# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A Number of independent voting members of the governing body (Part VI, line 1b).	<u> </u>	roi tile 2	.0 10 Caleni	uar year, or tax year begin	illig //Ul	, 2010,	and ending	0/30		, 2019	
FRESNO, CA 93701   FRESNO, CA 93701   Grove complete Sp-237-0851   Gardenone number   Face   Sp-237-0851   Sp-237-085	В	Check if app	olicable:	С				D	Employer i	dentification number	
FRESNO, CA 93701   FRESNO, CA 93701   Grove complete Sp-237-0851   Gardenone number   Face   Sp-237-0851   Sp-237-085		Addres	s change	CATHOLIC CHARITI	ES OF THE DIOC	CESE			94-16	78938	
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Annexisted return		$\vdash$		FRESNO, CA 93701				<u> </u>	000 2	37 0001	—
Application pending   F Name and address of principal officers   JEFFREY NEGRETE   Holp its this a proprietation and pending   Ves   SAME AS C ABOVE   Take-ceregit status:     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS   SOCIOS   SOCIOS   SO		$\vdash$						ا م	0	\$ 7 COE 1E1	
SAME AS C ABOVE    Tar-etempt status:   SAME AS   C ABOVE		$\vdash$		F Name and address of principal	1 -40					<u> </u>	_
Takesempt status		Applica	ation pending		Tomicer: JEFFREY N	EGRETE		• •	•	⊢ '°3	
Website:						тт.		If "No," atta	ch a list. (se	ee instructions)	0
Family	<u> </u>	Tax-exem	•		)◀ (insert no.)	4947(a)(1) or	527				
Summary	J	Websit	e:► WW	W.CCDOF.ORG			ŀ	H(c) Group exem	nption numb	er ►	
Berlety describe the organization's mission or most significant activities.*IN CARRYTING OUT THE SOCIAL MISSION OF THE ROMAN CAPIOLIC CHORGH IN THE DIOCISE OF FRESNO THE ORGANIZATION PROVIDES POOD, CLOTHING, SHELTER, ASSISTANCE AND COMPORT TO THE POOR IN THE CENTRAL SAN JOAQUIN VALLEY.			organization:	X Corporation Trust	Association	LY	ear of formation	n: 1968	M State	e of legal domicile: CA	
THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF PRESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO THE POOR THE CENTRAL SAN JOAQUIN VALLEY.  2 Check this box ▶   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).   3   1   4 Number of undependent voting members of the governing body (Part VI, line 1a).   4   1   5 Total number of individuals employed in calendar year 2018 (Part VI, line 1b).   5   5   5   5   5   5   5   5   7a Total unrelated business revenue from Part VIII, column (C), line 12.   7a   0   b Net unrelated business taxable income from Form 990-T, line 38.   7b   0   7b   Vet unrelated business taxable income from Form 990-T, line 38.   7b   0   7c   Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   8 Contributions and grants (Part VIII, loclumn (A), lines 3.   46, 663, 563, 563, 563, 563, 563, 563, 56	Pa	rt I	Summar	у							
CLOTHING   SHELTER   ASSISTANCE   AND   COMFORT   TO THE   POOR IN THE   CENTRAL   SAN   JOAQUIN   VALLEY		1 Bri	efly descri	be the organization's miss	ion or most significant	activities: IN	CARRYIN	IG OUT TI	HE SOC	IAL MISSION OF	_
Solution	a	TH	IE ROMA	N CATHOLIC CHURC	H IN THE DIOCE	SE OF FRES	SNO THE	ORGANIZ	ATION	PROVIDES FOOD,	_
Solution	ĕ	ĊΪ	LOTHING	, SHELTER, ASSIS'	TANCE AND COMF	ORT TO THE	E POOR	IN THE C	ENTRA	L SAN JOAQUIN	_
Solution	Ë	$\overline{V}$	ALLEY.								_
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Sometibutions and grants (Part VIII, line 1h).   Sometibutions and grants (Part VIII, line 1h).   Sometibutions and grants (Part VIII, line 2g).   358, 937, 350, 059	¥										
8		<b>b</b> Net	t unrelated	l business taxable income	from Form 990-T, line	: 38					•
9 Program service revenue (Part VIII, line 2g). 358,937. 350,059 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 23,257. 46,736 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 1,245,330. 1,446,884 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 7,288,212. 7,507,242 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13,000. 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,510,302. 1,616,581 16a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,368. 19 Revenue less expenses. Subtract line 18 from line 12. 845,503. 460,328 19 Revenue less expenses. Subtract line 18 from line 12. 845,503. 460,328 20 Total assets (Part X, line 16). 9,005,661. 9,182,449 21 Total liabilities (Part X, line 26). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096  Part II Signature Block Under penalties of peritor, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer Use Only Firm's name Preparer's name Preparer's signature Paus on print name and title  PrintType preparer's name Preparer's signature Preparer's name Pre											
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13   Grants and similar amounts paid (Part IX, column (A), lines 1-3).	Œ										
14   Benefits paid to or for members (Part IX, column (A), line 4).									<u>88,212</u>	2. 7,507,242	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,510,302   1,616,581     16									<u>13,000</u>	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>14</b> Ber	nefits paid	to or for members (Part I)	X, column (A), line 4).						
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 4, 919, 407. 5, 430, 333  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6, 442, 709. 7, 046, 914  19 Revenue less expenses. Subtract line 18 from line 12. 845, 503. 460, 328  20 Total assets (Part X, line 16). 9, 005, 661. 9, 182, 449  21 Total liabilities (Part X, line 26). 3, 666, 671. 3, 311, 353  22 Net assets or fund balances. Subtract line 21 from line 20. 5, 338, 990. 5, 871, 096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE  Firm's address Firm's address Firm's address Firm's address For N MaGNOLIA AVE STE 100  Phone no. (559) 299-9540		<b>15</b> Sal	laries, othe	er compensation, employed	e benefits (Part IX, co	lumn (A), lines	5-10)	1,510,302. 1,616,5			
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 4, 919, 407. 5, 430, 333  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6, 442, 709. 7, 046, 914  19 Revenue less expenses. Subtract line 18 from line 12. 845, 503. 460, 328  20 Total assets (Part X, line 16). 9, 005, 661. 9, 182, 449  21 Total liabilities (Part X, line 26). 3, 666, 671. 3, 311, 353  22 Net assets or fund balances. Subtract line 21 from line 20. 5, 338, 990. 5, 871, 096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE  Firm's address Firm's address Firm's address Firm's address For N MaGNOLIA AVE STE 100  Phone no. (559) 299-9540	ses	<b>16a</b> Pro	ofessional	fundraising fees (Part IX,	column (A), line 11e).						_
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19 Revenue less expenses. Subtract line 18 from line 12.  845,503. 460,328  Beginning of Current Year End of Year 9,005,661. 9,182,449 21 Total liabilities (Part X, line 16). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name Preparer Use Only  PRICE, PAIGE & COMPANY Firm's name FIRSTO M MAGNOLIA AVE STE 100 Firm's EIN ► 77-0203007 CLOVIS, CA 93611 Phone no. (559) 299-9540											
Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 9,005,661. 9,182,449 21 Total liabilities (Part X, line 26). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer's NEGRETE EXECUTIVE DIRECTOR  Print/Type or print name and title  Print/Type preparer's name Preparer's signature Exim's name FAUSTO HINOJOSA, CPA, CFE FIM'S name Firm's name Partice, Paige & COMPANY  Firm's name Firm's address  PRICE, PAIGE & COMPANY  Solon MAGNOLIA AVE STE 100 Firm's EIN 77-0203007  CLOVIS, CA 93611 Phone no. (559) 299-9540			•	•	•						
20 Total assets (Part X, line 16)		<b>19</b> Rev	venue less	expenses. Subtract line 1	8 from line 12						÷
20 Total assets (Part X, line 16)	r o										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    JEFFREY NEGRETE   EXECUTIVE DIRECTOR	sets	<b>20</b> Tot		• •							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    JEFFREY NEGRETE   EXECUTIVE DIRECTOR	d B	<b>21</b> Tot	al liabilitie	s (Part X, line 26)				3,6	66,671	1. 3,311,353	<u>.</u>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY NEGRETE  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE Firm's name  Firm's name  PRICE, PAIGE & COMPANY  Firm's address  PRICE, PAIGE & COMPANY  Firm's EIN  77-0203007  CLOVIS, CA 93611  Phone no. (559) 299-9540			Signatur	e Block					•		_
Sign Here    Signature of officer   Date	Unde	r penalties o	of perjury, I de	eclare that I have examined this reti	urn, including accompanying s	schedules and staten	nents, and to th	ne best of my kne	owledge and	belief, it is true, correct, and	_
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name FAUSTO HINOJOSA, CPA, CFE FIRM'S name Firm's name Firm's address Firm's addr	comp	lete. Declar	ation of prepa	rer (other than officer) is based on	all information of which prepa	arer has any knowled	dge.				
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name FAUSTO HINOJOSA, CPA, CFE FIRM'S name Firm's name Firm's address Firm's addr			<b>.</b>								
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE Firm's name Firm's address Firm's address Firm's address Firm's address PRICE, PAIGE & COMPANY Firm's address CLOVIS, CA 93611  Phone no. (559) 299-9540	Sig	ın	Signatu	re of officer				Date			
Type or print name and title  Print/Type preparer's name  Preparer's signature  Prim's name  Prim's name  PRICE, PAIGE & COMPANY  Firm's address  Prim's EIN ► 77-0203007  CLOVIS, CA 93611  Phone no. (559) 299-9540	Hei	re	JEF1	FREY NEGRETE				EXECUTI	VE DI	RECTOR	
Paid Preparer Use Only Firm's address  Firm's address  PRICE, PAIGE & COMPANY  570 N MAGNOLIA AVE STE 100  CLOVIS, CA 93611  Phone no. (559) 299-9540											_
Paid Preparer Use Only FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE self-employed P00196912  PRICE, PAIGE & COMPANY  570 N MAGNOLIA AVE STE 100  CLOVIS, CA 93611  Phone no. (559) 299-9540			Print/Type p	preparer's name	Preparer's signature		Date	Che	ck if	f PTIN	_
Preparer Use Only Use On	Dai	Ч	FAUSTO	HINOJOSA, CPA, CFE	FAUSTO HINOTOSA	CPA. CFE		self	-emploved	P00196912	
Use Only         Firm's address         ► 570 N MAGNOLIA AVE STE 100         Firm's EIN ► 77-0203007           CLOVIS, CA 93611         Phone no. (559) 299-9540						CIII, CIL	1	3011		1.00130312	—
CLOVIS, CA 93611 Phone no. (559) 299-9540	Usi	e Only							o'e FINI ▶	77 0202007	
		y	riiins addre	•							—
	N / -	the IDC	diagree 11:	•		antruntic \		Pho	ne no. (5	(559) 299-9540   X   Ves     No	_

Par	l III	Check if Schedule O contains a response or note to any line in this Part III	X
1	Brie	fly describe the organization's mission:	<u> </u>
•		CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF	
		ESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO	
		E POOR IN THE CENTRAL SAN JOAQUIN VALLEY.	
2		the organization undertake any significant program services during the year which were not listed on the prior	
		n 990 or 990-EZ?	)
_		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	)
4	Sect	cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported.	•
<u> 4</u> a	(Coc	de: ) (Expenses \$ 5,182,753. including grants of \$ ) (Revenue \$ 3,366.	
		CIAL SERVICES - THE SOCIAL SERVICE PROGRAMS ARE AVAILABLE TO THOSE INDIVIDUALS WHO	_
		E EITHER AT OR BELOW THE FEDERAL POVERTY INCOME GUIDELINES. THE ASSISTANCE PROVIDE	
		ROUGH THESE PROGRAMS IS FAR REACHING AND DIVERSE. DURING AN INITIAL INTAKE WITH OU	
	GUI	ESTS, THE INTAKE SPECIALIST IDENTIFIES AREAS OF EMERGENCY CRISIS. THESE AREAS	
	USI	UALLY FALL UNDER THE FOLLOWING SERVICE RELATED CATEGORIES: FOOD, CLOTHING, RENT,	
		<u>ELTER AND UTILITY ASSISTANCE. IN ADDITIONS, THE INTAKE SPECIALIST CAN ASSIST THE</u>	
		ESTS WITH OTHER LOCAL AND STATE PROGRAMS THAT THEY MIGHT NOT BE AWARE OF SUCH AS:	
	DMY	V_REDUCED_ID_CARDS,_CAL_FRESH_&_PG&E_CARE	
4 h	(Coc	de: ) (Expenses \$ 528,883. including grants of \$ ) (Revenue \$ 346,686.	
- N		YEE SERVICES - REPRESENTATIVE PAYEE PROGRAM PROVIDES ASSISTANCE TO ANY PERSON	
		EDING HELP WITH THE MANAGEMENT OF THEIR SOCIAL SECURITY AND/OR VA BENEFITS.	
4.0	(Coc	de: ) (Expenses \$ 461,705. including grants of \$ ) (Revenue \$	
		NIOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS	-'
		OLUNTEER AGE 55 AND OVER) WHO PROVIDE ASSISTANCE AND COMPANIONSHIP TO SENIORS WHO	
		VE DIFFICULTY WITH THEIR DAILY LIVING TASKS. THE SERVICE THESE COMPANIONS PROVIDE	
		LP THE WEAK AND FRAIL ELDERLY LIVE INDEPENDENTLY IN THEIR OWN HOMES INSTEAD OF	
		VING INTO INSTITUTIONAL CARE. ELIGIBLE SENIOR COMPANIONS EARN A SMALL TAX-FREE	
		IPEND TO COVER THE COST OF SERVING. THEY ALSO RECEIVE REIMBURSEMENT FOR	
		ANSPORTATION, AN ANNUAL PHYSICAL EXAMINATION, AND SUPPLEMENTAL ACCIDENT AND	
	LĪ	ABILITY COVERAGE WHILE THEY ARE SERVING.	
	1 O11-	ov program comises (Deceribe in Schodule O.)	
4 d		er program services (Describe in Schedule O.)  SEE SCHEDULE O	
40		penses \$ 160,881 including grants of \$ ) (Revenue \$ 113,480.)	

1 b. the organization described in section 501c(x)3 or 4947(e)(1) (other than a private foundation)? If "Yes," completes Schedule B. Schedule of Contributors (see instructions)2. 2 b. the organization required to complete Schedule B. Schedule of Contributors (see instructions)2. 3 b. Did the organization apsects on 501(e)(4), 501(x)50, 501(x)6), 601(x)6). 4 section 501(x)(3) organizations. Did the organization apsects on 501(e)(4), 501(x)50, 501(x)6), 601(x)6). 5 b. the organization apsects on 501(x)(4), 501(x)50, 501(x)6), 601(x)6), 601(x)6). 6 b. Did the organization apsects on 501(x)(4), 501(x)50, 501(x)6), 601(x)6), 601(x)6). 7 b. Did the organization maintain any observation seasonest, including essentials for which dones have the right to private advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III. 5 b. Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 6 Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 7 Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 8 Did the organization maintain collections of works of art, historical researchs to preserve open space. The Complete Schedule C, Part III. 9 Did the organization maintain collections of works of art, historical researchs to provide advise and the complete Schedule C, Part III. 9 Did the organization receive in Part X, the provide organization, the assets in the part X is required and owners. 9 Did the organization organization are related erganization, hold assets in temporary restricted endowments. 10 Did the organization organization are applicable. 11 Part X is proprieted in Part X, the 16 If Yes, complete Schedule C, Part X, III. 12 Did the organization report an amount for land, buildings, and equations in the part X, th	s  No
3 Did the organization register in ricer or indirect political campaign activities on behalf of or in opposition to candidates for public ordice? If Yes; complete Schedule C, Part II.  4 Section 501(x)3) organizations. Did the organization engage in listibying activities, or have a section 501(t) election in effect during the tax year? If Yes; complete Schedule C, Part III.  5 Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6), organization that receives membership dues; assessments, or similar amounts as defined in Reviewue Procedure 98-19? If Yes; complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of a consensation of the complete Schedule D, Part III.  5 Did the organization maintain collections of works of art, historical fleasures, or not ther similar assets? If Yes; complete Schedule D, Part III.  5 Did the organization reject in through a related organization, held assets in temporarily restricted endowments, or questions of the solid part of the organization report an amount for land, buildings, and equipment in Part X, line 10 if Yes; complete Schedule D, Part VI.  6 Did the organization report an amount for investments – program related in Part X, line 10 if Yes; complete Schedule D, Part X, III by A Did the organization report an amount for other assets in the report and accounts of the solid assets reported in Part X, line 10 if Yes; complete Schedule D, Part	,
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business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  17 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  18 X  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  20a  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.  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.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  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.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  20a  20b  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	х
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.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  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.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  20a  20b  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  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.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  20 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	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	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  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?  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	Х

# Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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, Part I	25a		Х
l	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 Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		Х
١	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	<b>c</b> 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	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ا	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			<u> </u>
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE

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

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 55			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	) If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
(	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ģ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
ě	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	- · · · · · · · · · · · · · · · · · · ·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14 a		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדי		<u> </u>
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE 94-1678938 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ...... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?..... 12b Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ \_CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

FRESNO CA 93701 559-237-0851

KELLY GOODPASTER 149 N FULTON STREET

(13) RYAN DONAGHY

DIRECTOR

DIRECTOR

STACY ROQUE

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Estimated Reportable Reportable Average hours director/trustee) compensation from compensation from amount of other per week (list any hours for compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Individual Officer employee Institutional trustee -ormer Highest compensated employee and related related organizations organiza below dotted line) (1) MOST REV ARMANDO X OCHOA, D.D. 2 PRESIDENT 0 Χ Χ 0 0 0. (2) JOHN FERDINANDI 2 Χ CHAIRMAN 0 Χ 0 0 0. (3) BILL LAZZERINI, JR 2 Χ Χ VICE CHAIR 0 0 0 0. (4) REV. MSGR. RAYMOND DREILING VG 2 EPISCOPAL DELEG 0 Χ 0 0 0. (5) CHARLES KASSIS 2 Χ DIRECTOR 0 0 0 0. (6) BRUCE BATTI 2 DIRECTOR 0 Χ 0 0 0. (7) KENNETH BALDWIN 2 0 Χ 0 0. ATTORNEY 0. (8) BEVERLY CAMP 2 0 Χ DIRECTOR 0 0 0. 2 (9) REV. JOHN FLUETSCH DIRECTOR 0 Χ 0 0 0. (10) BREE COMSTOCK 2 DIRECTOR 0 0. Χ 0 0 2 (11) REV. PATRICK MCCORMICK 0. DIRECTOR 0 Χ 0 0 (12) STEVEN SPENCER 2 DIRECTOR 0 Χ 0 0 0.

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Part VII   Section A. Officers, Directors, 111	(B)	ney ⊟	Em	ibic		es, a	ınc	a nignest com	pensaled Emp	oyee	<b>S</b> (conti	nuea)
400	``	l		•	•			(D)	(E)		(F)	
<b>(A)</b> Name and title	Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable		stimated					
	per week (list any	-	11					compensation from the organization	compensation from related organizations (W-2/1099-MISC)	cor	unt of otl	
	hours	Individual or director	Stitu	Officer	Key employee	ighes	3	(W-2/1099-MISC)	(W-2/1099-MISC)	ore	rom the janization d related	
	related organiza	ector	tions	4	틿	st co	약				anization	
	tions below	Individual trustee or director	nstitutional trustee		yee	mper						
	dotted line)	8	stee			Highest compensated employee						
(15) FRANK HAMBALEK, JR	2											
TREASURER	12	X		Х				0.	0.			0.
(16) KELLY LILLES	40											
EXECUTIVE DIR.	0			Χ				100,178.	0.			0.
(17) JODY HUDSON	40											
OPERATIONS DIR	0			Χ				66,902.	0.			0.
(18) JEFF_NEGRETE	_ 40 _							4				_
EXECUTIVE DIR.	0			X				15,752.	0.			0.
(19) JILL CHRISTENSEN FINANCE MANAGER	$-\frac{40}{0}$			Х				65,597.	0.			0.
(20) ALISA WEBER	40							03,391.	0.			<u> </u>
FINANCE DIRECT	10-			Χ				11,493.	0.			0.
(21)								,				
(22)												
(23)												
(24)												
(05)												
(25)												
1 b Sub-total.			<u></u>			<del>                                     </del>	-	259,922.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	259,922.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	/e) v	who	receiv	ed	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization   1											V	
•											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	stee, <i>al</i>	, key	em	nplo:	yee, o 	or h 	iighest compensat	ed employee	. 3		Х
<b>4</b> For any individual listed on line 1a, is the sum of	f renortah	le co	mne	nsa	tion	and o	nth.	er compensation t	from			
the organization and related organizations greate such individual	er than \$1	50,0	00?	lf 'γ	∕es,	' comp	olei	te Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accru										· -		Λ
for services rendered to the organization? If 'Yes	s,' comple	te S	ched	ule	J fo	r suct	n p	erson		. 5		X
1 Complete this table for your five highest compen	sated ind	enen	dent	100	ntra	ctors t	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report compensation	sation for	the c	alend	dar	year	endin	g v	vith or within the or	ganization's tax year			
(A) Name and business address  (B) Description of services								of services	Compe	<b>C)</b> ensatio	ın	
Traine and pashess add								2 330117011011		2011100		
						_						_
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ited to	o tho	se I	ısted	d abov	e) '	who received more	than			
\$100,000 of compensation from the organization	- 0											

