizations	KIANTANIAN MATERIA	HIPPOPPHILIALIAN CONTRACTOR				3a(ii)	X	
b	If "Yes" on line 3a(li), are the related organiza	tions listed as require	ed on Schedule R?				3b	X	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
_	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	ert X, line	10.			
	Description of property	(a) Cost or ot		or other (c) Accur	mulated	(d) Boo	ok vat	ve
		basis (investm		other)	deprec	iation			
1a	Land	77		4,418	3/4/19	ALC: NO	45	4,4	18.
b	Buildings					5,398.	3,10	2.	88.
C	Leasehold improvements		and the second of the second o	3.487	25	1,099	24	2,3	388.
d	Equipment		1,02	7.992	89	8,664.	12	9 :	328.
	Other			4 246		4,931.			315
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part 1				N	4.44	8	37
	The same of the same of the same of	100.000,000,000	Townson (m) mid 1			Och ode	In D. Kan	_ ^^	11 004

a) Description of security or category (notusing name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(0)			
(H)			
tel. (Col. (b) must equal form 990, Part X, col. (B) line 12.)			也
	- F 600 B-40/ F-	- 44- Day Francisco Day No. 45	
Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete in the Complete	n Form 990, Part IV, lin	(c) Method of valuation: Cost or and	of seasy market and an
(1)	1-1-2-21 1000	California or seriorison cost of file	or Just Heiner Amin
(2)			_
(3)			
(4)		 	
(5)			
(6)			
(7)	-		
(8)			
(8)			
old. (Col. (b) must equal form 990, Part X, col. (B) line 13.)		[K 25] A L L S L L L L L L L L L L L L L L L L	OF ME GWOTE, IS
Complete if the organization answered "Yes" (a) D (a) D (b) ENDOWMENT FUNDS	n Form 980, Part IV, linescription	e 11d. See Form 990, Part X, line 15.	(b) Book value 4,555,596
(2) PREPAID EXPENSES			2,712
(3)			
(4)			<u> </u>
(6)			
(6)			
(6)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) stat. (Column (b) must equal Form 990, Part X, col. (8) fine Part X Other Liabilities.		e 11a or 11f See Form 000 Dark V Inc. 25	4,558,308
(6) (7) (8) (9) stal. (Column (b) must equal Form 990, Part X, col. (8) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of the Description of liability		e 11e or 11f. See Form 990, Part X, line 25. (b) Book value	
(6) (7) (8) (9) (and the content of			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) fine eart X. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) fine Part X. Other Liabilities. Complete if the organization answered 'Yea' of (a) Description of liability (1) Federal income taxes			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) fine eart X. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			
(6) (7) (8) (9) hat. (Column (b) must equal Form 990, Part X, col. (8) line eart X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (8) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(6) (7) (8) (9) hat. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			

Schedule D (Form 990) 2017 CATHOLIC CHARITIES, INC.		D	48-0	0543703 Page 4
Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990. Part IV, line		Hevenue per H	etum	
1 Total revenue, gains, and other support per audited financial statements	and deminerate	Ministration of the Park	1	B,368,932.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100	
a Net unrealized gains (losses) on investments		71,816.	7	
b Donated services and use of facilities		7,072.	620	
c Recoveries of prior year grants			233	
d Other (Describe in Part XIII.)	2d	47,042.	EAtt	
Add lines 2a through 2d		ne-stational design	20	125,930
3 Subtract line 2e from line 1	nesse o inneres o a	100 THE SHEET SHEET SHEET	3	8,243,002
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			14.0	
a Investment expenses not included on Form 990, Part VIII, line 7b		54 686	323	
b Other (Describe in Part XIII.)	4b	31,672.	4000	
c Add lines 4e and 4b			4c	31,672
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	******	sir, citing Simones	5	8,274,674
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line			т.	- AAA AAA
1 Total expenses and losses per audited financial statements			1	8,029,964
2 Amounts included on line 1 but not on Form 990, Part IX, tine 25;	1. 1	7 070	F31	
Donated services and use of facilities		7,072.	1900	
b Prior year adjustments			100	
c Other losses	2c	47 040	300	
d Other (Describe in Part XIII.)		47,042.	1315	F4 444
Add lines 2s through 2d		and the street	20	54,114
3 Subtract line 2e from line 1	mennamename)	Harris Survivine County	3	7,975,850
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		355	
Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)		31,672.	PARK	
c Add lines 4s and 4b			4c	31,672
5 Total expenses. Add times 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	and the same of	stantable action come a	5	8,007,522
ines 2d and 4b, and Pari XII, lines 2d and 4b. Also complete this part to provide any PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS HELP WI	<u>-</u> -		OF '	THE AGENCY.
PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES NET WITH FUNDRAISING	INCOME			47,042
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
INVESTMENT EXPENSES NET WITH INVESTMENT IN	COMB			31,672
PART XII, LINE 2D - OTHER ADJUSTMENTS:				··
FUNDRAISING EXPENSES NET WITH FUNDRAISING	INCOME			47,042