	Check if Schedule O contains a response or note to any	line in this Part VI	III		
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   4,608,790				
od di	g Noncash contributions included in lines 1a-1f: \$ 3,737,898.  h Total. Add lines 1a-1f	F 662 F62			
	Business Code	5,663,563.			
enu	2a PROG_FEES 812900	350,059.	350,059.		
Program Service Revenue	b	000,000.	000,000		
gra	f All other program service revenue				
P.	g Total. Add lines 2a-2f	350,059.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	46,736.	46,736.		
	<b>5</b> Royalties				
	(i) Real (ii) Personal  6 a Gross rents				
	c Rental income or (loss) 6,324. d Net rental income or (loss)	6,324.			6,324.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	0,324.			0,324.
	<b>b</b> Less: cost or other basis and sales expenses				
	c Gain or (loss)				
ue	8a Gross income from fundraising events (not including \$				
Other Revenu	of contributions reported on line 1c).				
Ϋ́.	See Part IV, line 18 <b>a</b> 1,511,069.				
the	<b>b</b> Less: direct expenses <b>b</b> 187, 909.				
0	c Net income or (loss) from fundraising events	1,323,160.			
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities▶				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	113,480.	113,480.		
	Miscellaneous Revenue Business Code	.,			
	11a MISCELLANEOUS REVENUES b	3,920.	3,920.		
	C All other revenue				
	d All other revenue	3,920.			
	12 Total revenue. See instructions	7,507,242.	514,195.	0.	6,324.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check it Schedule O contains a remot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	259,922.	70,757.	131,200.	57,965.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,003,323.	806,202.	125,762.	71,359.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,003,323.	000,202.	1237 702.	717333.
9	Other employee benefits	237,062.	179,656.	36,572.	20,834.
10	Payroll taxes	116,274.	83,272.	22,802.	10,200.
11	Fees for services (non-employees):	·	·		
a	Management				
Ŀ	<b>)</b> Legal				
C	Accounting				
C	<b>1</b> Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	85,101.	28,525.	42,186.	14,390.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	139,426.	135,333.	2,490.	1,603.
17	Travel	59,234.	47,854.	7,643.	3,737.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,200	51,000	.,,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,273.	70,222.	43,051.	
23	Insurance	30,049.	24,637.	3,794.	1,618.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	FOOD AND OTHER ASSISTANCE	4,245,678.	4,245,678.		
k	STIPENDS	216,295.	216,295.		
	MATERIALS AND SUPPLIES	137,230.	122,088.	9,918.	5,224.
	SECURITY	130,027.	118,499.	8,311.	3,217.
	All other expenses	274,020.	185,204.	49,595.	39,221.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	7,046,914.	6,334,222.	483,324.	229,368.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	303,985.	1	510,715.
	2	Savings and temporary cash investments	2,237,491.	2	2,303,741.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	96,575.	4	145,768.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	83,948.	8	183,538.
As	9	Prepaid expenses and deferred charges	2,462.	9	2,797.
		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	=, ====		=,
	b	Less: accumulated depreciation	1,586,340.	10 c	1,557,176.
	11	Investments — publicly traded securities	1,218,776.	11	1,270,520.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,476,084.	15	3,208,194.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,005,661.	16	9,182,449.
	17	Accounts payable and accrued expenses	132,402.	17	97,935.
	18	Grants payable		18	
	19	Deferred revenue	58,185.	19	5,224.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	3,476,084.	25	3,208,194.
	26	<b>Total liabilities.</b> Add lines 17 through 25.	3,666,671.	26	3,311,353.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets.	5,130,333.	27	5,420,492.
Ba	28	Temporarily restricted net assets.	208,657.	28	450,604.
פ	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ξ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	5,338,990.	33	5,871,096.
	34	Total liabilities and net assets/fund balances	9,005,661.	34	9,182,449.
BA	4	TEEA0111L 08/03/18			Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,5	07,2	242.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,0	46,9	 ∂14.		
3	Revenue less expenses. Subtract line 2 from line 1	3		60,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		38,9			
5	Net unrealized gains (losses) on investments	5		48,4			
6	Donated services and use of facilities	6		37,6			
7	Investment expenses	7		14,3			
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5,8	71,0	)96.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
				Yes			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the examination changed its method of accounting from a prior year or checked 'Other ' explain		_				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
ı	b Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te					
	X Separate basis Consolidated basis Both consolidated and separate basis						
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 :	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Х			
ı	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	t					
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь	Х			
BAA	TEEA0112L 08/03/18		Form	990 (	(2018)		

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

varrie	or trie		HARITIES OF TH	HE DIOCESE			' '		on number	
Dai	4 I	OF FRESNO Reason for Public Cha	ority Ctatus (All a	raanizations must d	omple	to thic	94-167			
Pai		nization is not a private found	•	3				uc	10115.	
111e	orya 	•	`			•	•			
2	Н	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3	Н	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4	Н	A medical research organiza	3				<i>^</i> , <i>,</i>	:::\	ntor the beenitely	
4		name, city, and state:						<i>)</i> . ∟		s 
5		An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental u	nit de	escribed in	
6 7		A federal, state, or local gov	•							
′	X	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	t or from the gener	al pub	olic described	
8		A community trust described	d in <b>section 170(b)(1)(</b>	(A)(vi). (Complete Part I	l.)					
9		An agricultural research organ or university or a non-land-gra								
		university:								
10		An organization that normally from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sul lated business taxabl	bject to certain exception e income (less section	ns, and	(2) no r	more than 33-1/39	% of i	ts support from a	ross after
11		An organization organized a		· ·	ety. See	section	509(a)(4).			
12	П	An organization organized a	nd operated exclusive	elv for the benefit of, to	perform	the fun	ctions of, or to ca	ırrv oı	ut the purposes o	f one
		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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
•	a 📙	Type I. A supporting organization organization the power to recomplete Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported c rs or trus	rganizati stees of t	on(s), typically by he supporting orga	giving nizatio	the supported on <b>. You must</b>	
ı	) [	Type II. A supporting organize management of the supporting must complete Part IV, Sect	r organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s the supported orga	), by anizat	having control or ion(s) <b>. You</b>	
•		Type III functionally integrated organization(s) (see instruction	L A supporting organizations) You must com	tion operated in connection	n with, ai	nd functio	onally integrated wit	h, its	supported	
•	<u> </u>	Type III non-functionally integ	<b>rated.</b> A supporting orgorganization generally	janization operated in cor must satisfy a distribu	nection	with its s	supported organizat	tion(s)	that is not	<u>:</u>
(	•	instructions). You must com Check this box if the organiz integrated, or Type III non-fu	zation received a writt	en determination from	the IRS	that it is	a Type I, Type II	, Тур	e III functionally	
1	Fn	integrated, or Type in Hon-it iter the number of supported								
		ovide the following information	-							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning	(v) Amount of mone support (see instruct		(vi) Amount of o support (see instruc	12. 8
					Yes	No				
(A)										
(B)										
(C)										
(D)										
נט										
(E)										
T - +										

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
<b>4 5</b>	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.			
6	<b>Public support.</b> Subtract line 5 from line 4						25,615,125.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total			
7	Amounts from line 4	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,574.	2,173.	3,105.	28,188.	46,736.	81,776.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	, .	,	,	,	,	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE FART VI.	1,401,491.	1,501,904.	1,475,224.	1,727,752.	1,984,852.	8,091,223.			
11	Total support. Add lines 7 through 10						33,788,124.			
12	Gross receipts from related activ	rities, etc. (see ins	structions)				0.			
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	▶ □			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20						75.81 %			
15	Public support percentage from	·	,				77.45 %			
16a	<b>33-1/3% support test—2018.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the b olicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, checl	this box     ∴     ∴			
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box			
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	est—2018. If the ormeets the 'facts-as-and-circumstand	ganization did no and-circumstance es' test. The orga	t check a box on s' test, check this inization qualifies	line 13, 16a, or 1 box and <b>stop he</b> r as a publicly sup	6b, and line 14 is r <b>e.</b> Explain in Part ported organization	10% t VI how on►			
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the organization meets the	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	<b>re.</b> Explain in Part ted organization	t VI how the ▶			
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ists nated below,	picase complete i	<u> </u>			
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) = 5 1 1	(4) 2010	(7	(4) 2011	(4) 23 13	(1)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support		 			-	
	dar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul			10		1 1	
	Public support percentage for 20	• •		. , ,	•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(0)	1 4= 1	
	Investment income percentage for			=		<del></del>	%
	Investment income percentage for						8
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organi	zation qualifies	as a publicly supp	orted organization	1▶ 📗
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> The	e organization qu	ıalifies as a public	ly supported orga	nization ▶ 🔲
_0	ate realisation in the organiz	_and not one	on a box on line i	., 150, 51 150, 6	ALCON GIIG DOX GIIG	SSS INSTRUCTIONS	·····

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).	2		
<b>5</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	Hac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele <b>Part \</b> If the	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in  VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.  organization had more than one supported organization, describe how the powers to appoint and/or remove  tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
		s regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	$\equiv$	he organization satisfied the Activities Test. Complete line 2 below.			
b	=	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the ortal organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		rantially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	01		
		nization's involvement.	2b		
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i> ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in <b>Part VI</b> .	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOC			78938	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizati	ons		
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI) <b>. Se</b> through E.	е
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t			
ā	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	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 factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2018

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10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

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

### **PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE		2018	2017	2016	2015	2014
RENTAL INCOME	\$	6,324.	\$ 11,451.	\$ 11,229.	\$ 17,972.	\$ 26,767.
THRIFT SHOP		113,480.	107,144.	98,164.	93,335.	83,737.
PROGRAM FEES		350,059.	358,937.	373,816.	387,684.	404,626.
FUNDRAISING	1	,511,069.	1,216,109.	989,949.	995,353.	882,534.
MISCELLANEOUS		3,920.	34,111.	2,066.	7,560.	3,827.
	TOTAL \$1	,984,852.	\$1,727,752.	\$1,475,224.	\$1,501,904.	\$ 1,401,491.

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

Open to Public Inspection
Employer identification number

	OF FRESHO				-1678938	
Pai	Organizations Maintaining Donor Adv Complete if the organization answered	vised Funds or Oth	er Similar Fund	s or Accou	nts.	
	Sompleto ii the organization answered	(a) Donor advised	· · · · · · · · · · · · · · · · · · ·		s and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4						
5	Did the organization inform all donors and donor advare the organization's property, subject to the organization's	visors in writing that the ization's exclusive legal	assets held in don- control?	or advised fun	ds <b>Yes</b>	No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	d donor advisors in writi donor or donor advisor	ng that grant funds , or for any other p	can be used ourpose conferr	only ring Yes	 ∏ No
Pai	art II Conservation Easements.				<u> </u>	
	Complete if the organization answered			-		
1			_			
	Preservation of land for public use (e.g., recreat	ion or education)	Preservation of	-	•	ea
	Protection of natural habitat		Preservation of	a certified hist	oric structure	
	Preservation of open space					
2	2 Complete lines 2a through 2d if the organization held a clast day of the tax year.	qualified conservation con	tribution in the form	of a conservation	on easement on th	ne
				Held	at the End of th	e Tax Year
i	<b>a</b> Total number of conservation easements			. 2a		
- 1	<b>b</b> Total acreage restricted by conservation easements.			. 2 b		
(	c Number of conservation easements on a certified his	storic structure included	in (a)	. 2 c		
(	<b>d</b> Number of conservation easements included in (c) a structure listed in the National Register	icquired after 7/25/06, a	nd not on a historic	2 d		
3				organization du	uring the	
4	Number of states where property subject to conservation	n easement is located ►				
5			g. inspection, hand	ling of violation	ns.	
	and enforcement of the conservation easements it h					No
6	5 Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations	s, and enforcing cons	ervation easem	ents during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting,  ►\$	handling of violations, and	d enforcing conserva	tion easements	during the year	
8	and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports conse include, if applicable, the text of the footnote to the conservation easements.	ervation easements in its rorganization's financial	revenue and expense statements that des	statement, and scribes the org	d balance sheet, a anization's acco	and unting for
Pai	Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical d 'Yes' on Form 990	<b>Treasures, or C</b> ), Part IV, line 8	ther Simila	r Assets.	
1 :	all the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for in Part XIII, the text of the footnote to its financial st	public exhibition, educatio	n, or research in furt	le statement a herance of publ	nd balance shee ic service, provide	t works of e,
ı	<b>b</b> If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for publifollowing amounts relating to these items:					orks of art,
	(i) Revenue included on Form 990, Part VIII, line 1.					
	(ii) Assets included in Form 990, Part X				. ▶\$	
2	amounts required to be reported under SFAS 116 (A	ASC 958) relating to thes	se items:			
	<b>a</b> Revenue included on Form 990, Part VIII, line 1					
- 1	<b>b</b> Assets included in Form 990, Part X				. <b>►</b> \$	

Part III Organizations Maintaining Col	lections of Art, Histo	orical Treasures, oi	r Other Similar Ass	sets (contin	ued)		
3 Using the organization's acquisition, accession items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection			
a Public exhibition	a Public exhibition d Loan or exchange programs						
<b>b</b> Scholarly research	e Other						
<b>c</b> Preservation for future generations	_						
4 Provide a description of the organization's colle Part XIII.	ections and explain how they	/ further the organization	s exempt purpose in				
<b>5</b> During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as part of the c	organization's collection	?	Yes	No		
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	<b>ements.</b> Comp <b>l</b> ete if t on Form 990, Part X,	the organization an Iine 21.	swered 'Yes' on Fo	orm 990, Pa	rt IV,		
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	dian or other intermediary	for contributions or oth	er assets not included	☐ Yes			
<b>b</b> If 'Yes,' explain the arrangement in Part XII							
D : : 1 1				Amount			
c Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
<b>b</b> If 'Yes,' explain the arrangement in Part XII	· · · · ·		•		⊢ No		
<b>b</b> if Yes, explain the arrangement in Part XII	i. Check here ii the explai	nation has been provide	ed on Part XIII				
Part V Endowment Funds. Complete	if the organization an	neward 'Vas' on Fa	orm 990 Part IV/ Ii	ino 10			
(a) Curry					re hack		
<b>1 a</b> Beginning of year balance	sint year (b) i nor yea	(c) Two years back	(a) Thice years back	(c) rour yea	13 back		
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cur	rent year end balance (lir	ne 1g, column (a)) held	as:				
a Board designated or quasi-endowment ►	*						
<b>b</b> Permanent endowment							
c Temporarily restricted endowment	%						
The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3 a Are there endowment funds not in the possessi organization by:	on of the organization that a	are held and administered	d for the	Yes	No		
(i) unrelated organizations				3a(i)			
(ii) related organizations				3a(ii)			
<b>b</b> If 'Yes' on line 3a(ii), are the related organize	zations listed as required	on Schedule R?		3b			
4 Describe in Part XIII the intended uses of the	e organization's endowme	ent funds.					
Part VI Land, Buildings, and Equipme	nt.						
Complete if the organization ar		m 990, Part IV, line	e 11a. See Form 99	90, Part X, <b>I</b>	ine 10.		
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	<b>(c)</b> Accumulated depreciation	(d) Book v	alue		
<b>1 a</b> Land		532,444.		532	,444.		
<b>b</b> Buildings		2,116,798.	1,231,729.	885	,069.		
<b>c</b> Leasehold improvements							
<b>d</b> Equipment		479,462.	341,549.	137	,913.		
<b>e</b> Other		1,750.			,750.		
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)	<u></u>		,176.		
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Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered		T ·	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1) Financial derivatives(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) Till (2) - (1) - (2) - (2) - (3)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N / 7	
Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 990	0, Part X, line 13.
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-o	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.		Down IV Lines 11d Con Farres 000	O David V Jima 1E
Complete if the organization answered	scription	J, Part IV, line 11d. See Form 990	(b) Book value
(1) CASH TRUST FUNDS	3611/211011		3,208,194.
(2)			, , , , , , , , , , , , , , , , , , , ,
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	▶	3,208,194.
Part X Other Liabilities.  Complete if the organization answered 'Yes' on F	form 990 Part IV line 1	10 or 11f Son Form 990 Part Y line 25	
(a) Description of liability	<b>(b)</b> Book value	Te of TH. See Form 330, Fart A, fine 23.	
(1) Federal income taxes	(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(2) TRUST FUNDS PAYABLE	3,208,19	94.	
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			hility for uncertain
- LIADINIU IOI UNICERTAIN TAX DOSTUONS. III FART AIII. DROVIUE UNE LEXT OF THE 10	omore to the organization's H	nanciai statements that reports the organization's Ha	IDITILY TO UNICE LATE

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

Part XI Reconciliation of Revenue per Audited Financial Statement		•	turn.	
Complete if the organization answered 'Yes' on Form 990, Pa				
1 Total revenue, gains, and other support per audited financial statements			1	7,579,020.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a	48,472.		
<b>b</b> Donated services and use of facilities	2 b	37,656.		
<b>c</b> Recoveries of prior year grants	2 c			
<b>d</b> Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d			2 e	86,128.
3 Subtract line 2e from line 1			3	7,492,892.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	14,350.		
<b>b</b> Other (Describe in Part XIII.)	4 b			
c Add lines <b>4a</b> and <b>4b</b>			4 c	14,350.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,507,242.
Part XII Reconciliation of Expenses per Audited Financial Statemen	ts With	n Expenses per l	Returr	1.
Complete if the organization answered 'Yes' on Form 990, Pa	art IV,	line 12a.		
1 Total expenses and losses per audited financial statements			1	7,046,914.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a			
<b>b</b> Prior year adjustments	2 b			
c Other losses	2 c			
<b>d</b> Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d			2 e	
3 Subtract line 2e from line 1			3	7,046,914.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		İ		,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
<b>b</b> Other (Describe in Part XIII.)	4 b			
c Add lines <b>4a</b> and <b>4b</b>			4 c	
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ). Part XIII Supplemental Information.			5	7,046,914.

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

### **PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF CALIFORNIA INCOME TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE

Schedule D (Form 990) 2018

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**Part XIII** Supplemental Information (continued)

### PART X - FIN 48 FOOTNOTE (CONTINUED)

UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

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

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO 94-1678938 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations X In-person solicitations **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? fundraiser listed in from activity organization column (i) Yes No 1 2 3 5 6 7 9 10 Total.... 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOCESE 94-1678938 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) through column (c) HARVEST OF HOP HARVEST OF HOP (event type) (event type) (total number) REVENUE **1** Gross receipts..... 707,703. 542,782. 260,584. 1,511,069. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 707,703. 542,782. 260,584. 1,511,069. 6 Rent/facility costs..... **7** Food and beverages ..... Other direct expenses..... 28,763. 109,175. 49,971. 187,909. 10 Direct expense summary. Add lines 4 through 9 in column (d)..................▶ 187,909. Net income summary. Subtract line 10 from line 3, column (d).................▶ 1,323,160. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a, (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c)) Gross revenue..... **2** Cash prizes..... DIRECT S 3 Noncash prizes ...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?...... **b** If 'No,' explain:

**b** If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

sche	ledule G (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOCESE 94-16.	/8938	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	· · Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	<b>a</b> The organization's facility		%
	<b>b</b> An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name •		
	Address ►		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:		No
	Name ►	- – – – – -	7
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►	· <b></b>	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Dai	organization's own exempt activities during the tax year \( \sigma \)	(iii) and (	
Pai	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add information. See instructions.	itiona <b>l</b>	V),

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO Part I Types of Property

Employer identification number 94-1678938

		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of determining
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	Х		50.362.	ESTIMATED
6	Cars and other vehicles			00,0021	
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests .				
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate – Residential				
16	Real estate — Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory	Х		3,687,536.	ESTIMATED
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other • ()				
27	Other • ()				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done				29
	organization completed form 6265, fact tv, Done	e Ackilowie	agement		Yes No
30a	During the year, did the organization receive by contri				
	it must hold for at least three years from the date for exempt purposes for the entire holding period?				
h	If 'Yes,' describe the arrangement in Part II.				X
	Does the organization have a gift acceptance police	cy that requi	res the review of any r	nonstandard contribution	ns? <b>31</b> X
32a	Does the organization hire or use third parties or noncash contributions?	9	, ·	,	32 a X
b	If 'Yes,' describe in Part II.				A
	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,

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

Schedule M (Form 990) 2018

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

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Employer identification number

94-1678938

### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THRIFT STORE - THE THRIFT STORE ACCEPTS DONATIONS OF GENTLY USED CLOTHING, FURNITURE AND HOUSEHOLD GOODS. THESE GOODS ARE SOLD TO THE PUBLIC AND THE PROCEEDS GO DIRECTLY BACK TO THE AGENCY'S PROGRAMS AND SERVICES. INDIVIDUALS AND FAMILIES THAT ARE IN NEED OF CLOTHING CAN OBTAIN VOUCHERS REDEEMABLE FOR ITEMS IN OUR THRIFT STORE.

CAREER & EDUCATION CENTER - APPROXIMATELY 59% OF THOSE SERVED BY CATHOLIC CHARITIES HAVE A HIGH SCHOOL GRADUATE LEVEL EDUCATION OR LESS. WITH THAT IN MIND, THE CAREER AND EDUCATION CENTER AT CATHOLIC CHARITIES PROVIDES CLIENTS WITH THE TOOLS THEY NEED TO BUILD CONFIDENCE, GET BACK TO WORK AND BECOME SELF-SUFFICIENT. SINCE THE CENTER OPENED, NEARLY 96 STUDENTS HAVE GRADUATED FROM ONE OR MORE COURSE AT SITES IN FRESNO AND BAKERSFIELD.

IN CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF FRESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO THE POOR IN THE CENTRAL SAN JOAQUIN VALLEY.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTE AND THE FINANCE MANAGER. A COPY IS PROVIDED TO THE BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
THE BOARD OF DIRECTORS REVIEWS ANY POTENTIAL CONFLICTS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA ANNUALLY TO DETERMINE EXECUTIVE DIRECTOR

AND OTHER KEY EMPLOYEES COMPENSATION.