Schedule D (Form 990) 2017 CATHOLIC CHARITIES, INC. Part XIII Supplemental Information (continued)	48-0543703 Page 6
Part Alls Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NET WITH INVESTMENT INCOME	31,672
With the state of	777.77
The state of the s	-
THE PARTY OF THE P	
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	State Inc III
	- Indonésia
THE REAL PLANTS AND ADDRESS OF THE PARTY AND A	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury internal Revenue Service		rganization entered more than \$' Attach to Form 99 Go to www.ka.gov/Form990	15,000 - 0 or Fo	on For rm 99	rm 990-EZ, line 6a. 0-EZ.	er 19; ar ii the	Open to Public Inspection
Name of the organization		C CHARITIES, INC.				Employer 48-054	identification number
Part I Fundraisi		Complete if the organization answ	ered "Y	'esª or	n Form 990, Part IV,	line 17. Form 990	EZ filers are not
1 Indicate whether the a Mail solicitate b Internet and c c Phone solicit d In-person soli 2 a Did the organization key employees liste	organization rate ons email solicitations attons icitations n have a written o d in Form 990, P highest paid indi	sed funds through any of the following Social Social Social Social Special Spe	ation of ation of I fundra al (inclui profesa	non-g gover daing o ding o ional 1	overnment grants nment grants events fficers, directors, tru- jundralsing services?	stees, or	fes No
(I) Name and address or entity (fund		(II) Activity	(III) fund have c or cor contrib	Old alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	to for tergined by)
			Yes	No	:		
			+		!		+
			+				
			+	<u> </u>	:		+
			+				
<u> </u>			-				+
		on is registered or licensed to solicit		utions	s or has been notified	d it is exempt from	m registration
		- who condu					
- 11.50 41				_			
		20.00					
		I I I I I I I I I I I I I I I I I I I					
				-			
LHA For Paperwork Re	duction Act Not	ice, see the instructions for Form	990 oi	990-	EZ.	Schedule G (For	m 990 or 990-EZ) 2017

hed	ule G (Form 990 or 990-EZ) 2017 CATHOL	IC CHARITIES,	INC.	48-	-0543703 Page 2
art	Fundraising Events. Complete if to of fundraising event contributions and g				
Γ	of an extraory over the control of t	(a) Event #1	(b) Event #2 BAGS TO	(c) Other events NONE	(d) Total events
ı		CRUISE NIGHT	RICHES		(add col. (a) through col. (c))
l		(event type)	(event type)	(total number)	- cor, (cj)
1	Gross receipts	318,092	73,200.		391,292
2	Less: Contributions				
3	Gross Income (line 1 minus line 2)	318,092.	73,200.		391,292
4	Cash prizes		!		
5	Noncash prizes				
6	Rent/facility costs	8,241.	1,350.		9,591
7	Food and beverages	12,962.	1,139.		14,101
8	Entertainment				
9	Other direct expenses	11,517.	11,833.		23,350
10		Name of the last o	14 (14 14 14 14 14 14 14 14 14 14 14 14 14		47,042
11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)			344,250
1	Canan antiana in	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	Cash prizes		1		
3	Noncash prizes				
4	Rent/facility costs	2			
5	Other direct expenses				
		Yes %	Yes%	Yes %	
6	Volunteer labor	No.	□ No	No No	RESHIRAGEN PRAIRE
7	Direct expense summary. Add lines 2 through	gh 6 in column (d)			
	Net gaming income summary. Subtract line	7 days Know a nation of the		_	
	THE GRADING INCOME SUBTRIBLY, SUBTRICTING	2 Ironi ase 1, commen (a)			
	nter the state(s) in which the organization conc				
ls	the organization licensed to conduct gaming	activities in each of these	states?		Yes N
ı If	'No," explain:		-		
_					
	fere any of the organization's gaming licenses "Yes," explain:		_	year?	Yes L. N
_					
_					
92 (08-35-17			Schedule G (Fo	orm 990 or 990-EZ) 20

		<u>48-05</u>	<u>4370</u> 3	Page 3
	ne organization conduct gaming activities with nonmembers?		Yes	No
2 Is the c	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_	_
	inister charitable gaming?		Ye≉	☐ No
	e the percentage of garning activity conducted in:			
a The org	panization's facility		3a	96
b An out	side facility	intrine 1	3b	%
4 Entert	he name and address of the person who prepares the organization's gaming/special events books and recor	et		
Name				
Addres	s >			
5a Does t	he organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	□ No
	," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of the second	unt		
	ing revenue retained by the third party > \$			
Name				
Addres	ss >			
	g manager information:			
Name	>			
Gamin	g manager compensation 🕨 \$			
Descri	ption of services provided 🕨			
	<u> </u>			
	Director/officer Employee Independent contractor			
	atory distributions:			
	organization required under state law to make charitable distributions from the gaming proceeds to	г		(
retain t	the state gaming license?		Yes	L N∘
	he amount of distributions required under state law to be distributed to other exempt organizations or spent			
organi	zation's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F			
Part IV		'art III, line	\$ 9, 9b, 1	Ob, 156,
	15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.			
	· · · · · · · · · · · · · · · · · · ·			
	H-SP-			_
				-

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ★ Go to www.irs.gow/Form890 for the latest information. ► Attach to Form 990. INC. CATHOLIC CHARITIES, Part ! General Information on Grants and Assistance Name of the organization Department of the Transacy Internal Revenue Service SCHEDULE I (Form 990)

OMB No. 1545-0047

Open to Public 2017 Inspection

£ Employer identification number 48-0543703 . . 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part III Grants and Other Assistance to Donnestic Cryanizations and Donnestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, fine 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?

	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be dupficated if addition	ional space is need	Ped.			
•	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
			·					
2 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org	janizations listed in the table	e line 1 table			***************************************	
\$	For Paperwork Reduction Act Notice, see the instructions for Form 990.	, see the instruction	ons for Form 990.	1				Schedule (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 48-0543703 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, ins 2; Part III, column (b); and any other additional Information. Schedule | (Form 990) (2017) CATHOLIC CHARITIES, INC.

Part IB 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. 0 (d) Amount of non-cash assistance 0 D 0 76,108. 104,334. 29,047. 43,527. 29,447. (c) Amount of cash grant (b) Number of racipients 300 1210 7 쿥 ψ. (a) Type of grant or assistance OVW (DOJ), TRANSITIONAL HODBING GRANT EMERGENCY, POOD, AND SHELTER GRANT SSVF (VETBRANS) GRANT S.A.F.B. (DCF) GRAFF 732102 11-01-17 WCCA GRANT Part IV

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

2017

Department of the Treasury Internel Revenue Service Name of the propanizati

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

Open To Public inspection

of art	X	(ti) Number of contributed rtems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g				
cal freasures const interests publications ad household goods ther vehicles planes property Publicly traded Closely held stock Partnership, LLC, or sits Miscellaneous conservation contribution uctures conservation contribution • Other • Residential	X		282,960.	FMV			
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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.