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE
OF FRESNO

| Employer identification number | 94-1678938 |

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPY OF THE FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENT IS AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(g) Sec 512(b)(13) controlled entity? ŝ (f) Direct controlling entity  $\bowtie$ Yes Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity 94-1678938 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. \_ (d) Total income (3) (d) Exempt Code section <u>ပ</u> (c) Legal domicile (state or foreign country) 501 (c)
Legal domicile (state or foreign country) CA**(b)** Primary activity **(b)** Primary activity CHURCH THE DIOCESE (a)
Name, address, and EIN (if applicable) of disregarded entity ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703 CATHOLIC CHARITIES OF (a) Name, address, and EIN of related organization (1) 8 4 9 ଚ୍ଚ ල

Schedule R (Form 990) 2018

TEEA5001L 06/07/18

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

94-1678938

Schedule R (Form 990) 2018 CATHOLIC CHARITIES OF THE DIOCESE

Page 2 **Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	400		Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	Percentage ownership
		country)		512-514)				Yes	No	1065)	Yes No	
(1)												
(2)												
(3)												
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	<b>izations</b> nore rela	<b>Taxable as</b> ted organiz	s a Corporations articularies	n or Trust. d as a corp.	Complete oration or t	if the org rust durir	anization ng the tax	answer year	ed 'Yes' on F	on Form 990, Part IV,	art IV,
<b>(a)</b> Name, address, and EIN of related organization	of related organizatic		<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,		(f) Share of total income		Share of end-of- Fyear assets	(h) Percentage S ownership co	(i) Sec 512(b)(13) controlled entity?
				coaliny)			(her					Yes No
<u>(1)</u>		<del> </del>										
		<del> </del>										
(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
		<del> </del>										
		<u> </u>										
(3)												
		<del> </del>										
		<del> </del>										
ВАА				TEEA	TEEA5002L 10/02/18	-			-	Sch	Schedule R (Form 990) 2018	n 990) 2018

Page 3

94-1678938

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

Note: Complete line 1 it any entity is listed in Parts II, III, or IV of this schedule.  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			Yes
a controlled entity			 1a	
				×
Gift, grant, or capital contribution from related organization(s).			1c	×
			1 d	X
			1e	7
				×
			1h	×
			11	X
Lease of facilities, equipment, or other assets to related organization(s)			<u>:</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)			: 1 1 1	×
				×
is by related organization(s)			<b>E</b> :	×
related organization(s)			<u>-</u>	×
			10	×
			1 D	×
			.: 1	×
			; -	×
			1s	×
If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	lationships and trans	action thresholds.		
	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved	etermini nvolved
	Õ	323,414.	ACTUAL	
TEEA5003L 06/07/18		Schedul	Schedule <b>R</b> (Form 990) 2018	990) 20.

94-1678938

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	<b>(k)</b> Percentage ownership
			from tax under sections 512-514)	Yes No			Yes No	(Form 1065)	Yes	
(1)				+						
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(3)										
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ВАА			Ē	TEEA5004L 06/07/18				Schedul	Schedule <b>R</b> (Form 990) 2018	90) 2018

Part VII Supplemental Information.

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

**BAA** TEEA5005L 06/07/18 Schedule **R** (Form 990) 2018

018	FEDER	AL WC	ORKSHE	ETS			PAGE
JENT CATHCHAR	CATHOLIC C	HARITIE OF FRE		DIOCESE			94-16789
26/20							02:44
RENTAL INCOME WORKSH FORM 990	HEET						
GROSS RENTAL INCOMEXPENSES	<b>ИЕ</b>					\$	6,324.
TOTAL EXPENSES						\$	0.
			NET RENI	TAL INCOM	E OR L	OSS <u>\$</u>	6,324.
SPECIAL EVENTS WORKS	HEET						
<del></del>	GROS	s c	LESS CONTRI-	GROSS	1	LESS DIRECT	NET INCOME
SPECIAL EVENT	RECEIF	-	BUTIONS	REVENU		XPENSES_	OR LOSS
HARVEST OF HOPE - BAKI	ERSFIELD \$ 707,7	703. \$	0.	\$ 707,70	03. \$	28,763.	\$ 678,940
HARVEST OF HOPE - FRE	SNO 542,		0.	542,78	32.	109,175.	433,607 \$1,112,547
HARVEST OF HOPE - MERC		433.	0.	89,43	33.	12,935.	
MEN'S CLUB GOLF TOURNATURKEY DRIVES		991. 970.	0. 0.	88,95 51,97	91. 70.	22,387. 231.	66,604 51,739
TOYS FOR KIDS	16,8	800.	0.	16,80	00.	11,246.	5,554
FIVE EVENT *SU	13,3 UBTOTAL \$ 260,5	390. 584. \$	0.	13,39 \$ 260,58	90. 34. \$	3,172. 49,971.	10,218 \$ 210,613
	,	069. \$	0.	,		,	\$1,323,160
	<del>.</del>			·		<u> </u>	· · ·
		ייטר ייטד	RD EVENT				
*EVENTS COMBINED ON	THE RETURN AS	IUE IUI					
*EVENTS COMBINED ON	THE RETURN AS	INE INI					
*EVENTS COMBINED ON  FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT	4E						
FORM 990, PART III, LINE 4	4E						
FORM 990, PART III, LINE 4	4E FALS	1 S	ORM 990		Ç	SOURCE	
FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT	4E FALS PROGRAM SERVICE TOTAL	1 S <u>F</u>		-			. R
FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT  TOTAL EXPENSES GRANTS	PROGRAM SERVICE TOTAL	1 S F 22. 6	5,334,222	. PART IX . PART IX	K, LINE	25, COL	COL. B
FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT  TOTAL EXPENSES	PROGRAM SERVICE TOTAL	1 S <u>F</u>	5,334,222	- . PART IX	K, LINE	25, COL	COL. B
FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT  TOTAL EXPENSES GRANTS REVENUE  FORM 990, PART IX, LINE 1	PROGRAM SERVICE TOTAL 6,334,2 463,5	1 S F 22. 6	5,334,222	. PART IX . PART IX	K, LINE	25, COL	COL. B
FORM 990, PART III, LINE 4 PROGRAM SERVICES TOT  TOTAL EXPENSES GRANTS REVENUE	PROGRAM SERVICE TOTAL 6,334,2 463,5	1 S F 22. 6	334,222 0 350,059	. PART IX . PART IX	(, LINE (, LINE II, LI	25, COL	COL. B

OTHER PROFESSIONAL FEES

TOTAL  $\frac{85,101.}{\$}$   $\frac{28,525.}{\$28,525.}$   $\frac{42,186.}{\$42,186.}$   $\frac{14,390.}{\$14,390.}$ 

2018

6/26/20

#### **FEDERAL WORKSHEETS**

PAGE 2

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

**CLIENT CATHCHAR** 

02:44PM

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	_	TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
EQUIPMENT LEASES MAINTENANCE & REPAIRS		18,831. 82,146.	15,600. 82,007.	3,225. 139.	6.
MEALS		10,703.	4,029.	6,674.	12 545
OTHER EXPENSES POSTAGE AND SHIPPING		118,846. 13,567.	66,604. 7,945.	38,697. 621.	13,545. 5,001.
PRINTING AND PUBLICATIONS	TOTAL \$	29,927. 274,020.	9,019. \$ 185,204.	239. \$ 49,595.	20,669. \$ 39,221.
	101111 <u>7</u>		<del>9</del> 105,201.	<del>y                                    </del>	9 33,221.

6/30/19	7	018 F	EDER.	AL B	00 X	DEPI	RECIA	TION	SCHE	2018 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 1
CLIENT CATHCHAR			ن ک	АТНОІ	-IC CH	ARITIES OF FRES	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	ξĘ.				3,	94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	МЕТНОВ	METHOD_LIFE_RATE_	O2:44PM CURRENT DEPR.
FORM 990/990-PF														
AUTO / TRANSPORT EQUIPMENT														
137 TRUCK WRAP MODEL #4300	12/31/17	'	55,671	ı						55,671	5,567	N/S	ις	11,134
TOTAL AUTO / TRANSPORT EQUIP			55,671		0	0	0	0	0	55,671	5,567			11,134
DEPT 10 - BLDG & IMPROV														
1 BUILDING - FRESNO	4/01/98		636,239							636,239	628,097	N/S	31.5	8,142
2 AIR CONDITIONER	4/14/97		44,648							44,648	8,744	S/L	10	0
3 REMODEL	1/18/07		9,602							3,602	9,200	S/L	10	0
4 CABLE & DATA DROP	1/17/07		4,657							4,657	4,010	S/L	က	0
5 TREND MICRO CABLE	1/31/07		265							265	486	S/L	က	0
6 INSTALL CABINETS	3/30/02		700							700	675		7	0
7 1ST FLOOR PAINTING	3/09/07		10,000							10,000	6,667	S/L	10	0
8 WIRING GANG PLATES	3/09/07		2,224							2,224	2,146		10	0
	12/12/07		82,905							82,905	82,905			0
	12/12/07		14,715							14,715	14,715			0
	7/01/08		998'9							998'9	2,020		31	202
12 BLINDS	1/2//09		1,030							1,030	1,030	7/8	s 6	0
	5/26/10		40.387							40,437	16.320			2,023
	6/30/10		61,924							61,924	24,768			3,096
16 STAIR RAILING IMPROVEMENT	6/10/13	ı	2,181	ļ						2,181	554	S/L	20	109
TOTAL DEPT 10 - BLDG & IMPROV			974,600		0	0	0	0	0	974,600	828,156			16,391

6/30/19	2018	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	_ B00	K DEP	RECIA	TION	SCHE	DULE				PAGE 2
CLIENT CATHCHAR		CAT	ногіс с	HARITIE OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCES	Ä					94-1678938
6/26/20	DATE DATE	COST/ BUS.	CUR S. 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR	200	L 2	O2:44PM CURRENT
PT 10 - EQUI	1	i	1	ALLOW.	or. Der R.		TEDUCT	- BASIS	A L	METHOD		N N N N N N N N N N N N N N N N N N N
17 MIP ACCOUNTING PRO	12/07/04	12,088						12,088	10,880	S/L	5	0
18 REMODEL A/C ELEC & LIGHTS	2/02/07	15,079						15,079	14,452	S/L	10	0
19 GANG FACEPLATE & ELEC	3/27/07	1,156						1,156	1,131	S/L	10	0
20 FLOORING DOORS W/ CLOSETS	4/06/07	25,556						25,556	24,921	NS/L	10	0
21 ELECTRICAL WIRING	7/24/07	2,600						2,600	2,600	S/L	10	0
22 WINDOWS, MS OFF LIN FEE	4/24/07	765						765	723	S/L	က	0
23 2 DR PANEL, STORAGE CAB	3/29/07	298						298	848	S/L	10	0
24 12 PORT PANEL 66 MOUNT	7/26/07	822						822	822	NS/L	10	0
25 EQUIP	9/14/07	546						546	546	S/L	10	0
26 CAT JACKS & MODULAR	10/25/07	761						761	761	NS/L	10	0
27 SPEAKER PHONE	10/31/07	800						800	800	NS	10	0
28 UNDERGROUND CONDUIT	11/12/07	1,403						1,403	1,403	S/L	10	0
29 TESTING SOIL	11/13/07	1,045						1,045	1,045	S/L	10	0
30 LINE PORTS	12/31/09	1,048						1,048	1,048	S/L	2	0
31 ROUTERS	12/31/09	2,137						2,137	2,137	S/L	2	0
32 ELEVATOR	5/23/12	407						407	249	S/L	10	41
107 PHONE SYSTEM FRESNO	8/01/15	19,863						19,863	5,793	S/L	10	1,986
118 LAPTOP ASHLEY MAGOC	5/07/16	1,422						1,422	615	S/L	5	284
120 LAPTOP/NOTEBOOK JODY	8/09/15	1,736						1,736	1,012	S/L		347
123 LAPTOP/DOCKING - JACOBS	4/06/17	1,639						1,639	410	S/L	2	328
TOTAL DEPT 10 - EQUIP		91,740	0	0	0	0	0	91,740	72,196			2,986
DEPT 10 - FURN & FIXTURES												

6/30/19	2	.018 F	EDER.	AL B	00	( DEP	RECIA	TION	SCH	2018 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 3
CLIENT CATHCHAR			Ü	<b>ATHOL</b>	IC CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	: DIOCE	SE					94-1678938
6/26/20 DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	02:44PM CURRENT DEPR.
CEILING FA	11/15/99		1,500		  -					1,500	1,367	ı		l I
	9/08/38	'	3,230	ļ						3,230 4,100	1,962	3/F 8/L	39 39	105
TOTAL DEPT 10 - FURN & FIXTUR DEPT 10 - LAND			8,850		0	0	0	0	0	8,850	4,896			188
36 LAND-FRESNO 37 FULTON & NEVADA LOT	4/01/88	·	215,000							215,000				0
TOTAL DEPT 10 - LAND DEPT 10 - LAND & IMPROV			295,000		0	0	0	0	0	295,000	0			0
38 6' FENCE & ROLLING GA 39 6' WROUGHT IRON FENCE 40 FENCE & WAREHOUSE	9/25/09 10/27/09 9/01/09	'	7,220 17,443 1,294	l						7,220	3,159 7,557 574	7/S 7/S 7/S	20 20 20	361 872 65
TOTAL DEPT 10 - LAND & IMPROV DEPT 20 - BLDG & IMPROV			25,957		0	0	0	0	0	25,957	11,290			1,298
41 REROOF MERCED BLDG 42 SECURITY ALARM MERCED	10/14/09		9,379							9,379	4,104	7/S 7/S	20	469
43 LINE PORTS	12/31/09		594							594	594	NS/L	5	0 0
	60/90/2		6,516							6,516	2,934		20	326
46 BLDG IMPR MERCED PGE 47 BLDG IMPR MERCED ELECTR	12/22/10 5/03/11		827 25,915							827 25,915	308 9,288	3/L S/L	20	41 1,296
48 BLDG IMPR MERCED GEN CONS	5/03/11		26,298							26,298	9,424	S/L	20	1,315

6/30/19	2	018 F	EDER,	1 B	300	( DEP	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	EDULE				PAGE 4
CLIENT CATHCHAR			S	\THO!	IC CH	ARITIE! OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	02:44PM CURRENT DEPR
ONITHOU	0 / 21 / 11		010	:	!					1 610	1 570	١ _		 
	7/98/11		4,010							4,010	0/0,1	7/5	70 02	107
	3/06/13		10 972							10 972	5 851	76	10	1 097
	1/21/15	,	15,723							15,723	1,377	S/L	33	403
TOTAL DEPT 20 - BLDG & IMPROV		:	104,837	I	0	0	0	0	0	104,837	37,862			5,300
DEPT 20 - EQUIP														
108 PHONE SYSTEM MERCED	8/01/15		4,044							4,044	1,179	S/L	10	404
111 VIDEO SCREENS MERCED	5/04/15	,	2,205	ı						2,205	1,397	S/L	വ	441
TOTAL DEPT 20 - EQUIP			6,249		0	0	0	0	0	6,249	2,576			845
DEPT 20 - LAND - MERCED														
52 LAND-336 W. MAIN #1MERCED	12/23/87	ı,	80,329	ļ						80,329				0
TOTAL DEPT 20 - LAND - MERCED			80,329		0	0	0	0	0	80,329	0			0
DEPT 20 - MERCED BLDG & IMPROV														
53 BUILDING-MERCED	12/28/00	'	186,911	ı						186,911	97,370	S/L	31.5	5,934
TOTAL DEPT 20 - MERCED BLDG DEPT 20 - MERCED EQUIP			186,911		0	0	0	0	0	186,911	97,370			5,934
54 EQUIPMT HVAC 55 HVAC	5/03/11	'	3,642	l						26,688	19,128	3/r 8/r	01 01	2,669
TOTAL DEPT 20 - MERCED EQUIP			30,330		0	0	0	0	0	30,330	21,646			3,033

6/30/19		.018 F	EDER,	AL B	00 X	DEP	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	HON	SCHE	DULE				PAGE 5
CLIENT CATHCHAR			<u>ن</u>	\тно!	IC CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD_ LIFE_RATE	O2:44PM CURRENT DEPR.
DEPT 35 - BLDG & IMPROV														
56 FENCE POST	3/30/02	ı	1,877	I						1,877	1,833	T/S	10	0
TOTAL DEPT 35 - BLDG & IMPROV DEPT 40 - BLDG & IMPROV FRS			1,877		0	0	0	0	0	1,877	1,833			0
	8/04/10		16,120							16,120	6,381	7/S		908
38 FAINTING 116 CLIENT INTAKE COUNTER CON	4/19/16	!	23,779							23,779	2,576	3/L S/L	70	1,189
TOTAL DEPT 40 - BLDG & IMPROV DEPT 40 - BLDG & IMPROV FRS			42,849		0	0	0	0	0	42,849	10,457			2,290
124 DOUBLE DOORS TO WAREHOUSE	5/03/17	'	3,815	I						3,815	446	NS/L	10	382
TOTAL DEPT 40 - BLDG & IMPROV DEPT 40 - EQUIP			3,815		0	0	0	0	0	3,815	446			382
59 EQUIP-FLOOR POLISHER 60 ELEVATOR 61 HD APTORS FOR SMANY 8. AL	3/04/11 5/23/12 3/04/14		1,170 2,035							1,170 2,035	858 1,241	7/8	10	204
62 HP LAPTOPS FOR MERCED DIR	5/10/14		1,558							1,558	1,558	3/F		
113 VIDEO SOKEENS FRESNO 119 EDUCATION RM COMP, 13	5/04/15 6/05/16	·	2,205	I						2,205	4,940	3/L S/L		2,371
TOTAL DEPT 40 - EQUIP			21,710		0	0	0	0	0	21,710	12,882			3,133

6/30/19	2	018 F	EDER/	4L B	00 X	( DEP	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				<b>       </b>	PAGE 6
CLIENT CATHCHAR			75	\THO!	ПС СН	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					46	94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED _	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	到	C RATE. C	02:44PM CURRENT DEPR.
PT 40 - FURN CHAIRS FRE	5/01/13		1,333							1,333	1,333	S/L	22		0
TOTAL DEPT 40 - FURN & FIXTUR DEPT 43 - BUILDING FRESNO			1,333	ı	0	0	0	0	0	1,333	1,333				0
126 WINDOWS IN PAYEE BUILDING	7/11/16	ı	3,360	I						3,360	672	T/S	L 10		336
TOTAL DEPT 43 - BUILDING FRES DEPT 43 - FURN & FIX FRESNO PAYEE			3,360		0	0	0	0	0	3,360	672				336
64 ROLLUP DOOR	12/19/06	'	1,385							1,385	1,205	S/L	L 10		0
TOTAL DEPT 43 - FURN & FIX FRE DEPT 44 - BLDG & IMPROVEMENT			1,385		0	0	0	0	0	1,385	1,205				0
65 ROOF REPAIRS 66 DUCTING	– 8/17/11 8/22/11		800							800	273	1/S 7/F	L 20		40
TOTAL DEPT 44 - BLDG & IMPROV DEPT 44 - EQUIP			3,200		0	0	0	0	0	3,200	1,093				160
125 FREEZER DOOR	11/08/16	ı	3,475	I						3,475	1,930	NS/L	° 3		1,158
TOTAL DEPT 44 - EQUIP			3,475		0	0	0	0	0	3,475	1,930				1,158

6/30/19	2	018 F	EDER,	AL B	000	( DEPI	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE 7
CLIENT CATHCHAR			C)	<b>АТНО</b> І	ІС СН	ARITIES OF FRES	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	ΣE					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED .	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD_LIFE_RATE	02:44PM CURRENT DFPR.
DEPT 44 - EQUIPMT	12/28/10		2,998							2,998	2,250	8/L	10	300
110 WALKIN FREEZE COMPRESSOR	6/02/15	'	4,528	l						4,528	1,995	N/S	7	647
I OTAL DEPT 44 - EQUIPMI DEPT 44 - EQUIP-SINGLETON			7,526		<b>5</b>	0	0	O .	0	7,526	4,245			947
67 FREEZER REFRIGERATOR FRKL 68 FREEZER UNIT #3	1/01/88	'	20,825	ı						20,825	20,825	1/S 1/S	7 5	0
TOTAL DEPT 44 - EQUIP-SINGLET DEPT 44 - VEHICLE			28,261		0	0	0	0	0	28,261	28,261			0
74 TRUCK 75 TRUCK ARTWORK	9/21/12 6/04/13	ı	23,403	l						23,403	19,222	1/S 7/S	7 7	3,343
TOTAL DEPT 44 - VEHICLE DEPT 44 -EQUIPMENT			24,778		0	0	0	0	0	24,778	20,218			3,539
69 BACKDRAFT DAMPERS 70 ELEVATOR 71 FREEZER ALUMINUM FLOOR 72 FREEZER REMODEL	8/22/11 5/23/12 1/28/13 2/05/13	'	560 1,221 2,849 14,023	ı						560 1,221 2,849 14,023	383 742 2,849 14,023	7/S 7/S 7/S	10 10 5 5	56 122 0
TOTAL DEPT 44 -EQUIPMENT			18,653		0	0	0	0	0	18,653	17,997			178

6/30/19	20	18 FI	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	\L B	00	DEP	RECIA	MOIL	SCHE	DULE				PAGE
CLIENT CATHCHAR			70	\THOL	IC CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE — ACQUIRED —	DATE SOLD	COST/ BASIS	BUS. PCT. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIEE RATE	O2:44PM CURRENT E. DEPR.
DEPT 45 - BLDG & IMPROVMT														
76 ROOF REPAIRS	8/17/11		400							400	137	T/S	20	20
77 DUCTING	8/22/11	I	1,200	ļ						1,200	410	S/L		09
TOTAL DEPT 45 - BLDG & IMPROV			1,600		0	0	0	0	0	1,600	547			80
DEPT 45 - EQUIPMENT														
78 BACK DRAFT	8/22/11		280							280	191	S/L	10	28
79 ELEVATOR	5/23/12	I	407	ļ						407	249	S/L	10	41
TOTAL DEPT 45 - EQUIPMENT			289		0	0	0	0	0	289	440			69
DEPT 45 - VEHICLE														
80 TRUCK	9/21/12		23,403							23,403	19,222	S/L	7	3,343
81 TRUCK ARTWORK	6/04/13	I	1,375							1,375	966	S/L	7	196
TOTAL DEPT 45 - VEHICLE			24,778		0	0	0	0	0	24,778	20,218			3,539
DEPT 49 - EQUIP														
131 TV MONITOR	7/31/16	ı	2,096	I						2,096	803	NS/L	2	419
TOTAL DEPT 49 - EQUIP			2,096		0	0	0	0	0	2,096	803			419
DEPT 80 - BLDG & IMPROV														
127 BAKERSFIELD FLOORING	9/13/16	I	3,575							3,575	656	S/L	10	358
TOTAL DEPT 80 - BLDG & IMPROV			3,575		0	0	0	0	0	3,575	929			358