OMB No. 1545-0047 Open to Public

ent of the Treasury Go to www.ire.gov/Form990 for the latest information. Internal Revenue Service Inspection **Employer Identification number** Name of the organization CATHOLIC CHARITIES, INC. 48-0543703 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PANTRY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES: FOSTER GRANDPARENTS, IMMIGRATION SERVICES, THE ANTHONY FAMILY SHELTER, THE HELP CENTER AND SOUTHEAST KANSAS SOCIAL SERVICES. EXPENSES \$ 2,442,682. INCLUDING GRANTS OF \$ 96,390. REVENUE \$ 31,662. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE CORPORATION ARE THE BISHOP AND OTHERS AS APPOINTED BY THE BISHOP. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE CORPORATION ARE THE BISHOP AND OTHERS AS APPOINTED BY THE BISHOP. FORM 990, PART VI, SECTION A, LINE 7B: THE EX-OFFICIO MEMBERS ARE THE BISHOP OF THE CATHOLIC DIOCESE OF WICHITA, THE VICAR GENERAL OF THE DIOCESE, AND THE CHANCELLOR OF THE DIOCESE. IN ADDITION, THE MEMBERS SHALL INCLUDE SUCH OTHER PERSONS AS MAY BE APPOINTED BY THE BISHOP OF THE DIOCESE. FORM 990, PART VI, SECTION B, LINE 11B: THE DIRECTOR OF FINANCE REVIEWS THE 990 PRIOR TO THE FILING WITH THE IRS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 980 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

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Page 2

Name of the organization Employer identification number CATHOLIC CHARITIES, INC. 48-0543703 FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ITS DISCLOSURE REQUIREMENTS. ALL EMPLOYEES, UPON HIRE, ARE REQUIRED TO REPORT ANY CONFLICT AND SIGN THE CONFLICT OF INTEREST STATEMENT. EMPLOYEES WHO BECOME AWARE OF ANY CONFLICT OF INTEREST HAVE A DUTY TO INFORM CATHOLIC CHARITIES, INC. OF THE CONFLICT. IF AN EMPLOYER BELIEVES A CONFLICT OF INTEREST EXISTS, THE CONFLICT IS REPORTED TO MANAGEMENT, EMPLOYEE IS INTERVIEWED, A CAREFUL INVESTIGATION IS PERFORMED, AND APPROPRIATE PREVENTATIVE OR CORRECTIVE ACTION IS TAKEN. THE BOARD, CEO, AND CFO SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY AND BOARD MEMBERS ARE GIVEN THE OPPORTUNITY AT EVERY BOARD MEETING TO DISCLOSE ANY CONFLICTS THAT MAY HAVE DEVELOPED SINCE THE LAST MEETING. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES IS CURRENTLY SET BELOW THE MEDIAN. THE EXECUTIVE DIRECTOR'S SALARY INCREASES ARE DETERMINED BY THE CATHOLIC DIOCESE OF WICHITA. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT IS AVAILABLE THE ORGANIZATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 82,288. MANAGEMENT AND GENERAL EXPENSES -47,585. FUNDRAISING EXPENSES 2,478. 732212 08-07-1F Schedule O (Form 990 or 990-EZ) (2017) 51 22120514 757917 22633 2017.05050 CATHOLIC CHARITIES, INC. 22633_1

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization CATHOLIC CHARITIES, INC.	Page Employer identification number
	48-0543703
POTAL EXPENSES	37,181
BACKGROUND CHECKS:	
PROGRAM SERVICE EXPENSES	17,077
MANAGEMENT AND GENERAL EXPENSES	-9,875
FUNDRAISING EXPENSES	514
TOTAL EXPENSES	7,716
COMPUTER SUPPORT/IT:	
PROGRAM SERVICE EXPENSES	226,768
MANAGEMENT AND GENERAL EXPENSES	-131,134
FUNDRAISING EXPENSES	6,828
TOTAL EXPENSES	102,462
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	129,770
MANAGEMENT AND GENERAL EXPENSES	-75,043
FUNDRAISING EXPENSES	3,908
TOTAL EXPENSES	58,635
LICENSES AND PERMITS:	
PROGRAM SERVICE EXPENSES	14,023
MANAGEMENT AND GENERAL EXPENSES	-8,109
FUNDRAISING EXPENSES	422
TOTAL EXPENSES	6,336
DUES:	
PROGRAM SERVICE EXPENSES	30,482