6/30/19	2	018 F	2018 FEDERAL	1L B	00 X	DEP	<b>BOOK DEPRECIATION SCHEDULE</b>	TION	SCHE	DULE				PAGE	E 9
CLIENT CATHCHAR			Ö	\THOL	) HO OH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	Ή					94-1678938	8938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED.	DATE	COST/ BASIS	BUS. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	วว	02:44PM IRRENT DEPR.
.PT 80 - BLD(															
82 825 BUILDING	6/56/09		186,601							186,601	53,316	T/S	31.5		5,924
83 809 BUILDING	6/56/09		204,937							204,937	58,554	S/L	31.5		905,9
84 825 CHESTER TERMITE	60//0//		76,500							76,500	34,425	S/L	20		3,825
85 825 CHESTER PERMITS	7/16/09		367							367	367	S/L	2		0
86 809 CHESTER HVAC	8/04/09		3,295							3,295	1,471	S/L	20		165
87 825 CHESTER REMODEL	8/19/09		18,155							18,155	8,020	S/L	20		806
88 825 CHESTER SECURITY SYS	8/01/08		1,635							1,635	731	S/L	20		82
89 825 CHESTER REMODEL CHG	8/31/09		4,630							4,630	2,049	S/L	20		232
90 809 CHESTER SECURITY	8/12/09		445							445	196	S/L	20		22
91 825 CHESTER BLINDS	9/04/09		899							899	899	S/L	2		0
92 WIRING BKSF	9/12/09		6,204							6,204	2,739	S/L	20		310
93 WIRING BKSF	9/12/09		2,557							2,557	1,131	S/L	20		128
94 BLINDS BKSF	9/21/09		899							899	899	S/L	2		0
106 REROOFING BLDG BAKERSFIE	10/20/14		12,245							12,245	1,151	S/L	39		314
115 BAKERSFIELD WAREHOUSE REM	10/01/15		178,692							178,692	12,600	S/L	39		4,582
121 AC UNIT	5/12/16	,	7,686							7,686	2,379	S/L	7		1,098
TOTAL DEPT 80 - BLDG & IMPROV			705,285		0	0	0	0	0	705,285	180,465			2	24,096
DEPT 80 - EQUIP															
130 LAPTOP/DOCKING - VORHEES	11/19/16	'	1,393							1,393	442	S/L	2		279
TOTAL DEPT 80 - EQUIP			1,393		0	0	0	0	0	1,393	442				279
DEPT 80 - EQUIP-BAKERSFIELD															
	ı														

6/30/19	7	018 F	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	\L B	00 X	DEP	RECIA	TION	SCHE	DULE				PA	PAGE 10
CLIENT CATHCHAR			CA	THOL	)  C CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					94-	94-1678938
6/26/20 NO. DESCRIPTION	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONIIS	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD	=======================================	RATE	02:44PM CURRENT DEPR.
PHONE SYS	8/01/15		)13		l					8,013	2,337	'	- 10		801
114 VIDEO SCREENS BAKERSFIELD	5/04/15		664							664	421	T/S	L 5		133
117 LAPTOP BKSFD SITE DIRECTO	3/20/16		1,433							1,433	949	S/L			287
122 VIDEO SCREENS BKSFD	8/18/15	,	1,777	ļ		İ				1,777	1,006	NS/L	L 5		355
TOTAL DEPT 80 - EQUIP-BAKERSF			11,887		0	0	0	0	0	11,887	4,410				1,576
DEPT 80 - FURN & FIX-BAKERSFIELD -	Ī														
95 3 FILING CABINETS	7/02/97	ı	579	l						579	579	S/L	L 7		0
TOTAL DEPT 80 - FURN & FIX-BA			579		0	0	0	0	0	579	579				0
DEPT 80 - LAND-BAKERSFIELD															
96 825 CHESTER LAND 97 809 CHESTER LAND	6/56/09		66,486							66,486					0 0
	60 60 60 60 60 60 60 60 60 60 60 60 60 6	1	2	ı											
TOTAL DEPT 80 - LAND-BAKERSFI DEPT 83 - BUILDING BKSF			105,202		0	0	0	0	0	105,202	0				0
	!										;				
128 BAKERSFIELD PAYEE FLOOK	1/04/1/		1,5/2							1,5/2	236				15/
133 HVAC UNIT	6/29/17		7,399							7,399	740	3/L S/L	L 10		740
TOTAL DEPT 83 - BUILDING BKSF			14,371	I	0	0	0	0	0	14,371	1,786				1,437
FURNITURE AND FIXTURES															

6/30/19	2	018 F	EDER,	AL B	00 ×	( DEP	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	:DULE					PAGE 11
CLIENT CATHCHAR			3	<b>ТНО</b>	IC CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	3E						94-1678938
6/26/20 DESCRIPTION	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD		E RATE	02:44PM CURRENT DEPR.
RACK FOR	12/31/17		743		l					4,043		Ŝ			
134 OFFICE CREDENZA	12/31/17	,	2,310	I						2,310	231	ςỳ	S/L	2	462
TOTAL FURNITURE AND FIXTURE			6,353		0	0	0	0	0	6,353	635				1,271
IMPROVEMENTS															
149 SIGN	9/17/18		606'6							6)6'6		Ś	S/L 1	15	495
150 IRON FENCE	10/03/18		2,900							2,900		Ś	S/L 2	20	109
156 CONCRETE	1/09/19		13,775							13,775		Ś	S/L 1	10	689
157 CABINETS	1/09/19		9,945							9,945		Ś	S/L	7	710
158 IRON FENCE	1/09/19		4,515							4,515		Ś	S/L 2	20	113
159 FLOORING	1/09/19		17,794							17,794		Ś	S/L 1	10	890
160 THRIFT STORE REMODEL	1/09/19		19,781							19,781		Ś	S/L 1	10	686
161 THRIFT STORE DOORS	7/09/18		4,620							4,620		Š	S/L 1	10	462
162 WOOD RAMP	4/19/19	,	3,791	ļ		j				3,791		Ś	S/L 1	10	63
TOTAL IMPROVEMENTS MACHINERY & EQUIPMEN DEP 80			87,030		0	0	0	0	0	87,030	0				4,520
135 COMPUTERS	12/31/17		1,826							1,826	304		S/L	က	609
TOTAL MACHINERY & EQUIPMEN			1,826	I	0	0	0	0	0	1,826	304				609
MACHINERY & EQUIPMENT															
98 HVAC-PAYEE DEPT	7/15/11	,	6,765	ı						6,765	4,739		S/L 1	10	2/29
TOTAL MACHINERY & EQUIPMENT			6,765		0	0	0	0	0	6,765	4,739				677

6/30/19	7	018 F	EDER.	AL B	00 X	DEP	RECIA	<b>TION</b>	SCH	2018 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 12
CLIENT CATHCHAR			ن ک	ATHOL	)  C CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					94-1678938
6/26/20 NO DESCRIPTION	DATE	DATE	COST/	BUS.	CUR 179 RONIIS	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL	SALVAG /BASIS PEDLICT	DEPR.	PRIOR	METHOD	TAME PATE	O2:44PM CURRENT
ACHINERY AN					!									ļ
112 COMPUTERS FOR MOBLIE USE	10/26/14		6,487							6,487	6,487	T/S	m	0
136 HVAC UNIT	12/31/17		7,771							7,771	389	S/L	- 10	777
138 COMPUTERS/LAPTOPS	12/31/17		1,864							1,864	311	NS/L	<sub>8</sub>	621
139 COMPUTERS	12/31/17		1,718							1,718	286	S/L	es -	573
140 COMPUTERS	12/31/17		4,294							4,294	716	S/L	က	1,431
141 COMPUTERS	12/31/17		829							828	143	S/L	က	286
142 COMPUTERS	12/31/17		6,012							6,012	1,002	S/L	က	2,004
143 COMPUTERS	12/31/17		6,012							6,012	1,002	S/L		2,004
144 COMPUTERS	12/31/17		828							828	143	S/L		286
145 COMPUTERS	12/31/17		829							828	143	S/L	en .	286
146 COMPUTERS	12/31/17		1,718							1,718	286	S/L	e	573
147 COMPUTERS	12/31/17		3,435							3,435	573	S/L	ю -	1,145
148 COMPUTERS	12/31/17		3,435							3,435	573	S/L	8	1,145
151 CONDENSED FAN MOTORS	8/31/18		8,199							8,199		S/L	- 10	683
152 SWAMP COOLER	10/09/18		4,936							4,936		S/L	- 10	370
153 PALLET TRUCK	7/09/18		3,641							3,641		S/L	2	728
154 REFRIGERATOR	10/05/18		4,934							4,934		S/L	- 10	370
155 WATER HEATER	11/30/18	ı	1,575							1,575		S/L	- 10	95
TOTAL MACHINERY AND EQUIPME			809'89		0	0	0	0	0	809'89	12,054			13,374
MISCELLANEOUS														
99 TWO COOLERS FRS	7/18/05		7,458							7,458	6,713	S/L	22	0
100 ROOF THRIFT STORE	8/05/05		30,920							30,920	19,236	S/L	- 20	1,546
101 FLOORING MERCED	12/29/05		3,825							3,825	2,295	N/S	- 20	191

6/30/19	2018	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	<b>B00</b>	X DEP	RECIA	TION	SCHI	EDULE			ш.	PAGE 13
CLIENT CATHCHAR		САТН	OLIC CI	HARITIE: OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					94-1678938
6/26/20 NODESCRIPTION	DATE DATE - SOLD	COST/ BUS. BASIS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHODLIFE_RATE	02:44PM CURRENT DEPR.
102 WALKIN FREEZER 103 SOFTWARE FUNDRAISE 104 QBOOKS SOFTWARE	8/01/05 12/31/05 8/31/05	2,600 10,541 6,374						2,600 10,541 6,374	2,412 9,700 5,313	7/S 7/S 7/S	r m m	0 0
TOTAL MISCELLANEOUS		61,718	0	0	0	0	0	61,718	45,669			1,737
TOTAL DEPRECIATION		3,126,449	0		0			3,126,449	1,457,878			113,273
GRAND TOTAL DEPRECIATION		3,126,449	0	0	0	0	0	3,126,449	1,457,878			113,273

# 2018 California Exempt Organization Annual Information Return

FORM

199

		scal year beginning (mm/dd/yyyy)	7/01/201	8 , and ending (i	mm/dd/yyyy) 6/30,	/2019	9 .	
Corporation/Or	ganization name	CATHOLIC CHARITIES				C	alifornia corporation nu	ımber
		OF FRESNO					553047	
	rmation. See inst	ructions,				9	EIN 94-1678938	
	(suite or room)  FULTON S	TP F F T				PI	MB no.	
City	LODION D				State	Zi	ip code	
FRESNO					CA		3701	
Foreign country	y name				Foreign province/state/county		oreign postal code	
A First Date	urn		Yes X No	J If exempt under	R&TC Section 23701d, has th	<u></u> е		
			Yes X No	organization enga	aged in political activities?			
		ust	Yes X No	See instructions			●	X No
	on 4547(a)(1) ti ormation Return?		1 es NO					
	issolved		lerged/Reorganized		on exempt under R&TC Section	on 23701	g? ● Yes	X No
ш	e: (mm/dd/yyyy			If 'Yes,' enter the	e gross receipts from ces	Ś		
E Check ac	counting method	: <del></del>			a public charity exempt unde			
		Accrual 3 Other		R&TC Section 23	701d and meets the filing fee	)	<b></b>	
		● 990T 2 ● 990-PF 3 •	Sch H (990)		box. No filing fee is required		=	
	ner 990 series	e instructions	Yes X No	· ·	on a Limited Liability Compar	-	_	X No
				taxable income?	tion file Form 100 or Form 10		●	X No
	ganization in a g what is the parer	roup exemption   It's name?	Yes X No	O Is the organization audited in a prior	on under audit by the IRS or l r year?	nas the I	IRS ····· • ☐ Yes	X No
				P Is federal Form 1	1023/1024 pending?		Yes	No
	•	any changes to its guidelines See instructions	Yes X No	Date filed with IF	RS			
Part I	Complete P	art I unless not required to file th	is form. See Ge	neral Information	B and C.			
	<b>1</b> Gross	sales or receipts from other sour	ces. From Side 2	2, Part II, line 8		1	2,031	,588.
	<b>2</b> Gross	dues and assessments from men	nbers and affilia	tes		2		
Receipts and	<b>3</b> Gross	contributions, gifts, grants, and s	imilar amounts ı	received	• • • • • • • • • • • • • • • • • • • •	3	5,663	<u>,563.</u>
Revenues		gross receipts for filing requireme						
		ne must be completed. If the res			eral Information B •	4	7,695	<u>,151.</u>
		f goods sold				-		
		r other basis, and sales expenses					T T	
	1	costs. Add line 5 and line 6				7	7.605	
		gross income. Subtract line 7 fron expenses and disbursements. Fro				9	7,695	
Expenses		s of receipts over expenses and c				10	7,234	
		payments				11	460	<u>,328.</u>
		x. See General Information K			•	12		
		ents balance. If line 11 is more th				13		
<b>-::::</b>	_	x balance. If line 12 is more than				14		
Filing Fee		fee \$10 or \$25. See General Info	,			15		
		ies and Interest. See General Info				16		
						17		
		e due. Add line 12, line 15, and line 16. The					knowledge and belief	0.
Sign Here		of perjury, I declare that I have examined th nplete. Declaration of preparer (other than ta	xpayer) is based on a	all information of which p	preparer has any knowledge. Date		Telephone	
11010	Signature  of officer		<b>I</b>	TIVE DIRECT		1 -	559-237-085	.1
	Duanavaria		1211200	Date	Check if		PTIN	
Paid	Preparer's > signature	FAUSTO HINOJOSA, CPA	, CFE		self- employed ►		00196912	
Preparer's Use Only	Firm's name	PRICE, PAIGE & CO					Firm's FEIN	
Joe Only	(or yours, if self-employed)	570 N MAGNOLIA AV	E STE 100			7	77-0203007	
	and address	CLOVIS, CA 93611				,	● Telephone 7550\ 200-0	540
	May the ET	R discuss this roturn with the are	narer chown ch	ove? Soo instructi	ions		(559) 299-9   X Yes	
	way the FT	B discuss this return with the pre	parer snown ab	ove: See mstructi	10115	•	X Yes	] No

CATHOLIC CHARITIES OF THE DIOCESE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		1	Gross sales or receipts from all b	ousiness activities. See	instruc	tions	•	1		113,480.
		2	Interest					2	2	6,404.
_		3	Dividends					3	3	40,332.
Rece		4	Gross rents						ı	6,324.
Othe	r	5	Gross royalties					5	;	
Sour	ces	6	Gross amount received from sale					_	;	
		7	Other income. Attach schedule						,	1,865,048.
		8	Total gross sales or receipts from other s					8	3	2,031,588.
		9	Contributions, gifts, grants, and similar an			·		9	,	
		10	Disbursements to or for members					10	,	
		11	Compensation of officers, director					11		259,922.
		12	Other salaries and wages					12	_	1,003,323.
Expe	nses	13	Interest					13		1,003,323.
and Disb	urse-	14	Taxes					1/		116,274.
ment		15	Rents					15		139,426.
		16	Depreciation and depletion (See				-	16	_	113,273.
		17	Other Expenses and Disburseme							
		18	Total expenses and disbursements. Add li					18		5,602,605.
Cala	م اددام									7,234,823.
	edule	<u> </u>	Balance Sheet	Beginning of	taxabı			ort	axab	le year
Asse				(a)		(b)	(c)		•	(d)
1			receivable			2,541,476. 96,575.			•	2,814,456. 145,768.
2 3			eivable			90,575.			•	145,700.
4			eivania			83,948.			•	183,538.
5			tate government obligations			03/340.			•	100,000.
6			n other bonds						•	
7			n stock			L,218,776.			•	1,270,520.
8			18			.,,			•	
9	• •	-	nents. Attach schedule						•	
•			ssets.	2,513,901.			2,598,0	10		
			ated depreciation	1,460,005.		L,053,896.	1,573,2			1,024,732.
11				1/100/0001	-	532,444.	1,313,2	,	•	532,444.
12			Attach schedule			3,478,546.			•	3,210,991.
13			Attacii Scricaajo.			9,005,661.				9,182,449.
			et worth			7,005,001.				3,102,443.
			able			132,402.			•	97,935.
			, gifts, or grants payable			132,402.			•	31,333.
			otes payable						•	
17			yable						•	
18			es. Attach schedule			3,534,269.			-	3,213,418.
19			or principal fund			3,334,209.			•	3,213,410.
20			pital surplus. Attach reconciliation						•	
21			ings or income fund			5,338,990.			•	5,871,096.
22			ies and net worth			9,005,661.				9,182,449.
	edule				return		s less than \$50.000	<u>.</u>		
1	Net inco	nme n	er books	460,328.			books this year not incl			
2			ne tax	±00/320	∀ ′		h schedu <b>l</b> e		•	
3			ital losses over capital gains		8	Deductions in this r				
4			ecorded on books this year.		1	against book income				
-			ıle			Attach schedule			•	
5	Expense	es reco	orded on books this year not deducted		9	Total. Add line 7 an	d line 8			
			. Attach schedule			Net income per				
6_			e 1 through line 5	460,328.	.]	Subtract line 9	from line 6			460,328.
										<u> </u>

3652184 **Side 2** Form 199 2018 059 CACA1112L 12/13/18

3885

Λtta	ch to Form 100 or For	m 100\W EQD	4 100								
	ration name		4 199					I Ca	alifornia cor	poratio	on number
	CATHOL OF FRE	IC CHARITIES SNO	OF THE DIO	CESE					553047		
Par		pense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction								1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2		•
3	Threshold cost of IR										\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0				4		•
5	Dollar limitation for t										
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Ele	cted cost			
	•	, , ,			· · · · · · · · · · · · · · · · · · ·	,,					
7	Listed property (elec	ted IRC Section 17	'9 cost)	1		7					
8	Total elected cost of						ine 7		8	Ι	
9	Tentative deduction.										
10	Carryover of disallow								-		
11	Business income lim										
12	IRC Section 179 exp										
13	Carryover of disallow										
Par		nd Election of Addit						4356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	n Life or		eciation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	t	his year		year depreciation
					er years						depreciation
BUI	LDING - FRES	4/01/1998	636,239.		28,097.	S/L	3	2	8,14	2.	
	R CONDITIONER	4/14/1997	44,648.		8,744.	S/L		0	,		
	MODEL	1/18/2007	9,602.		9,200.	S/L		0			
	BLE & DATA DR	1/17/2007	4,657.		4,010.	S/L		3			
	END MICRO CAB	1/31/2007	565.		486.	S/L		3			
				of oalur			4	1			
15	Add the amounts in \$2,000. See instruct							.   .	113,27	13.	
Par			(,						,		
16	Total: If the corporat	tion is electina:									
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or					
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl									17	
	Depreciation adjustn	·	•							'	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form 1	00 or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ia depreciation am	nounts a	re used to o	determine i	net income	before	١.	18	
Par		TOTAL TOO OF FORE	i 100vv, no adjustn	nent is i	iecessary.).					10	
19	(a)	(b)	(c)		((	47	(e)		(f)		(g)
13	Description	Date acquire	d Cost o	r	Amorti	zation	R&TC		riod or		Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	section		entage		for this year
					in earlie	er years	(see insti	)			
							1				
20	Total. Add the amou	ints in column (g).							20		
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form	n 4562, line	44			21		
22	Amortization adjustn	nent. If line 21 is a	reater than line 20	, enter tl	he differenc	e here and	d on Form	100 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 1	00 or			
	Form 100W, Side 2,	line 12							22		

3885

Attac	ch to Form 100 or For	m 100W. <b>FOR</b>	М 199							
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE				Califo	rnia corpoi	ration number
	OF FRE							055	3047	
Parl		kpense Certain Pro								
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se								2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t		act line 4 from line	1					5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business u	use only)	(c) Electe	d cost	_	
									_	
									_	
									_	
	1:11		70 1)						_	
	Listed property (elec						l: 7		8	
8 9	Total elected cost of Tentative deduction.	•							9	
10	Carryover of disallow								10	
11	Business income lim								11	
12	IRC Section 179 exp								12	
13	Carryover of disallow									
Parl		nd Election of Addit						356		
14	(a)	(b)	(c)		(d)	(e)	(f)	(	g)	(h)
	Description	Date acquired	Cost or	Depre	eciation	Depreciation	n Life or	Depreci	ation fo	r Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this	year	year depreciation
					er years					aoprediation
INS	STALL CABINET	3/30/2007	700.		675.	S/L	7			
181	FLOOR PAINT	3/09/2007	10,000.		9,667.	S/L	10			
WIF	RING GANG PLA	3/09/2007	2,224.		2,146.	S/L	10			
ASE	IPALT	12/12/2007	82,905.	8	32,905.	S/L	10			
CON	ICRETE	12/12/2007	14,715.	1	L4,715.	S/L	10			
15	Add the amounts in	column (a) and co	lumn (h). The total	of colun	nn (h) mav	not exceed	d			
	\$2,000. See instruct									
Part	t III Summary									
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	ount on line 12 and R&TC Section 243	lline 15, 356 add	the amoun	) <b>or</b> ts on line 1	15 columns	(a) and (b	1) or	
	Depreciation (if no e									;
17	Total depreciation cl	laimed for federal p	ourposes from fede	eral Form	4562, line	22			17	'
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter th	ne difference	e here and	d on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts ar	re used to	determine i	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is n	ecessary.).				18	<b>;</b>
Part										
19	(a)	(b)	(c)			d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	allowable	R&TC section	Period percent		Amortization for this year
		, ,,,,,	<u></u>		in earlie		(see instr)		<u> </u>	
20	Total. Add the amou	ınts in column (g).							20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form	4562, line	44			21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter th	ne differenc	e here and	d on_Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 21 is	Iess than line 20,	enter the	e difference	here and	on Form 100	or	22	
	Form 100W, Side 2,	IIIIC 12							44	

3885

		-	•						
	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name CATHOL:	IC CHARITIES	S OF THE DIO	CESE			California	a corporati	on number
_	OF FRE						0553	047	
Par			perty Under IRC S						+0= 000
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec						_	3	6200 000
3 4	Threshold cost of IRG Reduction in limitation		-				<u> </u>	4	\$200,000
5	Dollar limitation for t						_	5	
6		Description of property	act line 4 from line	(b) Cost (business )		(c) Elected			
	(a)	Description of property		(b) Gost (business t	use only)	(C) LICCIO	1 0031		
7	Listed property (also	tod IDC Section 1	70 aaat)		7				
8	Listed property (elector Total elected cost of					no 7		8	
9	Tentative deduction.	·						9	
10	Carryover of disallow						<del>-</del>	10	
11	Business income lim		•				_	11	
12	IRC Section 179 exp			•	,		<del>-</del>	12	
13	Carryover of disallow								
Par				reciation Deduction			356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciat	ion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this ye	ear	year depreciation
				earlier years					depreciation
SAI	ES TAX	7/01/2008	6,366.	2,020.	S/L	32		202.	
BLI	INDS	7/27/2009	1,030.	1,030.	S/L	5			
BLI	G IMPROVE FR	5/22/2010	56,457.	22,819.	S/L	20	2,	823.	
BLI	G IMPROVE FR	5/26/2010	40,387.	16,320.	S/L	20	2	019.	
BLI	G IMPROVE FR	6/30/2010	61,924.	24,768.	S/L	20		096.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column (h) may	•				
	\$2,000. See instructi								
Par	t <b>III</b> Summary								
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g)	) <b>or</b> to on line 1	5 columns (	(a) and (b)	0.5	
	Depreciation (if no e								
	Total depreciation cl							. 17	
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12 (If Californ	iless than line 16, nia denreciation am	enter the difference nounts are used to (	e nere and d determine n	on Form 100 let income b	or efore		
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is necessary.)				. 18	
Par	t <b>IV</b> Amortization								
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC section	Period of percentage		Amortization for this year
	or property	(IIIII/aa/yyy)	other bas	in earlie		(see instr)	percentag		ior uns year
20	Total. Add the amou	nts in column (a).						20	
21	Total amortization cl	107					_	21	
22		•	•						
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	n Form 100	or	_	
	Form 100W, Side 2,	line 12					<u></u>   2	22	

3885

Attac	ch to Form 100 or For	m 100W. <b>FORI</b>	M 199							
Corpo	ration name  CATHOL  OF FRE		OF THE DIO	CESE					rnia corporal 3047	tion number
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t		act line 4 from line						5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business ι	use only)	(c) Electe	d cost		
									_	
									-	
									-	
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7			-	
8	Total elected cost of						line 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	
10	Carryover of disallov	ved deduction from	ı prior taxable year	s					10	
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less the	han zero) d	or line 5		11	
12	IRC Section 179 exp								12	
13	Carryover of disallov									
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 243	356		1
14	_ (a)	(b)	(c)		(d)	(e)	(f)	_ (	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	n Life or rate		ation for year	Additional first year
	or property	(IIIII/dd/yyyy)	otrici basis	allov	vable in	motriou	Tate	1113	ycai	depreciation
				earlie	er years					
	AIR RAILING I	6/10/2013	2,181.		554.	S/L	20		109.	
		12/07/2004	12,088.		10,880.	S/L	5			
REN	MODEL A/C ELE	2/02/2007	15,079.		14,452.	S/L	10			
GAN	IG FACEPLATE	3/27/2007	1,156.		1,131.	S/L	10			
FLC	OORING DOORS	4/06/2007	25,556.		24,921.	S/L	10			
	Add the amounts in \$2,000. See instruct									
Par	t III Summary									
16	Total: If the corporat	tion is electing:								
Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b>										
	Depreciation (if no e									
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	n 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	he differenc	e here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iless than line 16, nia depreciation am	enter the nounts a	e aimerence re used to a	: nere and determine i	on Form 100 net income b	or efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is r	necessary.).				18	
Par	t IV Amortization									
19	(a)	(b)	(c)			d)	(e)	_ (t)	.	(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	zation allowable	R&TC section	Period percent		Amortization for this year
	or property	(11111111111111111111111111111111111111	other bas		in earlie		(see instr)	percent	age	ioi tilis year
20	Total. Add the amou	ınts in column (a).							20	
21	Total amortization cl								21	
22	Amortization adjustn		·							
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 100	or		
	Form 100W, Side 2,	line 12	<u></u>						22	

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Λ++ o c	ab to Form 100 or For	- 100\\\ = = =	. 100						
	ch to Form 100 or For	m roow. FORI	M 199				L Californi	a corporati	on number
Согро	CATHOL: OF FRE		S OF THE DIO	CESE			0553		on number
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	•
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-					4	
5	Dollar limitation for t						_	5	
-6		Description of property		(b) Cost (business		(c) Electe			
	(4)	Documption of property		(3) 0000 (200111000	doo only)	(0) 210000			
7	Listed property (elec		·						
8	Total elected cost of	·						8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallow	ved deduction from	ı prior taxable year	S				10	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less	than zero)	or line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	I0, but do not ente	r more tha <u>r</u>	n line 11		12	
13	Carryover of disallow								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	1 Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciatio		Depreciat		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					depreciation
ELE	ECTRICAL WIRI	7/24/2007	2,600.	2,600.	S/L	10			
	NDOWS, MS OFF	4/24/2007	765.	723.		3			
	OR PANEL, STO	3/29/2007	867.	848		10			
	PORT PANEL 6	7/26/2007	822.	822	<u> </u>	10			
EQU		9/14/2007	546.	546.		10			
				•					
15	Add the amounts in \$2,000. See instruct								
Par		10113 101 11110 14, 00	<u>ıdırıır (ii)</u>			10			
16	Total: If the corporat	tion is electing:							Ī
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (	g) or				
	Additional first year								
	Depreciation (if no e	•							
	Total depreciation cl							. 17	
18	Depreciation adjustn Form 100W, Side 1,	nent. It line 1/ is g line 6 If line 17 is	reater than line 16,	, enter the differen	ce here and	d on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts are used to	determine	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is necessary.	)			. 18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire			tization r allowable	R&TC	Period o		Amortization
	of property	(mm/dd/yyyy	v) other bas		ier years	section (see instr)	percentag	je	for this year
				iii caii	, 54,5	(555 1150)			
						+			
20	Total Add the arrest	unto in column (=)						20	
20	Total. Add the amou	(0)							
21	Total amortization cl							21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differen	ice here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,							22	
	. J								

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	ch to Form 100 or For	m 100W. <b>FORI</b>	м 199							
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Califor	nia corp	oration n	umber
	OF FRE						055	3047		
Par		•	perty Under IRC S							+0= 000
1	Maximum deduction							1		\$25,000
2	Total cost of IRC Se							3		\$200 000
3 4	Threshold cost of IR Reduction in limitation		-					4		\$200,000
5	Dollar limitation for t							5		
6		Description of property	act line 4 nom line	(b) Cost (business		(c) Electe				
	(a)	Description of property		(b) Gost (business	s use only)	(c) Liceto	u 6031	-		
								-		
								-		
								-		
7	Listed property (elec	stad IDC Section 1	79 cost)		7					
8	Total elected cost of		•			line 7		8		
9	Tentative deduction.	·						9		
10	Carryover of disallov							10		
11	Business income lim							11		
12	IRC Section 179 exp			•	•			12		
13	Carryover of disallov	wed deduction to 20	019. Add line 9 and	d line 10, less line	12	13				
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deductio	n Under R&T	C Section 243	356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(9	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Deprecia this		or   A	Additional first
	or property	(IIIII/dd/yyyy)	Other basis	allowable in	IIIetilou	Tate	1115	yeai		year depreciation
				earlier years						
CA!	JACKS & MOD		761.	761	- ·	10				
SPE	EAKER PHONE	10/31/2007	800.	800	. S/L	10				
UNI	DERGROUND CON	11/12/2007	1,403.	1,403	. S/L	10				
TES	STING SOIL	11/13/2007	1,045.	1,045		10				
LI	NE PORTS	12/31/2009	1,048.	1,048	. S/L	5				
15	Add the amounts in \$2,000. See instruct									
Par		10113 101 11110 1-1, 00	1411111 (11)							
16	Total: If the corporat	tion is electina:								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (	g) <b>or</b>	1 E				
	Additional first year Depreciation (if no e								6	
17	Total depreciation cl								7	
	Depreciation adjustn									
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	ce here and	on Form 100	or			
	state adjustments or	n Form 100 or Forn	na depreciation an n 100W. no adiustr	nent is necessary.	)			1	8	
Par			, <b>,</b>		/					
19	(a)	(b)	(c)		(d)	(e)	(f)			(g)
	Description	Date acquire	ed Cost o		rtization	R&TC	Period			mortization
	of property	(mm/dd/yyy)	/) other bas		or allowable lier years	section (see instr)	percent	age	tc	or this year
				3411	. ,	(				
20	Total. Add the amou	ints in column (a)	l	l		1		20		
21	Total amortization cl	107						21		
22			•					<del>- '  </del>		
~~	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the different	ce here and	on Form 100	or			
	Form 100W, Side 2,	line 12	<u></u>					22		

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Attac	th to Form 100 or For	m 100W. <b>FORI</b>	<b>4</b> 199								
Corpor	cation name CATHOL OF FRE		OF THE DIO	CESE					fornia corp 53047		n number
Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 17	79						
1	Maximum deduction								. 1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						. 2		
3	Threshold cost of IR										\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0				. 4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0			. 5		
6	(a)	Description of property		<b>(b)</b> Co:	st (business ι	use only)	(c) Elec	ted cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
8	Total elected cost of						ine 7		. 8		
9	Tentative deduction.	·									
10	Carryover of disallov	ved deduction from	prior taxable vear	S					. 10		
11	Business income lim										
12	IRC Section 179 exp										
13	Carryover of disallov					_					
Part	Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 2	4356		•	
14	(a)	(b)	(c)	(	(d)	(e)	(f)		(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depre allov	eciation ved or able in	Depreciation method			ciation s s year	for	Additional first year depreciation
				earlie	r years						depreciation
	JTERS	12/31/2009	2,137.		2,137.	S/L		5			
	CVATOR	5/23/2012	407.		249.	S/L	1		4	1.	
	LING FANS	11/15/1999	1,500.		1,367.	S/L	_	7			
AIR	CONDITIONER	8/31/1998	3,250.		1,567.	S/L		9	8	3.	
AIR	CONDITIONER	9/08/1998	4,100.		1,962.	S/L	3	9	10	)5.	
15	Add the amounts in \$2,000. See instruct										
Part	: III Summary						·	·			
16	Total: If the corporat IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	l line 15, 356, add	column (g) the amoun	or ts on line 1	15, columns	s (g) and	(h) or		
	Depreciation (if no e	•								16	
	Total depreciation cl		•						· · · · ·	17	
18	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2, state adjustments or	line 6. If line 17 is line 12. (If Californ	less than line 16, l nia depreciation am	enter the nounts ar	difference e used to d	here and determine i	on Form 10 net income	00 or before		18	
Part		11 01111 100 01 1 011	1 10011, 110 dajastii	HOIR IS IN	ccc33ary 1).						
19	(a)	(b)	(c)		((	d)	(e)	(f	)		(g)
13	Description of property	Date acquire (mm/dd/yyyy	d Cost o	or sis	Amorti allowed or in earlie	zation allowable	R&TC section (see instr	Perio percei	od or		Amortization for this year
20	Total. Add the amou	ints in column (c)							. 20		
21	Total amortization cl		•						.   41		
22	Amortization adjustn Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form 10	00 or	. 22		

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	ch to Form 100 or For	m 100W. FORM	4 199							
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Califor	rnia corporati	on number
	OF FRE	SNO						055	3047	
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iin	nitation				3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) Electe	ed cost	_	
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	unts in c	olumn (c), I	ine 6 and li	ine 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	
10	Carryover of disallov	ved deduction from	prior taxable year	S					10	
11	Business income lim	nitation. Enter the s	maller of business	income	(not less th	nan zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd Iine 9 and Iine 1	10, but d	lo not enter	more than	line 11		12	
13	Carryover of disallov									
Par	t II Depreciation a	nd Election of Addit	onal First Year Dep	reciation	n Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)		(d)	(e)	(f)		g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate		ation for year	Additional first year
	or property	(ITIITI/GG/yyyy)	Other basis		vable in	motilou	l	1113	year	depreciation
				earli	er years					'
LAI	ND-FRESNO	4/01/1988	215,000.				C	1		
FUI	TON & NEVADA	4/01/2008	80,000.				C	)		
<u>6'</u>	FENCE & ROLL	9/25/2009	7,220.		3,159.	S/L	20	)	361.	
6'	WROUGHT IRON	10/27/2009	17,443.		7,557.	S/L	20	)	872.	
FEI	NCE & WAREHOU	9/01/2009	1,294.		574.	S/L	20	)	65.	
15	Add the amounts in									
Dav	\$2,000. See instruct	ions for line 14, co	lumn (h)				15			
Par		Para tara tara Para								
16	Total: If the corporat	tion is electing: sense, add the amo	unt on line 12 and	l line 15	column (a)	or				
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	5, columns	(g) and (h	) or	
	Depreciation (if no e	* * * * * * * * * * * * * * * * * * * *								
	Total depreciation cl								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16. Tess than line 16.	, enter the	he difference e difference	e here and	on Form 10	00 or		
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation an	าounts a	re used to d	determine r	net income l	pefore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).				18	
Par										
19	(a)	(b)	(c)		(0		(e)	(f)	1	(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&TC section	Period percent		Amortization for this year
		(**************************************	, , , , , , , , , , , , , , , , , , , ,		in earlie		(see instr)	p or our	9	
20	Total. Add the amou	ints in column (a).							20	
21	Total amortization cl	107							21	
22	Amortization adjustr	·	•						<del></del>	
~~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	enter the	e difference	here and	on Form 100	or or		
	Form 100W, Side 2,								22	

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Attac	th to Form 100 or For	m 100W. <b>FOR</b>	<b>4</b> 199						
Corpor	cation name CATHOL OF FRE	IC CHARITIES	OF THE DIO	CESE				nia corporati 3047	on number
Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation							4	
	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17			7				
8	Total elected cost of					ne 7		8	
9	Tentative deduction.	•						9	
10	Carryover of disallov	ved deduction from	prior taxable years	S				10	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12	
13	Carryover of disallow	ved deduction to 20	)19. Add line 9 and	line 10, less line 1	2	13			
Part	Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	((	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year depreciatio		
REF	OOF MERCED B	10/14/2009	9,379.	4,104.	S/L	20		469.	
	URITY ALARM	12/04/2009	824.	824.	S/L	5			
	IE PORTS	12/31/2009	594.	594.	S/L	5			
	IE PORTS	12/31/2009	736.	736.	S/L	5			
	VAP COOLERS	7/06/2009	6,516.	2,934.	S/L	20		326.	
	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of column (h) may	not exceed				
Part		,							
	Total: If the corporat	tion is electina:							
	IRC Section 179 exp Additional first year Depreciation (if no e	ense, add the amo depreciation under	R&TC Section 243	56, add the amoun	its on line 1				
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2, state adjustments or	line 6. If line 17 is line 12. (If Californ	Tess than line 16, d nia depreciation am	enter the difference lounts are used to	e here and o determine r	on Form 100 net income b	or efore	18	
Part			,					1 7 -	1
19	(a) Description of property	( <b>b)</b> Date acquire (mm/dd/yyyy	d Cost o	r Amort sis allowed or	d) ization allowable er years	(e) R&TC section (see instr)	(f) Period percent		<b>(g)</b> Amortization for this year
20	Total Add the area	into in column (a)						20	
	Total. Add the amou								
21	Total amortization cl	•	•					21	
22	Amortization adjustr Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	on Form 100	or	22	

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Attac	ch to Form 100 or For	m 100W. FORI	М 199								
Corpo	ration name CATHOL		S OF THE DIO	CESE					Califor	nia corporat	ion number
	OF FRE								055	3047	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2	
3	Threshold cost of IR	C Section 179 proբ	perty before reducti	ion in Iim	nitation					3	\$200,000
4	Reduction in limitation									4	
5_	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1						5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business ι	use only)	(c)	Elected	cost		
7	Listed property (elec										
8	Total elected cost of									8	
9	Tentative deduction.									9	
10	Carryover of disallow									10	
11	Business income lim									11	
12 13	IRC Section 179 exp Carryover of disallow									12	
Par			ional First Year Dep					n 2/12	56		
	•	ı		1		1	1				(h)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>(d)</b> eciation	(e) Depreciation	n <b>(f</b> n Life		(g Deprecia	3) ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat		this		year
					vable in er years						depreciation
BT.I	OG IMPR MERCE	12/22/2010	827.	carne	308.	S/L		20		41.	
	OG IMPR MERCE	5/03/2011	25,915.		9,288.	S/L		20	-	1,296.	
	OG IMPR MERCE	5/03/2011	26,298.		9,424.	S/L		20		1,315.	
	SHTING FOR ME	8/31/2011	4,618.		1,578.	S/L		20	-	231.	
		7/28/2011	2,435.		844.	S/L		20		122.	
	OG IMPR MERCE		•			•		20		122.	
15	Add the amounts in \$2,000. See instruct							15			
Par	t III Summary	,,	( ),								
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	15		>   ( -)		
	Additional first year Depreciation (if no e										
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *									
	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on For	m 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	n 100	or		
	state adjustments or									18	
Par			•							<u> </u>	
19	(a)	(b)	(c)		((	d)	(е	)	(f)		(g)
	Description	Date acquire			Amorti		R&T	-	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		secti		percenta	age	for this year
							1				
20	Total. Add the amou	ınts in column (a)	l				1			20	
21	Total amortization cl	(0)								21	
	Amortization adjustn		•								
~~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	enter the	e difference	here and	on Forn	n 100	or		
	Form 100W, Side 2,									22	

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Attac	ch to Form 100 or For	m 100W. <b>FORI</b>	M 199								
Corpo	ration name  CATHOL  OF FRE		OF THE DIO	CESE					ornia corpora	ation number	
Par			perty Under IRC S	action 1	70			1035	3047		
1	Maximum deduction								1 1	\$25,000	
2	Total cost of IRC Se								2	723/000	
3	Threshold cost of IR								3	\$200,000	
4	Reduction in limitation									•	
5	Dollar limitation for t								5		
6	(a)	Description of property		<b>(b)</b> Co	ost (business ι	use only)	(c) Elect	ted cost	•		
	• • • • • • • • • • • • • • • • • • • •			, ,	•	•	• •				
									_		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7			_		
8	Total elected cost of						ine 7		8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9		
10	Carryover of disallov	ved deduction from	ı prior taxable year	S					10		
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less the	nan zero) d	or line 5		11		
12	IRC Section 179 exp								12		
13	Carryover of disallov										
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 24	4356		1	
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	l Life or rate		iation for year	Additional first year	
	or property	(mmaa/yyyy)	01101 24010	allow	vable in	motriou	1410		, your	depreciation	
				earlie	er years			_			
	AC MERCERD	3/06/2013	10,972.		5,851.	S/L	10		1,097	•	
	ND-336 W. MAI		80,329.					כ			
	LDING-MERCED		186,911.		97,370.	S/L	32		5,934		
EQU	JIPMT HVAC	5/03/2011	26,688.		19,128.	S/L	10		2,669.		
HVZ	AC .	7/28/2011	3,642.		2,518.	S/L	10	וכ	364	•	
	Add the amounts in \$2,000. See instruct										
Par	t III Summary										
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15, 356, add	column (g)	or ts on line 1	15 columns	(a) and (	h) or		
	Depreciation (if no e										
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	4562, line	22			17		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	d on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iless than line 16, nia depreciation am	enter the nounts a	e aimerence re used to a	nere and determine r	on Form 10 net income	u or before			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is n	ecessary.).				18		
Par	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)	(f)		(g)	
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	zation allowable	R&TC section	Perio percen		Amortization for this year	
	or property	(11111111111111111111111111111111111111	other bas		in earlie		(see instr)		lage	ioi tilis year	
20	Total. Add the amou	ınts in column (a).							20		
21	Total amortization cl								21		
22	Amortization adjusts	nent Ifline 21 is a	reater than line 20	enter th	ne differenc	e here and	d on Form 1	00 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 10	0 or			
	Form 100W, Side 2,	line 12							22		

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	ch to Form 100 or For	m 100W. FOR	4 199				California	ornorati	on number
Согро	CATHOL OF FRE	IC CHARITIES SNO	OF THE DIO	CESE			05530	·	on number
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.				1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service				2	2	•
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-					ı	· · ·
5	Dollar limitation for t							5	
-6		Description of property		(b) Cost (business		(c) Elected			
	(4)	Documption of property		(b) Cook (buchliood	400 0111))	(0) 210000	1 0001		
7	Listed property (elec		·						
8	Total elected cost of	·	• •						
9	Tentative deduction.								
10	Carryover of disallov								
11	Business income lim			·	•				
12	IRC Section 179 exp			•	_		12	2	
_13	Carryover of disallov								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		г
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciatio this yea		Additional first year
	or property	(ITIIT//dd/yyyy)	Other basis	allowable in	Inclind	l	tilis yee	u	depreciation
				earlier years					'
FEI	NCE POST	3/30/2007	1,877.	1,833.	S/L	10			
BLI	OG IMPR FULTO	8/04/2010	16,120.	6,381.	S/L	20	1	806.	
PA:	INTING	6/07/2013	2,950.	1,500.	S/L	10		295.	
EQU	JIP-FLOOR POL	3/04/2011	1,170.	858.	S/L	10			
ELI	EVATOR	5/23/2012	2,035.	1,241.	S/L	10	2	204.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column (h) may	not exceed	1			
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g	) or to on line 1	E salumna (	(a) and (b) <b>a</b>		
	Depreciation (if no e								
17	Total depreciation cl							17	
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,							18	
Par	state adjustments or t IV Amortization	TOTILI TOO OF FOIL	1 100vv, 110 aujustr	nent is necessary.).				10	
		(h)	(0)		۵۱	(2)			(m)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o		<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	section	percentage		for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	ints in column (g).					20	)	
21	Total amortization cl	laimed for federal r	ourposes from fede	eral Form 4562. line	44		21		
22	Amortization adjustn								
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·				22	2	