Name of the organization CATHOLIC CHARITIES, INC.	Page 2 Employer identification number 48-0543703
MANAGEMENT AND GENERAL EXPENSES	-17,628.
FUNDRAISING EXPENSES	918.
TOTAL EXPENSES	13,772.
CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES	3,703.
MANAGEMENT AND GENERAL EXPENSES	-2,141.
FUNDRAISING EXPENSES	111.
TOTAL EXPENSES	1,673.
PAYMENTS TO SUBCONTRACTOR:	
PROGRAM SERVICE EXPENSES	91,853.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,853.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	319,628.
FORM 990, PART XII, LINE 2C:	• 100 5 5 6
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
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Section 5 (2b)(15) controlled entity? Schedule R (Form 990) 2017 2017 Open to Public Imprection Employer identification number 48-0543703 CMB No. 1545-0047 × Direct controlling 88 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. Direct controlling É End-of-year assets 3 status (If section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 350, 36, or 37. CINE 1 Total income Exempt Code section Related Organizations and Unrelated Partnerships £ Go to www.irs.gov/Form990 for instructions and the latest information. 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. KANSAS Primary activity Primary activity ê CATHOLIC CHARITIES, INC. For Paperwork Reduction Act Notice, see the Instructions for Form 990. **MINISTRY** CATHOLIC DIOCESE OF WICHITA - 48-0543780 Name, address, and BN (if applicable) Name, address, and BIN of related organization of disnegarded entity 124 M BROADWAY STREET Name of the organization MICHITA, XS 67202 Department of the Tressury Internal Revenue Service SCHEDULER Form 980) Ē Para

Page 2

Schedule R. Form 990; 2017 CATHOLIC CHARITIES, INC.

48-0543703

Part ## Identifications treated as a partnership during the tax year.

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Name, address, and Ein of releted organization	Primary activity	Connects (store or foreign country)	Direct controlling entity		t income related, tax under 2-514)	Share of total income	Share of end-of-year assets	₹ a ≥		UBI m box 1085)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Several or Percentage persent ownership persent
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Part IV Identification of Related Organizations Taxable as a Corporation or trust during the tax (a) Name, add ress, and EIN Print	ganizations Taxable reporation or trust duri	as a Corp ing the tax	tax year. (b) (c) (d) (d) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Complete if th	e organization a (d) Direct controllin	answered "Yes"	on Form 990	1990, Part IV, IS (5)	ne 34, becaus	e it had or	ne or mo	re related Section \$120p(13)
of related organization				(etate or foreign country)	entity	(C'corp. S corp. or trust)		псоте	end-of-year assets		ownership	Yes No
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Page 3

48-0543703

Schedule R Fram 9805 2017 CATHOLIC CHARITIES, INC.

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

 During the tax year, dxit the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 	sactions with one or more	related organizations lister	J in Parts II-IV?	1
from a	controlled entity	The state of the s		12
b Gift, grant, or capital contribution to related organization(s)	salest the sales and the salest t			2
c. Gift, grant, or capital contribution from related organization(s)				ئ ×
d Loans or loan customitees to or for related occanization(s)			The state of the s	7
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Purdends from related organization(s)	***	Contract of the Contract Contract of the Contr	property of the second	4
g Sale of assets to related organization(s)				5
h Purchase of assets from related organization(s)				ļ #
i Exchange of assets with related presentation(s)		The second secon	# 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7
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	ed organization(s)	* Contract of the Thirty of the second second second second	Constitution of the Comment of the Control of the C	1.0
in Performance of services or membership or fundrasing sokicitations by related organization(s)	ed organization(s)	The state of the s		Ē
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ganization(s)			t t
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p Reimbursement paid to related organization(s) for expenses	The state of the s	CALLEGUE STREET, WAS DESCRIBED TO STREET, BOTTON OF THE PERSON OF THE PE	The second secon	đ
q. Reimbursement paid by related organization(s) for expenses				p t
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2 If the answer to any of the above is "Yes," see the instructions for informati	on on who must complete	this line, including covered	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	nvolved
(1) CATHOLIC DIOCESE OF WICHITA	J	792,050.CASH	CASH	
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Property and an analysis	2,6		7	

48-0543703 Page

Schedule R (Form 980) 2017 CATHOLIC CHARITIES, INC.

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

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

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of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes No	total	and-of-year assets	Yes No	of Schedule K-1 (Form 1065)	Yes NO	ownership
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Schedule R (Form 990) 2017