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Δtta	ch to Form 100 or For	m 100W FOR	4 199						
	ration name	1014					Califor	nia corporatio	on number
	OF FRE	IC CHARITIES	OF THE DIO	CESE			055	3047	
Par		cpense Certain Pro	perty Under IRC S	ection 179			1000		
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	· · · · · · · · · · · · · · · · · · ·
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation							4	•
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
					,				
7	Listed property (elec								
8	Total elected cost of	· ·						8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim							11	
12	IRC Section 179 exp				_			12	
_13	Carryover of disallov								
<u>Par</u>	•	nd Election of Addit	onal First Year Dep		Under R&T0	Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(9	3)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this	ation for	Additional first year
	or property	(ITIIII ddi yyyy)	other basis	allowable in earlier years	motriod	Tute	tillo	year	depreciation
HP	LAPTOPS FOR	3/04/2014	2,888.	2,888.	S/L	3			
HP	LAPTOPS FOR	5/10/2014	1,558.	1,558.	S/L	3			
CHA	AIRS FRESNO L	5/01/2013	1,333.	1,333.	S/L	5			
ROI	LLUP DOOR	12/19/2006	1,385.	1,205.	S/L	10			
ROC	OF REPAIRS	8/17/2011	800.	273.	S/L	20		40.	
15	Add the amounts in \$2,000. See instruct								
Par	t III Summary					•	•		
16	Total: If the corpora	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	) <b>or</b>	5 columns	(a) and (h	\ 0"	
	Depreciation (if no e								
17	Total depreciation cl							_	
	Depreciation adjustr	•	•						
	Form 100W, Side 1,								
	Form 100W, Side 2, state adjustments or							18	
Par									
19	(a)	(b)	(c)	(	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r <sub>.</sub> Amort	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	other bas		r allowable er years	section (see instr)	percent	age	for this year
				iii carii	y our o	(300 111311)			
20	Total. Add the amou	(0)						20	
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form 4562, line	<del>.</del> 44			21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter the differen	ce here and	on_Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is line 12	Iess than line 20,	enter the difference	e here and o	on Form 100	or 	22	

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V 11 -	-l- t- F 100 F	100\4/	- 100						
	ch to Form 100 or For	m 100W. FOR	4 199				LCalifornia	corporati	on number
Согро	CATHOL: OF FRE	IC CHARITIES SNO	S OF THE DIO	CESE			05530		on number
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	•
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-					4	· · ·
5	Dollar limitation for t							5	
-6		Description of property		(b) Cost (business		(c) Elected			
	(4)	Documption of property		(b) Cook (business	400 0111))	(0) 210000			
7	Listed property (elec		·						
8	Total elected cost of	·	• •					8	
9	Tentative deduction.						<del></del>	9	
10	Carryover of disallov		-						
11	Business income lim								
12	IRC Section 179 exp				_		1:	2	
_13	Carryover of disallow								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		г
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciation this year		Additional first year
	or property	(ITIIT//dd/yyyy)	Other basis	allowable in	IIIGIIIOG	Tate	uns yea	ai	depreciation
				earlier years					'
DUC	CTING	8/22/2011	2,400.	820.	S/L	20		120.	
FRI	EEZER REFRIGE	1/01/1988	20,825.	20,825.	S/L	7			
FRI	EEZER UNIT #3	8/22/2010	7,436.	7,436.	S/L	5			
BAG	CKDRAFT DAMPE	8/22/2011	560.	383.	S/L	10		56.	
ELI	EVATOR	5/23/2012	1,221.	742.	S/L	10		122.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column (h) may	not exceed	1			
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g	) or	E solumns (	(a) and (b) <b>a</b>	_	
	Depreciation (if no e								
17	Total depreciation cl								
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or							18	
Par		TFOIII 100 OF FOIII	1 100vv, 110 aujusti	nent is necessary.)				10	
		(h)	(0)		۵۱	(0)	(6)		(=)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o		<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	section	percentage		for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	ints in column (g).					2	0	
21	Total amortization cl	laimed for federal r	ourposes from fede	eral Form 4562. line	44			1	
22	Amortization adjustn								
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,	line 12					2	2	

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	ch to Form 100 or For	m 100W. <b>FORI</b>	4 199				La Iv		
Corpo	ration name CATHOL OF FRE	IC CHARITIES	OF THE DIO	CESE			05530	·	on number
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179			•		
1	Maximum deduction						1		\$25,000
2	Total cost of IRC Se							:	
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-						1200/000
5	Dollar limitation for t								
-6		Description of property	act into 1 horr into	(b) Cost (business		(c) Elected			
	(a)	Description of property		(b) Cost (business	usc only)	(C) Liceton	1 0031		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	unts in column (c),	line 6 and I	ine 7	8	3	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.				9	)	
10	Carryover of disallov	ved deduction from	prior taxable year	s			10	)	
11	Business income lim	nitation. Enter the s	smaller of business	s income (not less t	than zero) o	or line 5	11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do not enter	r more than	line 11	12	2	
13	Carryover of disallov	ved deduction to 20	019. Add line 9 and	d line 10, less line	12	13	,		
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356	•	
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciatio	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea	ır	year
				allowable in earlier years					depreciation
	EEZER ALUMINU	1/28/2013	2,849.	2,849.	S/L	5			
			· · · · · · · · · · · · · · · · · · ·			5			
	EEZER REMODEL	2/05/2013	14,023.	14,023.				200	
	JIPMT REFIRG	12/28/2010	2,998.	2,250.		10		300.	
	JCK	9/21/2012	23,403.	19,222.		7		343.	
TRU	JCK ARTWORK	6/04/2013	1,375.	996.	S/L	7		196.	
15	Add the amounts in \$2,000. See instruct								
Par		,							
16	Total: If the corporat	tion is electina:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g	) or				
	Additional first year								
47	Depreciation (if no e							16	
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g line 6 If line 17 is	reater than line 16. Tess than line 16.	, enter the difference	ce nere and here and o	i on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is necessary.)				18	
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC section	Period or percentage		Amortization
	or property	(ITIITI/dd/yyyy	Other bas		er years	(see instr)	percentage		for this year
				53111	,	,		$\dashv$	
				+					
20	Total Add the areas	unto in column (a)				1	20	_	
20	Total. Add the amou	107						_	
21	Total amortization cl								
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,							,	
	. 5.111 10011, Olde Z,							- 1	

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	ch to Form 100 or For	m 100W. <b>FORI</b>	M 199							
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Californ	California corporation number		
	OF FRE						0553	3047		
Par			perty Under IRC S					- 1		
1	Maximum deduction						L	1	\$25,000	
2	Total cost of IRC Se							2	****	
3	Threshold cost of IR		-				_	3 4	\$200,000	
4	Reduction in limitation						-	5		
5 6	Dollar limitation for t	Description of property	act line 4 from line	(b) Cost (business				<b>5</b>		
	(a)	Description of property		(n) Cost (nasiliess	use only)	(c) Electe	1 0051			
7	Listed property (alas	stad IDC Spatian 17	70 aaat)		7					
8	Listed property (electoral elected cost of		•			no 7		8		
9	Tentative deduction.	•					-	9		
10	Carryover of disallov						+	10		
11	Business income lim						<del>-</del>	11		
12	IRC Section 179 exp			· ·			-	12		
13	Carryover of disallov				_					
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T0	C Section 243	356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(g	)	(h)	
	Description	Date acquired	Cost or	Depreciation allowed or	Depreciation		Deprecia	tion for	Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed of allowable in	method	rate	this y	ear	year depreciation	
				earlier years					<u>'</u>	
ROC	OF REPAIRS	8/17/2011	400.	137.	S/L	20		20.	,	
DUC	CTING	8/22/2011	1,200.	410.	S/L	20		60.	,	
BAC	CK DRAFT	8/22/2011	280.	191.	S/L	10		28.	,	
ELI	EVATOR	5/23/2012	407.	249.	S/L	10		,		
TRU	JCK	9/21/2012	23,403.	19,222.	S/L	7	3	,343.	,	
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed					
	\$2,000. See instruct									
Par	t III Summary									
16	Total: If the corporat	tion is electing:	10 1	E 15 L /	<b>\</b>					
	IRC Section 179 exp Additional first year	dense, add the amo depreciation under	R&TC Section 243	356. add the amour	) <b>or</b> its on line 1	5. columns (	(a) and (h)	or		
	Depreciation (if no e									
	Total depreciation cl							17		
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter the difference	ce here and	on Form 10	0 or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	et income b	efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary.)				18		
Par				1						
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o		<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period	or	(g)	
	of property	(mm/dd/yyyy			allowable	section	percenta		Amortization for this year	
				in earlie	er years	(see instr)				
							T-			
20	Total. Add the amou	10.					-	20		
21	Total amortization cl	•	•				+	21		
22	Amortization adjustn Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	iess than line 20,	enter the difference	e nere and d	on Form 100	or	22		
	1 31111 100 VV, Olde Z,	12								

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	th to Form 100 or For	m 100W. <b>FORI</b>	1 199						
Corpor	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE			Californ	nia corpora	ation number
	OF FRE						0553	3047	
Part			perty Under IRC S						+0= 000
	Maximum deduction						L	1	\$25,000
	Total cost of IRC Sec							3	\$200.000
3 4	Threshold cost of IR0 Reduction in limitation		-				-	4	\$200,000
	Dollar limitation for t						-	5	
6		Description of property	act fine + nom fine	(b) Cost (business		(c) Elected			
	(α)	Description of property		(b) Goot (basiness	doc only)	(C) Licotot	1 0050		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of					ne 7		8	
9	Tentative deduction.	•					-	9	
10	Carryover of disallow	ved deduction from	prior taxable year	S				10	
11	Business income lim	itation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5	[	11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12	
	Carryover of disallow								
Part	·		ional First Year Dep	reciation Deduction	Under R&TO	C Section 243	856		1
14	(a) Description	(b)	<b>(c)</b> Cost or	(d)	(e)	(f)	<b>(g</b> Deprecia	) stion for	(h) Additional first
	of property	Date acquired (mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciation method	Life or rate	this y		year
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		allowable in			,		depreciation
mpr	ICIV A DIRECTORIA	C / O 4 / O O 1 O	1 275	earlier years	G /T	7		100	
	ICK ARTWORK	6/04/2013	1,375.	996.	S/L	32		196	
	BUILDING	6/26/2009	186,601.	53,316.	S/L			924	
	BUILDING	6/26/2009	204,937. 76,500.	58,554.	S/L	32			
	CHESTER TER CHESTER PER	7/07/2009 7/16/2009	367.	34,425. 367.	S/L S/L	20 5		, 023	•
	•				•				
15	Add the amounts in \$2,000. See instruction								
Part		10110 101 11110 1 1, 00							
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g	) or	E salumona (	(a) a a a (a)		
	Additional first year of Depreciation (if no e								
17	Total depreciation cla								
	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and d	on Form 100	or efore		
	state adjustments or	i Form 100 or Forn	na depreciation an n 100W, no adjustn	nent is necessary.).			 	18	
Part				-					•
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC section	Period percenta		Amortization
	or property	(IIIII/aa/yyyy	) Other bas		er years	(see instr)	percente	ige	for this year
20	Total. Add the amou	nts in column (g).						20	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	<del>:</del> 44			21	
22	Amortization adjustm Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on_Form 10	0 or		<u> </u>
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and c	on Form 100	or	22	
	Form 100W, Side 2,	IIIIE IZ						22	

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Δttac	h to Form 100 or For	m 100W FORM	4 199						
	ation name	1014					California	corporation	on number
	CATHOL OF FRE	IC CHARITIES SNO	S OF THE DIO	CESE			05530	·	
Part	l Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service					2	
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in limitation				3	\$200,000
	Reduction in limitation							4	
5_	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or less,	enter -0		!	5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
	Total elected cost of		·			ine 7		8	
9	Tentative deduction.	·	• •				<del></del>	9	
10	Carryover of disallow	ved deduction from	prior taxable year	S			1	0	
11	Business income lim							1	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not enter	more than	line 11		2	
13	Carryover of disallow	ved deduction to 20	19. Add line 9 and	d line 10, less line 1	2	13			
Part	II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method		Depreciation		Additional first
	of property	(mm/dd/yyyy)	บและเ มสราร	allowable in	IIIetiloa	rate	this yea	aı	year depreciation
				earlier years					
809	CHESTER HVA	8/04/2009	3,295.	1,471.	S/L	20		165.	
825	CHESTER REM	8/19/2009	18,155.	8,020.	S/L	20		908.	
825	CHESTER SEC	8/07/2009	1,635.	731.	S/L	20		82.	
825	CHESTER REM	8/31/2009	4,630.	2,049.	S/L	20		232.	
809	CHESTER SEC	8/12/2009	445.	196.	S/L	20		22.	
15	Add the amounts in	column (a) and col	lumn (h). The total	of column (h) may	not exceed	d			
	\$2,000. See instructi								
Part	III Summary								
16	Total: If the corporat			P 4= 1 4					
	IRC Section 179 exp Additional first year					15 columns (	(a) and (h) <b>o</b>	r	
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	ce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2.	line 6. It line 1/ is	less than line 16,	enter the difference	e here and o	on Form 100	or efore		
	state adjustments or							18	
Part	V Amortization			-					
19	(a)	(b)	(c)	(	d)	(e)	(f)		(g)
	Description	Date acquire			ization allowable	R&TC	Period or percentage		Amortization
	of property	(mm/dd/yyyy	other bas		er years	section (see instr)	percentage	=	for this year
						<u> </u>			
20	Total. Add the amou	nts in column (a)		I			2	0	
	Total amortization cl	107							
	Amortization adjustn							-	
~~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,							2	

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	ch to Form 100 or For	m 100W. <b>FORM</b>	1 199							
Corpo	ration name CATHOL:	IC CHARITIES	OF THE DIO	CESE				Califo	rnia corpor	ation number
	OF FRE	SNO						055	3047	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Sec								2	
3	Threshold cost of IR		-						3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If z∈	ero or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> 0	ost (business ι	use only)	(c) Elect	ed cost		
7	Listed property (elec	ted IRC Section 17	9 cost)			7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in c	olumn (c), l	ine 6 and I	ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallow								10	
11	Business income lim								11	
12	IRC Section 179 exp					_			12	
_13	Carryover of disallow									
Par	t II Depreciation ar	nd Election of Additi		reciatio		ı	C Section 24	T .		
14	(a)	(b)	(c)	D	(d)	(e)	(f)		g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	l Life or rate		ation for year	Additional first year
	or property	(11111111111111111111111111111111111111	other basis	allo	wable in	motriou	1410		your	depreciation
				earli	er years					
	CHESTER BLI	9/04/2009	668.		668.	S/L	5			
WII	RING BKSF	9/12/2009	6,204.		2 <b>,</b> 739.	S/L	20		310	•
MII	RING BKSF	9/12/2009	2 <b>,</b> 557.		1,131.	S/L	20		128	•
BL:	INDS BKSF	9/21/2009	668.		668.	S/L	5			
3 1	FILING CABINE	7/02/1997	579.		<u>579.</u>	S/L	7	7		
15	Add the amounts in \$2,000. See instruction									
Par	t III Summary									
16	Total: If the corporat	ion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15 S56 add	, column (g) I the amoun	) <b>0r</b> ts on line 1	15 columns	(a) and (h	) <b>or</b>	
	Depreciation (if no e									
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *				,				
18	Depreciation adjustm	nent. If line 17 is g	eater than line 16,	, enter t	he differenc	e here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,									
	state adjustments or								18	
Par	,		,		, , ,					
19	(a)	(b)	(c)		((	d)	(e)	(f)		(g)
	Description	Date acquire	d   Cost o		Amorti	zation	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	) other bas	SIS	allowed or in earlie		section (see instr)	percent	tage	for this year
					iii cariic	n years	(300 111311)			
								1		
							+			
	T + 1 A 1 · · ·							1		
20	Total. Add the amou	(0)							20	
21	Total amortization cl	·	•						21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	d on Form 1	00 or		
	Form 100W, Side 1, Form 100W, Side 2,								22	
	, 1								<u> </u>	

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Attac	ch to Form 100 or For	m 100W. <b>FORI</b>	M 199									
Corpo	ration name  CATHOL:  OF FRES		S OF THE DIO	CESE					Californ	·	ation num	ber
Par			perty Under IRC S	ection 1	79				0333	7047		
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Sec								-	2		120,000
3	Threshold cost of IRO								-	3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0				[	4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zer	ro or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> Co	ost (business u	ıse only)	(c) Ele	cted cost				
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7						
8	Total elected cost of	IRC Section 179 p	property. Add amou	ınts in co	olumn (c), li	ine 6 and I	line 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallow								-	10		
11	Business income lim				-				-	11		
12	IRC Section 179 exp					_				12		
13	Carryover of disallow							04056				
Par	·		ional First Year Dep	1			1	24356				4.5
14	(a) Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Denr	(d) eciation	<b>(e)</b> Depreciation	<b>(f)</b> n   Life oi	r De	nrecia	<b>)</b> ition foi	r   Ad	(h) ditional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		this y			year
					vable in er years						de	epreciation
025	CHESTER LAN	6/26/2009	66,486.	Carlle	er years			0				
	CHESTER LAN	6/26/2009	38,716.					0				
	AC-PAYEE DEPT	7/15/2011	6,765.		4,739.	S/L	1	10		677		
	COOLERS FRS	7/18/2011			6,713.	S/L		5		611	•	
	OF THRIFT STO	8/02/2005	7,458.				+	20	- 1	E 4 C		
	•		30,920.	•	19,236.	S/L		20		,546	•	
	Add the amounts in \$2,000. See instruction							5				
Par												
16	Total: If the corporat IRC Section 179 exp	ion is electing:	unt on line 12 and	lino 15	column (a)	Or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line	15, column	ıs (g) a	nd (h)	or		
	Depreciation (if no e	•									_	
	Total depreciation cla									17	'	
18	Depreciation adjustments form 100W, Side 1,	ient. If line 1/ is g line 6 If line 17 is	reater than line 16, Tess than line 16	, enter the enter the	ne difference e difference	e here and	d on Form on Form 1	100 or 00 or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	าounts aı	re used to c	determine i	net income	e before	Э			
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is n	ecessary.).					18		
Par		4.5					1		- 40			
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	ır	(c Amorti		(e) R&TC		<b>(f)</b> Period	or	Λma	<b>(g)</b> ortization
	of property	(mm/dd/yyyy	v) other bas		allowed or	allowable	section	ре	rcenta			this year
					in earlie	r years	(see inst	r)				
							1					
							1					
20	Total. Add the amou									20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	4562, line	44				21		
22	Amortization adjustments Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter th	ne differenc	e here and	d on Form	100 or				
	Form 100W, Side 1, Form 100W, Side 2,	ııne o. II IINe ∠I IS İine 12	iess trian line 20,	enter the	e umerence	nere and	on Form 1	ou or		22		

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Δttac	ch to Form 100 or For	m 100W FOR	- 4 100								
	ration name		4 199						Californ	nia corporation	on number
	CATHOL OF FRE	IC CHARITIES SNO	S OF THE DIO	CESE						3047	
Par		kpense Certain Pro									
1	Maximum deduction									1	\$25 <b>,</b> 000
2	Total cost of IRC Se									2	
3	Threshold cost of IR									3	\$200,000
4	Reduction in limitation									4	
5_	Dollar limitation for t	taxable year. Subtr	act line 4 from line							5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) El	ected c	ost		
	Listed property (elec	sted IRC Section 17	79 cost)			7					
8	Total elected cost of						line 7			8	
9	Tentative deduction.									9	
10	Carryover of disallov								+	10	
11	Business income lim								+	11	
12	IRC Section 179 exp									12	
13	Carryover of disallow										
Par		nd Election of Addit						24356	<u> </u>		
14	(a)	(b)	(c)		(d)	(e)	(f)		(g	1)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	allo allov	reciation wed or wable in er years	Depreciation method		or	Deprecia this <u>y</u>	ation for	Additional first year depreciation
FLO	OORING MERCED	12/29/2005	3,825.		2,295.	S/L		20		191.	
WAI	LKIN FREEZER	8/01/2005	2,600.		2,412.	S/L		7			
	TWARE FUNDRA		10,541.		9,700.	S/L		3			
	OOKS SOFTWARE	8/31/2005	6,374.		5,313.	S/L		3			
	NTHETIC TURF	1/21/2015	15,723.		1,377.	S/L		39		403.	
	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total		nn (h) may	not excee	d	5			
Par		,	( ),								
	Total: If the corporal IRC Section 179 exp Additional first year Depreciation (if no e Total depreciation adjustment 100W, Side 1, Form 100W, Side 2,	pense, add the amo depreciation under election is made), e laimed for federal p ment. If line 17 is line 6. If line 17 is line 12. (If Califorr	R&TC Section 243 inter the amount fro purposes from fede reater than line 16, less than line 16, in depreciation am	356, add om line eral Form , enter the enter the nounts a	the amoun 15, column 14562, line he difference difference re used to c	ts on line (g)	d on Form on Form net incom	100 100 o e bef	or r ore	16	
Par	state adjustments or tV Amortization	1 FORM 100 OF FORM	1 100vv, no adjustn	nent is r	iecessary.).					18	
<u>19</u>		(h)	(0)		1.	47	(0)		76)		(a)
	(a) Description of property	(b) Date acquire (mm/dd/yyyy			Amorti allowed or in earlie	zation allowable	(e) R&TC section (see ins	n	(f) Period percenta		<b>(g)</b> Amortization for this year
						· · · · · ·					
20	Total. Add the amou	ınts in column (a)								20	
21	Total amortization cl	107							t	21	
22	Amortization adjustr Form 100W, Side 1, Form 100W, Side 2,	nent. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20,	, enter t enter th	he difference e difference	e here and	d on Form on Form	100 100 o	or r	22	

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	ch to Form 100 or For	m 100W. FORI	М 199				Late		
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Califor	nia corpora	tion number
	OF FRE	SNO					055	3047	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	•	act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electer	d cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov		•					10	
11	Business income lim							11	
12	IRC Section 179 exp				_			12	
13	Carryover of disallow						NEC		
Par	-		ional First Year Dep	I			ı		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e)	n Life or	Deprecia	<b>))</b> otion for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	Depreciation method	rate	this		year
	, , ,	, , , , , , ,		allowable in				,	depreciation
		10/00/001/	10.045	earlier years		+			
		10/20/2014	12,245.	1,151		39		314	
	NE SYSTEM FR	8/01/2015	19,863.	5,793		10		L <b>,</b> 986.	
	NE SYSTEM ME	8/01/2015	4,044.	1,179		10		404.	
PHC	ONE SYSTEM BA	8/01/2015	8,013.	2,337		10		801.	
WAI	LKIN FREEZE C	6/02/2015	4,528.	1,995	. S/L	7		647.	•
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) ma	ay not exceed	d			
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15			
Par									
16	Total: If the corporat	tion is electing:	. l: 10 l	r 15 1	, ,				
	IRC Section 179 exp Additional first year	ense, add the amo denreciation under	ount on line 12 and R&TC Section 243	line 15, column ( 356, add the amol	(g) <b>or</b> Ints on line 1	15 columns (	(a) and (h)	or	
	Depreciation (if no e								
	Total depreciation cl							17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the differe	nce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							18	
Par	l IV Amortization			-				•	•
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire			rtization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	/) other bas		or allowable lier vears	section (see instr)	percenta	age	for this year
				111 041	nor youro	(666 111611)			
				<del>                                     </del>					
20	Total. Add the amou	(0)						20	
21	Total amortization cl							21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the differe	nce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,							22	
	rollir roow, side 2,	IIIIC 12						~~	

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Attac	ch to Form 100 or For	m 100W. <b>FOR</b> I	M 199								
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE					Californi	a corporati	on number
	OF FRE	SNO							0553	047	
Par			perty Under IRC S								
1	Maximum deduction								_	1	\$25,000
2	Total cost of IRC Se									2	
3	Threshold cost of IR									3	\$200,000
4	Reduction in limitation									4	
5	Dollar limitation for t	-	act line 4 from line	1						5	
6	(a)	Description of property		(b) Cos	t (business ı	use only)	(c) El	ected cost	t		
	, (, /)						. 7			0	
8	Total elected cost of	·							_	9	
9 10	Tentative deduction. Carryover of disallov								_	10	
11	Business income lim								· · · · · ⊢	11	
12	IRC Section 179 exp					•				12	
13	Carryover of disallow					_				-	
Par			ional First Year Dep					24356			
14	(a)	(b)	(c)	1	d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or	Depre	ciation	Depreciation	n   Life o	r De	preciat	ion for	Additional first
	of property	(mm/dd/yyyy)	other basis		red or able in	method	rate		this ye	ear	year depreciation
					years						depreciation
VII	DEO SCREENS M	5/04/2015	2,205.		1,397.	S/L		5		441.	
	PUTERS FOR M		6,487.		6,487.	S/L		3			
	DEO SCREENS F	5/04/2015	2,205.		1,397.	S/L		5		441.	
	DEO SCREENS B	5/04/2015	664.		421.	S/L		5		133.	
	KERSFIELD WAR		178,692.	1	2,600.	S/L		39	4	,582.	
	Add the amounts in			•							
13	\$2,000. See instruct							5			
Par		, , , , , , , , , , , , , , , , , , , ,	, ,								1
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, d	column (g)	or	مماريس	(-1) -	احاً ام ص		
	Additional first year Depreciation (if no e										
17	Total depreciation cl	**									
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the	e differenc	e here and	d on Form	100 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Form ´	100 or	2		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is ne	ecessary.).				- 	. 18	
Par	l IV Amortization										
19	(a)	(b)	(c)		((	d)	(e)		(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)	ed Cost o	or sis	Amorti Amorti	zation allowable	R&TC section		Period o rcentac		Amortization
	or property	(ITIITI/dd/yyy)	() Other bas	313	in earlie		(see ins		rcentaç	Je	for this year
20	Total. Add the amou	ınts in column (a).								20	
21	Total amortization cl									21	
22	Amortization adjustm	nent Ifline 21 is d	reater than line 20	enter the	e differenc	e here and	l on Form	100 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form ´	100 or		_	
	Form 100W, Side 2,	line 12								22	

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Λtta	ch to Form 100 or For	m 100W FOR	4 100								
	ration name		4 199						Californ	ia corporatio	on number
	CATHOL: OF FRE		OF THE DIO	CESE					0553	·	
Par			perty Under IRC S	ection 1	79				10000		
1	Maximum deduction									1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service							2	· · · ·
3	Threshold cost of IRO									3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0					4	•
5	Dollar limitation for t									5	
6	(a)	Description of property		(b) Co	ost (business i	use only)	(c) El	ected co	st	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	1 1 7									
7	Listed property (elec										
8	Total elected cost of	·	• •						-	8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9	
10	Carryover of disallow		-						· · · · · · ⊢	10	
11	Business income lim									11	
12	IRC Section 179 exp									12	
_13	Carryover of disallow										
<u>Par</u>	•		ional First Year Dep	1		Under R&T	C Section	24356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)	)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	1 Life o	or   L	eprecia this y		Additional first year
	or property	(11111/144/9999)	other basis	allov	vable in	mothod	Tate		tillo y	cai	depreciation
				earlie	er years						
	ENT INTAKE C	4/19/2016	23,779.		2,576.	S/L		20	1	<b>,</b> 189.	
	PTOP BKSFD SI	3/20/2016	1,433.		646.	S/L		5		287.	
LAI	PTOP ASHLEY M	5/07/2016	1,422.		615.	S/L		5		284.	
EDU	JCATION RM CO	6/05/2016	11,854.		4,940.	S/L		5	2	,371.	
LAI	PTOP/NOTEBOOK	8/09/2015	1,736.		1,012.	S/L		5		347.	
15	Add the amounts in \$2,000. See instruction							5			
Par	t III Summary										
16	Total: If the corporat	ion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15, 356. add	column (g)	or ts on ling 1	15 colum	ne (a)	and (h)	or	
	Depreciation (if no e										
17	Total depreciation cl	•									
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	d on Form	100 o	r		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	100 or	ro		
	state adjustments or	Form 100 or Forn	na depreciation an 1 100W, no adjustn	nent is r	re useu to t recessary.)		net incom	e belo		18	
Par			, <b>,</b>		,						
19	(a)	(b)	(c)		((	d)	(e)		(f)		(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC		Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		section (see ins		ercenta	ge	for this year
					iii caine	n years	(300 1113	-			
							1	-			
							1				
							1				
20	Total. Add the amou	107							· · · · · · ⊢	20	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form	14562, line	44			L	21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter tl	ne differenc	e here and	d on Form	100 c	or		
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter the	e difference	nere and	on Form	100 or		22	
	Form 100W, Side 2,	IIII€ 1∠								<b>44</b>	

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	ch to Form 100 or For	m 100W. <b>FORI</b>	M 199						
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE			Californ	nia corporat	ion number
	OF FRE	SNO					0553	3047	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25 <b>,</b> 000
2	Total cost of IRC Se						1	2	_
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	•	act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busine	ess use only)	(c) Electe	ed cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.						t	9	
10	Carryover of disallov		•				+	10	
11	Business income lim							11	
12	IRC Section 179 exp							12	
13	Carryover of disallow						250		
Par	-		ional First Year Dep	I			1		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e) Depreciati	ion Life or	Deprecia	) ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method		this		year
		, , , , , , , , , , , , , , , , , , , ,		allowable in					depreciation
		F /10 /001 C	T 606	earlier years				000	
	UNIT	5/12/2016	7,686.	2,37				. <u>,098.</u>	
	DEO SCREENS B	8/18/2015	1,777.	1,00				355.	
	PTOP/DOCKING	4/06/2017	1,639.	41				328.	
	JBLE DOORS TO	5/03/2017	3,815.	44				382.	
FRE	EEZER DOOR	11/08/2016	3,475.	1,93	0. S/L	3	3 1	158.	
15	Add the amounts in \$2,000. See instruct								
Par			(,						
	Total: If the corporat	tion is electina:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column	(g) or	15	( )     (1)		
	Additional first year Depreciation (if no e								
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *							
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the differe	nce here and	d on Form 100	or or		
	Form 100W, Side 2, state adjustments or							18	
Par		11 01111 100 01 1 011	ir roott, no aajasti	Herit is riccessur	<i>y . j</i>			10	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		ortization	R&ŤC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas		l or allowable arlier vears		percenta	age	for this year
				111 62	unci years	(see instr)			
							<u> </u>		
20	Total. Add the amou	(0)						20	
21	Total amortization cl	laimed for federal រុ	ourposes from fede	eral Form 4562, I	ine 44			21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the differ	ence here ar	nd on Form 1	00 or		
	Form 100W, Side 1,							22	
	Form 100W, Side 2,	ıııe ı∠						22	

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	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Californ	nia corpora	tion number
	OF FRE						0553	3047	
Par		•	perty Under IRC S						***
1	Maximum deduction						<u></u>	1	\$25,000
2	Total cost of IRC Se							3	\$200 000
3 4	Threshold cost of IR Reduction in limitation		-					4	\$200,000
5	Dollar limitation for t						-	5	
6		Description of property	act fine + nom fine	(b) Cost (business)		(c) Elected			
	(a)	Description of property		(b) 603t (business i	usc only)	(C) LICCIO	1 6031		
							-		
7	Listed property (elec	stad IDC Section 1	79 cost)		7				
8	Total elected cost of		•			ine 7		8	
9	Tentative deduction.	·					-	9	
10	Carryover of disallov						+	10	
11	Business income lim		•				H	11	
12	IRC Section 179 exp							12	
13	Carryover of disallov	ved deduction to 20	019. Add line 9 and	d line 10, less line 1	2	13			
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g	)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this y		Additional first
	or property	(mm/dd/yyyy)	Other basis	allowable in	Incliou	late	l lils y	real	year depreciation
				earlier years					
MII	NDOWS IN PAYE	7/11/2016	3,360.	672.	S/L	10		336.	
BAI	KERSFIELD FLO	9/13/2016	3 <b>,</b> 575.	656.	S/L	10		358.	,
BAI	KERSFIELD PAY	1/04/2017	1,572.	236.	S/L	10		157.	,
BKS	SF PAYEE WALL	1/09/2017	5,400.	810.	S/L	10		540.	,
LAI	PTOP/DOCKING	11/19/2016	1,393.	442.	S/L	5		279.	,
15	Add the amounts in								
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15			
Par									1
16	Total: If the corporat IRC Section 179 exp	tion is electing:	ount on line 12 and	line 15 column (a)	\ or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	its on line 1				
	Depreciation (if no e								
	Total depreciation cl							17	
10	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g line 6. If line 17 is	reater than line 16, Tess than line 16.	, enter the difference enter the difference	ce nere and here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to o	determine r	net income b	efore	1.0	
D	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.).				18	
Par		4.5	4.5		-15	1 (.)			4.5
19	<b>(a)</b> Description	(b) Date acquire	ed (c) Cost o		<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	section	percenta		for this year
				in earlie	er years	(see instr)			
	T						1	00	
20	Total. Add the amou						H	20	
21	Total amortization cl		•				<del> </del>	21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	I on Form 10	0 or		
	Form 100W, Side 1,	line 12						22	
	•								

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	ch to Form 100 or For	m 100W. <b>FORI</b>	4 199							
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Califor	rnia corporati	on number
	OF FRE							055	3047	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				3	\$200,000
4	Reduction in limitation								4	
5_	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ero or less, e	nter -0			5	
6	(a)	Description of property		<b>(b)</b> C	Cost (business u	ise only)	(c) Electe	ed cost	_	
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in c	olumn (c), I	ne 6 and li	ine 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	
10	Carryover of disallov	ved deduction from	prior taxable year	s					10	
11	Business income lim					•			11	
12	IRC Section 179 exp					_			12	
_13	Carryover of disallov									
Par	t II Depreciation a	nd Election of Addit	onal First Year Dep	reciation	n Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)		(d)	(e)	(f)		g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation owed or	Depreciation method	Life or rate		ation for year	Additional first year
	or property	(ITIIII aaryyyy)	other basis	allov	wable in	motilod	Tato	1113	year	depreciation
				earli	ier years					
TV	MONITOR	7/31/2016	2,096.		803.	S/L	5		419.	
HV	AC UNIT	6/29/2017	7,399.		740.	S/L	10		740.	
RAC	CK FOR WAREHO	12/31/2017	4,043.		404.	S/L	5		809.	
OFI	FICE CREDENZA	12/31/2017	2,310.		231.	S/L	5		462.	
CON	1PUTERS	12/31/2017	1,826.		304.	S/L	3		609.	
15	Add the amounts in \$2,000. See instruct									
Par	t III Summary						•	•		
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15	, column (g)	or	E solumno	(a) and (b		
	Depreciation (if no e									
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *								
	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	on Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	ie difference	here and o	on Form 100	) or		
	Form 100W, Side 2, state adjustments or								18	
Par			· · · · · · · · · · · · · · · · · · ·							
19	(a)	(b)	(c)		(0	D	(e)	(f)		(g)
	Description	Date acquire	d   Cost o		Amorti	zation	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	r) other bas	sis	allowed or in earlie		section (see instr)	percent	age	for this year
					iii eariie	i years	(See IIISII)			
								-		
20	Total. Add the amou	107							20	
21	Total amortization cl	·	•						21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter t	the difference	e here and	on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,								22	
	i Jilli 100 vv, Jiue Z,	mio 14								

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	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name CATHOL	IC CHARITIES	S OF THE DIO	CESE			Californ	nia corporat	tion number
	OF FRE						0553	3047	
Par		-	perty Under IRC S					_	***
1	Maximum deduction						L	1	\$25,000
2	Total cost of IRC Se							3	\$200 000
3 4	Threshold cost of IR Reduction in limitation		-					4	\$200,000
5	Dollar limitation for						-	5	
6		Description of property	act fine + nom fine	(b) Cost (business		(c) Elected			
	(4)	Description of property		(a) Coot (business)	aso only)	(6) 210000	1 0050		
							-		
							-		
7	Listed property (elec	ted IRC Section 1	79 cost)		7				
8	Total elected cost of					ne 7		8	
9	Tentative deduction.	·					-	9	
10	Carryover of disallov						-	10	
11	Business income lim		•				-	11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not enter	more than	line 11		12	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TO	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g	) .	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this y		Additional first year
	or property	(IIIII/aa/yyyy)	other basis	allowable in	Inction	Tate	uno y	real	depreciation
				earlier years					
	AC UNIT	12/31/2017	7,771.	389.	S/L	10		777.	
	JCK WRAP MODE		55,671.	5,567.	S/L	5	11	,134.	
	MPUTERS/LAPTO		1,864.	311.	S/L	3		621.	
	1PUTERS	12/31/2017	1,718.	286.	S/L	3		573.	
COI	1PUTERS	12/31/2017	4,294.	716.	S/L	3	1	,431.	
15	Add the amounts in								
Dave	\$2,000. See instruct	tions for line 14, co	lumn (h)			15			
<u>Par</u> 16		tion is alsoting.							<u> </u>
10	Total: If the corporal IRC Section 179 exp	tion is electing: bense, add the amo	ount on line 12 and	line 15. column (a)	or or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	ts on line 1				
17	Depreciation (if no e								
	Total depreciation of Depreciation adjustr							17	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	nia depreciation am	nounts are used to o	determine n	et income b	efore	18	
Par		II FOITH TOO OF FOIT	ii 100vv, no aujustii	nent is necessary.).				10	
19	(a)	(b)	(c)	- (	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	or Amorti	ization	R&TC	Period	or	Amortization
	of property	(mm/dd/yyy)	v) other bas	sis allowed or in earlie		section (see instr)	percenta	nge	for this year
				in earlie	n yours	(SCC IIISII)		<del>-  </del> -	
								<del>-  </del> -	
								<del>-  </del> -	
								<del>-  </del> -	
20	Total. Add the amou	inte in column (a)		l				20	
21	Total amortization c	107					H	21	
			•				<del> </del>		
22	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 2,	line 12	<u></u>					22	

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	ch to Form 100 or For	m 100W. FOR	4 199				California c	ornoratio	on number
Согро	CATHOL OF FRE	IC CHARITIES	S OF THE DIO	CESE			055304		on number
Par	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.				1		\$25,000
2	Total cost of IRC Se	ection 179 property	placed in service				2		•
3	Threshold cost of IR								\$200,000
4	Reduction in limitati		-						· · ·
5	Dollar limitation for								
6		Description of property		(b) Cost (business		(c) Elected			
	(u)	Description of property		(b) oost (business)	ass only)	(c) Licotot	1 0001		
7	Listed property (elec	cted IRC Section 17	'9 cost)		7				
8	Total elected cost of	f IRC Section 179 p	roperty. Add amou	ınts in column (c), l	ine 6 and li	ne 7	8		
9	Tentative deduction.	. Enter the <b>smaller</b>	of line 5 or line 8.				9		
10	Carryover of disallov	wed deduction from	prior taxable year	s			10		
11	Business income lin	nitation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5	11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	IO, but do not enter	more than	line 11	12		
13	Carryover of disallov	wed deduction to 20	019. Add line 9 and	d line 10, less line 1	2	13	'		
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TO	Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
•	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciation	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea	r	year
				allowable in earlier years					depreciation
CON	MPUTERS	12/31/2017	859.	143.	S/L	3		286.	
	MPUTERS	12/31/2017	6,012.	1,002.	S/L	3	•	004.	
	MPUTERS	12/31/2017	6,012.	1,002.	S/L	3		04.	
	1PUTERS	12/31/2017	859.	143.	S/L	3		286.	
COI	1PUTERS	12/31/2017	859.	143.	S/L	3	2	286.	
15	Add the amounts in \$2,000. See instruct								
Par		,	( ),						
16	Total: If the corpora	tion is electing:							
	IRC Section 179 exp	pense, add the amo	unt on line 12 and	line 15, column (g)	or or				
	Additional first year								
4-	Depreciation (if no e							16	
	Total depreciation c							17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 1/ is g line 6. If line 17 is	reater than line 16.	, enter the difference	ce here and	on Form 100	J or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts are used to	determine n	et income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is necessary.)				18	
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description	Date acquire			ization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	y) other bas	in earlie		section (see instr)	percentage		for this year
				iii cariic	,	(355 ///01/)			
	Total Add the ex	mta in adi: ( )							
20	Total. Add the amou	107						_	
21	Total amortization c								
22	Amortization adjustr	ment. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	. 51111 15511, 5146 2,							<u> </u>	

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	ch to Form 100 or Fo	rm 100W. <b>FORI</b>	М 199								
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Calif	ornia co	orporatio	on number
	OF FRE	SNO						05	5304	7	
Par		xpense Certain Pro									
1	Maximum deduction								_		\$25,000
2	Total cost of IRC Se	ection 179 property	placed in service								
3	Threshold cost of IR	RC Section 179 prop	erty before reducti	ion in Iir	mitation						\$200,000
4	Reduction in limitati								_		
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If ze	ero or less, e	enter -0			5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) Ele	cted cost			
7	Listed property (elec	cted IRC Section 17	<sup>7</sup> 9 cost)			7					
8	Total elected cost of						ine 7		8		
9	Tentative deduction.	•							_		
10	Carryover of disallov	wed deduction from	prior taxable year	S					10		
11	Business income lin	nitation. Enter the s	smaller of business	income	e (not less th	han zero) d	or line 5		11		
12	IRC Section 179 exp	oense deduction. A	dd line 9 and line 1	IO, but c	do not enter	more than	line 11		12		
13	Carryover of disallov										
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciatio	n Deduction	Under R&T	C Section 2	24356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or		reciation wed or	Depreciation method	n Life or rate				Additional first
	or property	(ITIITI/du/yyyy)	other basis		wable in	memou	Tale	u II:	s year		year depreciation
					er years						
CON	1PUTERS	12/31/2017	1,718.		286.	S/L		3	5	73.	
CON	1PUTERS	12/31/2017	3,435.		573.	S/L		3	1,1	45.	
CON	1PUTERS	12/31/2017	3,435.		573.	S/L		3	1,1	45.	
SIC	en	9/17/2018	9,909.			S/L	1	.5	4	95.	
IRO	ON FENCE	10/03/2018	2,900.			S/L	2	:0	1	09.	
15	Add the amounts in \$2,000. See instruct							;			
Par			( ),								
16	Total: If the corpora	tion is electing:									
	IRC Section 179 exp	pense, add the amo	ount on line 12 and	line 15	, column (g)	or		- (-) 1 (	1->		
	Additional first year Depreciation (if no									16	
17	Total depreciation c									17	
	Depreciation adjustr										
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 1	00 or			
	Form 100W, Side 2, state adjustments of	line 12. (If Californ	na depreciation am	nounts a	are used to (	determine r	net income	before		18	
Par		111 01111 100 01 1 0111	ir 100vv, no adjusti	HEHR IS I	necessary.).					10	
19	(a)	(b)	(c)		((	d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o	r	Amorti	zation	R&TC	Perio			Amortization
	of property	(mm/dd/yyyy	v) other bas	sis	allowed or		section	percer	ntage		for this year
					in earlie	er years	(see inst	1)			
							1				
									1		
20	Total. Add the amou	107							20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	d on_Form	100 or			
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter th	e difference	here and	on Form 1	UU or	22		
	Form 100W, Side 2,	IIIIC 12							44		

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		-	-								
	ch to Form 100 or For	m 100W. <b>FORI</b>	М 199						0.1:4		
Corpo	ration name CATHOL OF FRE	IC CHARITIES	OF THE DIO	CESE					05530	·	on number
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction									1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						🗀	2	•
3	Threshold cost of IR									3	\$200,000
4	Reduction in limitation		-							4	•
5	Dollar limitation for t								_	5	
-6		Description of property			ost (business			ected cost			
	(-/			(, -		,,	(-/				
									_		
	Linkad munmauku (alaa	stad IDO Caatian 17	70			7					
7 8	Listed property (elec		·				line 7			В	
9	Total elected cost of	·							—	9	
10	Tentative deduction.								· · · · · —	_	
11	Carryover of disallov Business income lim		•						⊢		
12	IRC Section 179 exp										
13	Carryover of disallov								10	_	
Par		nd Election of Addit						24356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
'	Description	Date acquired	Cost or	Depr	reciation	Depreciation		r De	preciatio	on for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		this yea	ar	year
					wable in er years						depreciation
	NDENSED FAN M	8/31/2018	8,199.	Carn	or yours	S/L		10		683.	
		10/09/2018	4,936.			S/L		10		370.	
	LLET TRUCK	7/09/2018	3,641.			S/L		5		728.	
	FRIGERATOR	10/05/2018	4,934.			S/L		10		370.	
		11/30/2018	1,575.			S/L		10		92.	
	TER HEATER	•	•				·	10		94.	
	Add the amounts in \$2,000. See instruct							5			
<u>Par</u>											
16	Total: If the corporat	tion is electing:		. II 1 F	l (a)	\					
	IRC Section 179 exp Additional first year	dense, add the amo depreciation under	R&TC Section 243	i ine 15. 356. add	the amoun	) <b>or</b> its on line 1	15. columi	ns (a) ai	nd (h) <b>o</b>	r	
	Depreciation (if no e										
	Total depreciation cl									17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	ce here and	d on_Form	100 or			
	Form 100W, Side 1, Form 100W, Side 2.	line 6. If line 17 is	less than line 16, nia denreciation am	enter th	e difference re used to d	e here and determine	on Form	100 or e hefore	2		
	state adjustments or									18	
Par	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)		(f)		(g)
	Description	Date acquire			Amorti allowed or	ization	R&TC		eriod or rcentage		Amortization
	of property	(mm/dd/yyyy	other bas	515	in earlie		section (see ins		rcentage	=	for this year
							1				
20	Total. Add the amou	ınts in column (a)							2	0	
21	Total amortization cl	(0)									
22	Amortization adjustr								···   -		
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 1	00 or			
	Form 100W, Side 2,								2	2	

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		-									
	ch to Form 100 or For	m 100W. FORM	1 199								
Corpo	ration name CATHOL	IC CHARITIES	OF THE DIO	CESE				Califor	nia corp	oratio	n number
	OF FRE	SNO						055	3047	7	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction								1		\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				3		\$200,000
4	Reduction in limitation								4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5		
6	(a)	Description of property		<b>(b)</b> C	ost (business i	use only)	(c) Electe	d cost			
									-		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
8	Total elected cost of						ine 7		8		
9	Tentative deduction.	· ·							9		
10	Carryover of disallov	ved deduction from	prior taxable year	S					10		
11	Business income lim	nitation. Enter the s	maller of business	income	e (not less t	han zero) o	r line 5		11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	do not enter	more than	line 11		12		
13	Carryover of disallow	ved deduction to 20	19. Add line 9 and	d line 10	, less line 1	2	13				
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciatio	1 Deduction	Under R&T	C Section 243	356			
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation		Depreci	ation t	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	uns	year		year depreciation
					er years						
CONCRETE		1/09/2019	13,775.			S/L	10		689.		
CABINETS		NETS 1/09/2019 9,945.				S/L	7		71	0.	
IRON FENCE 1		1/09/2019	4,515.			S/L			11	3.	
FLO	OORING	1/09/2019	17,794.			S/L	10		89	0.	
THE	RIFT STORE RE	1/09/2019	19,781.			S/L	10		98	9.	
15	Add the amounts in	column (a) and co	umn (h). The total	of colu	nn (h) mav	not exceed	4				
	\$2,000. See instruct										
Par	t III Summary										
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	l line 15	, column (g)	) <b>or</b> Its on line 1	5 columns	(a) and (h	) or		
	Depreciation (if no e									16	
17	Total depreciation cl									17	
	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	l on Form 10	0 or			
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	e here and o	on Form 100	or			
	Form 100W, Side 2, state adjustments or	Time 12. (II Callion Form 100 or Form	na depreciation am n 100W no adjustn	nent is i	necessary)	uetermine i	iet iricome b	eiore	-	18	
Par		11 01111 100 01 1 0111	1 10011, 110 aajaotii	110111111011	10000001171						
19	(a)	(b)	(c)		((	d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period			Amortization
	of property	(mm/dd/yyyy	r) other bas	SIS	allowed or in earlie		section (see instr)	percent	age		for this year
					iii cariic	er years	(See IIISII)				
20	Total. Add the amou	107							20		
21	Total amortization cl	•	•						21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	ce here and	l on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 21 is	iess than line 20,	enter th	e difference	nere and o	on Form 100	or	22		
	i oiiii ioow, side 2,	IIIIC 14								l	

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	ch to Form 100 or For	m 100W. FORI	М 199							
Corpo	ration name CATHOL	S OF THE DIO	CESE				Califor	California corporation number		
	OF FRE						055	3047		
Parl			perty Under IRC S							
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se								2	
3	Threshold cost of IR		-						3	\$200,000
4	Reduction in limitation								5	
<u>5</u> 6	Dollar limitation for t		act line 4 from line		ost (business				5	
	(a)	Description of property		(n) c	ost (busiliess	use only)	(c) Electe	1 0081		
7	Listed property (elec	ted IRC Section 13	79 cost)			7				
8	Total elected cost of		•				ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim		•						11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but c	lo not enter	more than	line 11		12	
13	Carryover of disallov									
Parl	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	<b>D</b>	(d)	(e)	(f)	(9	9)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	ı Life or rate	Deprecia this		Additional first year
		( , , , , , , , , , , , , , , , , , , ,		allov	wable in				,	depreciation
	CEODE DO	7/00/0010	4 600	earii	er years	0.75	10		4.60	
	RIFT STORE DO	7/09/2018	4,620.			S/L	10		462.	
WOC	DD RAMP	4/19/2019	3,791.			S/L	10		63.	
15	Add the amounts in \$2,000. See instruct									
Parl	Summary	ions for fine 14, co	iuiiiii (ii <i>)</i>				13			
	Total: If the corporat	tion is electing:								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	column (g	or .				
	Additional first year Depreciation (if no e									
17	Total depreciation cl	•								
	Depreciation adjustn									
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	e here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or								18	
Parl		11 01111 100 01 1 0111	ir room, no aajasan	1101111111	100000ai y 1).					
19	(a)	(b)	(c)		(	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amort	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS		allowable er vears	section (see instr)	percent	age	for this year
						-				
20	Total. Add the amou	ints in column (a).							20	
21	Total amortization cl	107							21	
22	Amortization adjustn	•	•							
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12							22	

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#### **CALIFORNIA STATEMENTS**

PAGE 1

## **CATHOLIC CHARITIES OF THE DIOCESE**

**OF FRESNO** 

94-1678938

**CLIENT CATHCHAR** 6/26/20

02:45PM

STATEMENT 1	
FORM 199, PART II, LINE 7	7
OTHER INCOME	

INCOME FROM SPECIAL EVENTS	\$ 1,511,069.
MISCELLANEOUS REVENUES	3,920.
PROGRAM SERVICE REVENUE	350,059.
TOTAL	\$ 1,865,048.

# STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MOST REV ARMANDO X OCHOA, D.D. 149 N FULTON STREET FRESNO, CA 93701			\$ 0.	
JOHN FERDINANDI 149 N FULTON STREET FRESNO, CA 93701	CHAIRMAN 2.00	0.	0.	0.
BILL LAZZERINI, JR 149 N FULTON STREET FRESNO, CA 93701	VICE CHAIR 2.00	0.	0.	0.
REV. MSGR. RAYMOND DREILING VG 149 N FULTON STREET FRESNO, CA 93701	EPISCOPAL DELEG 2.00	0.	0.	0.
CHARLES KASSIS 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
BRUCE BATTI 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
KELLY LILLES 149 N FULTON STREET FRESNO, CA 93701	EXECUTIVE DIR. 40.00	100,178.	0.	0.
KENNETH BALDWIN 149 N FULTON STREET FRESNO, CA 93701	ATTORNEY 2.00	0.	0.	0.
BEVERLY CAMP 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.

2018

# **CALIFORNIA STATEMENTS**

PAGE 2

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

6/26/20

02:45PM

#### STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
REV. JOHN FLUETSCH 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
BREE COMSTOCK 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
REV. PATRICK MCCORMICK 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
STEVEN SPENCER 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
RYAN DONAGHY 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
STACY ROQUE 149 N FULTON STREET FRESNO, CA 93701	DIRECTOR 2.00	0.	0.	0.
JODY HUDSON 149 N FULTON STREET FRESNO, CA 93701	OPERATIONS DIR 40.00	66,902.	0.	0.
JEFF NEGRETE 149 N FULTON STREET FRESNO, CA 93701	EXECUTIVE DIR. 40.00	15,752.	0.	0.
FRANK HAMBALEK, JR 149 N FULTON STREET FRESNO, CA 93701	TREASURER 2.00	0.	0.	0.
JILL CHRISTENSEN 149 N FULTON STREET FRESNO, CA 93701	FINANCE MANAGER 40.00	65,597.	0.	0.
ALISA WEBER 149 N FULTON STREET FRESNO, CA 93701	FINANCE DIRECT 40.00	11,493.	0.	0.
	TOTAL	\$ 259,922.	<u>\$ 0.</u>	\$ 0.

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#### **CALIFORNIA STATEMENTS**

PAGE 3

#### CLIENT CATHCHAR

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

94-1678938

CLICIT CATHCHAR	OF FRESHO	9 <del>4-</del> 10/6936
6/26/20		02:45PM
STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES		
FOOD AND OTHER ASSISTANCE INSURANCE MAINTENANCE & REPAIRS MATERIALS AND SUPPLIES MEALS OTHER EMPLOYEE BENEFIT OTHER EXPENSES OTHER FEES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS SECURITY SPECIAL EVENT EXPENSES STIPENDS	TOTAL	4,245,678. 30,049. 82,146. 137,230. 10,703. 237,062. 118,846. 85,101. 13,567. 29,927. 130,027. 187,909. 216,295.
STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS  CASH TRUST FUNDS	RED CHARGES.	3,208,194. 2,797.
	TOTAL	\$ 3,210,991.
STATEMENT 5 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES		
	TOTAL	5,224. 3,208,194. \$ 3,213,418.

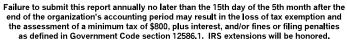
IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312





	40 400				- 11011011011						
		_	(	Check if:							
State Charity Registration Nun				Change of address							
CATHOLIC CHARITIES OF FRESNO	OF THE DIO	CESE		Amended report							
Name of Organization											
Address (Number and Street)				Corporate or (	Organization No. 0553047						
FRESNO, CA 93701 City or Town, State and ZIP Code			F	ederal Emplo	yer I.D. No. <u>94-1678938</u>						
	REGISTRATION I	RENEWAL FEE S	CHEDULE (11 Cal. (	Code Reas. se	ections 301-307, 311, and 312)						
,			orney General's Re								
Gross Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Revenue		E	ee			
Less than \$25,000	0		001 and \$250,000	\$50	Between \$1,000,001 and \$10 n			150			
Between \$25,000 and \$100,000	0 \$25	001 and \$1 million	\$75	Between \$10,000,001 and \$50 Greater than \$50 million	million		225 300				
PART A – ACTIVITIES					areater than \$50 mmon		<u>Ψ·</u>	300			
For your most recent full	accounting peri	iod (beginning	7/01/18	endina	6/30/19 )list:						
Gross annual revenue					9,182,449.						
PART B — STATEMENT	S DECADDING	C ODCANIZA	TION DUDING	THE DEDI	OD OF THIS DEPORT						
Note: If you answer "yes" t "yes" response. Plea					providing an explanation and d	etalis i	or ea	acn			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the							Yes	No			
organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?								X			
2 During this reporting period property or funds?	l, were there any t	heft, embezzleme	ent, diversion or misu	use of the orga	anization's charitable			X			
3 During this reporting peri	od, did non-progi	ram expenditure	s exceed 50% of g	ross revenue	?			X			
4 During this reporting period Form 4720 with the Intern	l, were any organiz nal Revenue Serv	zation funds used vice, attach a co	to pay any penalty,	fine or judgm	ent? If you filed a			X			
5 During this reporting peri purposes used? If "yes," service provider.								X			
6 During this reporting period	L did the organizat	tion receive any c	rovernmental funding	n2 If so provid	do an attachment licting			П			
the name of the agency,					SEE STATEMEN	T 1	X	Ш			
7 During this reporting period indicating the number of				ses? If "yes," p	orovide an attachment SEE STATEMEN	IT 2	X				
Does the organization cond the program is operated charitable purposes.	luct a vehicle dona by the charity or	ation program? If whether the organic	"yes," provide an att anization contracts	tachment indic with a comm	ating whether nercial fundraiser for			X			
Did your organization have principles for this reportir		udited financial	statement in accord	dance with ge	enerally accepted accounting		X				
Organization's area code and	telephone numbe	er 559-237-	0851								
Organization's e-mail address											
I declare under populty of por	iuny that I have o	vamined this ro	nort including see	companying (	documents, and to the best of m	ny kao	vlod.	ne			
and belief, the content is true			port, including acc	ompanying (	accaments, and to the best of H	IY KIIUV	vieuţ	y c			
			-		L DIDEGES						
Signature of authorized officer	JEF: Printed	FREY NEGRE I Name		EXECUTIVE itle	DIRECTOR Date		—				

**2018** 

#### **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT CATHCHAR** 

# CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

**94-1678938** 02:45PM

6/26/20

STATEMENT 1 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE: SENIOR COMPANION PROGRAM 11150 W. OLYMPIC BLVD, SUITE 670 LOS ANGELES, CA 90064 DAISY GALLARDO, PROGRAM OFFICER 310-893-2289 DGALLARDO@CNS.GOV

DEPARTMENT OF HOMELAND SECURITY: EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
UNITED WAY
FRESNO COUNTY:

ASHLEY RUIZ 4949 E KINGS CANYON ROAD FRESNO, CA 93727-3812 559-243-3664 ARUIZ@UWFM.ORG

MERCED COUNTY:
JEREMY MARTINEZ
658 W MAIN STREET
MERCED, CA 95340-4718
209-383-4242
JEREMY@UNITEDWAYMERCED.ORG

KERN COUNTY:
RACHEL HOETHER
5405 STOCKADE HWY #200
BAKERSFIELD, CA 93309
661-834-1820
RACHEL.H@UWKERN.ORG

DEPARTMENT OF AGRICULTURE: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CALFRESH OUTREACH
CATHOLIC CHARITIES OF CALIFORNIA
1107 9TH STREET, SUITE 707
SACRAMENTO, CA 95814
PAM RICHMOND - FINANCE DIRECTOR
916-706-1539 EXT 101
PAMELA@CATHOLICCHARITIESCA.ORG

#### STATEMENT 2 FORM RRF-1, PART B, LINE 7 NUMBER AND DATES OF RAFFLES

GOLF RAFFLE - 8/27/18 HOH RAFFLE - 9/29/18 WINE RAFFLE BAKERSFIELD - 10/25/18

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A Number of independent voting members of the governing body (Part VI, line 1b).	<u> </u>	roi tile 2	.0 10 Caleni	uar year, or tax year begin	illig //Ul	, 2010,	and ending	0/30		, 2019	
FRESNO, CA 93701   FRESNO, CA 93701   Grove complete Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Face   Sp-237-0851   Sp-237-085	В	Check if app	olicable:	С				D	Employer i	dentification number	
FRESNO, CA 93701   FRESNO, CA 93701   Grove complete Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Sp-237-0851   Gardenone number   Face   Sp-237-0851   Sp-237-085		Addres	s change	CATHOLIC CHARITI	ES OF THE DIOC	CESE			94-16	78938	
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Annexisted return		$\vdash$		FRESNO, CA 93701				<u> </u>	000 2	37 0001	—
Application pending   F Name and address of principal officers   JEFFREY NEGRETE   Holp its this a proprietation and pending   Ves   SAME AS C ABOVE   Take-ceregit status:     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS     SOCIOS   SOCIOS   SOCIOS   SO		$\vdash$						ا م	0	\$ 7 COE 1E1	
SAME AS C ABOVE    Tar-etempt status:   SAME AS   C ABOVE		$\vdash$		F Name and address of principal	1 -4:					<u> </u>	_
Takesempt status		Applica	ation pending		Tomicer: JEFFREY N	EGRETE		• •	•	⊢ '°3	
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Family	<u> </u>	Tax-exem	•		)◀ (insert no.)	4947(a)(1) or	527				
Summary	J	Websit	e:► WW	W.CCDOF.ORG			ŀ	H(c) Group exem	nption numb	er ►	
Berlety describe the organization's mission or most significant activities.*IN CARRYTING OUT THE SOCIAL MISSION OF THE ROMAN CAPIOLIC CHORGH IN THE DIOCISE OF FRESNO THE ORGANIZATION PROVIDES POOD, CLOTHING, SHELTER, ASSISTANCE AND COMPORT TO THE POOR IN THE CENTRAL SAN JOAQUIN VALLEY.			organization:	X Corporation Trust	Association	LY	ear of formation	n: 1968	M State	e of legal domicile: CA	
THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF PRESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO THE POOR THE CENTRAL SAN JOAQUIN VALLEY.  2 Check this box ▶   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).   3   1   4 Number of undependent voting members of the governing body (Part VI, line 1a).   4   1   5 Total number of individuals employed in calendar year 2018 (Part VI, line 1b).   5   5   5   5   5   5   5   5   7a Total unrelated business revenue from Part VIII, column (C), line 12.   7a   0   b Net unrelated business taxable income from Form 990-T, line 38.   7b   0   7b   Vet unrelated business taxable income from Form 990-T, line 38.   7b   0   7c   Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   7d Total unrelated business taxable income from Form 990-T, line 38.   7b   0   8 Contributions and grants (Part VIII, loclumn (A), lines 3.   46, 663, 563, 563, 563, 563, 563, 563, 56	Pa	rt I	Summar	у							
CLOTHING   SHELTER   ASSISTANCE   AND   COMFORT   TO THE   POOR IN THE   CENTRAL   SAN   JOAQUIN   VALLEY		1 Bri	efly descri	be the organization's miss	ion or most significant	activities: IN	CARRYIN	IG OUT TI	HE SOC	IAL MISSION OF	_
Solution   Solution	a	TH	IE ROMA	N CATHOLIC CHURC	H IN THE DIOCE	SE OF FRES	SNO THE	ORGANIZ	ATION	PROVIDES FOOD,	_
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Sometibutions and grants (Part VIII, line 1h).   Sometibutions and grants (Part VIII, line 1h).   Sometibutions and grants (Part VIII, line 2g).   358, 937, 350, 059	¥										
8		<b>b</b> Net	t unrelated	l business taxable income	from Form 990-T, line	: 38					•
9 Program service revenue (Part VIII, line 2g). 358,937. 350,059 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 23,257. 46,736 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 1,245,330. 1,446,884 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 7,288,212. 7,507,242 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13,000. 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,510,302. 1,616,581 16a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,368. 19 Revenue less expenses. Subtract line 18 from line 12. 845,503. 460,328 19 Revenue less expenses. Subtract line 18 from line 12. 845,503. 460,328 20 Total assets (Part X, line 16). 9,005,661. 9,182,449 21 Total liabilities (Part X, line 26). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096  Part II Signature Block Under penalties of peritor, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer Use Only Firm's name Preparer's name Preparer's signature Paus on print name and title  PrintType preparer's name Preparer's signature Preparer's name Pre											
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 7,288,212. 7,507,242  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13,000.  14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,510,302. 1,616,581  16 a Professional fundraising fees (Part IX, column (A), line 11e). 5 Total fundraising expenses (Part IX, column (A), line 11e). 5 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6,442,709. 7,046,914  18 Total expenses. Subtract line 18 from line 12. 845,503. 460,328  19 Revenue less expenses. Subtract line 18 from line 12. 845,503. 460,328  20 Total assets (Part X, line 16). 9,005,661. 9,182,449  21 Total liabilities (Part X, line 26). 3,666,671. 3,311,353  22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096  Part II Signature Block  Note peraptive of prepary. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primit Type or primit name and title  Primit Type or primit name and title  Primit Type or primit name and title  Primit Type or primit name and title  Primit Type or primit name and title  Primit Type or primit name and title  Primit Salmes Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm's address Price, Paige & COMPANY  Firm	a)				·			- , -			
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16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>14</b> Ber	nefits paid	to or for members (Part I)	X, column (A), line 4).						
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 4, 919, 407. 5, 430, 333  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6, 442, 709. 7, 046, 914  19 Revenue less expenses. Subtract line 18 from line 12. 845, 503. 460, 328  20 Total assets (Part X, line 16). 9, 005, 661. 9, 182, 449  21 Total liabilities (Part X, line 26). 3, 666, 671. 3, 311, 353  22 Net assets or fund balances. Subtract line 21 from line 20. 5, 338, 990. 5, 871, 096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE  Firm's address Firm's address Firm's address Firm's address For N MaGNOLIA AVE STE 100  Phone no. (559) 299-9540		<b>15</b> Sal	laries, othe	er compensation, employed	e benefits (Part IX, co	lumn (A), lines	5-10)	1,5	10,302	2. 1,616,581	
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17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 4, 919, 407. 5, 430, 333  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6, 442, 709. 7, 046, 914  19 Revenue less expenses. Subtract line 18 from line 12. 845, 503. 460, 328  20 Total assets (Part X, line 16). 9, 005, 661. 9, 182, 449  21 Total liabilities (Part X, line 26). 3, 666, 671. 3, 311, 353  22 Net assets or fund balances. Subtract line 21 from line 20. 5, 338, 990. 5, 871, 096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE  Firm's address Firm's address Firm's address Firm's address For N MaGNOLIA AVE STE 100  Phone no. (559) 299-9540	en										
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19 Revenue less expenses. Subtract line 18 from line 12.  845,503. 460,328  Beginning of Current Year End of Year 9,005,661. 9,182,449 21 Total liabilities (Part X, line 16). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name Preparer Use Only  PRICE, PAIGE & COMPANY Firm's name FIRSTO M MAGNOLIA AVE STE 100 Firm's EIN ► 77-0203007 CLOVIS, CA 93611 Phone no. (559) 299-9540											
Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 9,005,661. 9,182,449 21 Total liabilities (Part X, line 26). 3,666,671. 3,311,353 22 Net assets or fund balances. Subtract line 21 from line 20. 5,338,990. 5,871,096 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer's NEGRETE EXECUTIVE DIRECTOR  Print/Type or print name and title  Print/Type preparer's name Preparer's signature Exim's name FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE FIM'S name Firm's name Partice, Paige & COMPANY  Firm's name Firm's address  PRICE, PAIGE & COMPANY  Solon MAGNOLIA AVE STE 100 Firm's EIN 77-0203007  CLOVIS, CA 93611 Phone no. (559) 299-9540			•	•	•						
20 Total assets (Part X, line 16)		<b>19</b> Rev	venue less	expenses. Subtract line 1	8 from line 12						÷
20 Total assets (Part X, line 16)	r o										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    JEFFREY NEGRETE   EXECUTIVE DIRECTOR	sets	<b>20</b> Tot		• •							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    JEFFREY NEGRETE   EXECUTIVE DIRECTOR	d B	<b>21</b> Tot	al liabilitie	s (Part X, line 26)				3,6	66,671	1. 3,311,353	<u>.</u>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    JEFFREY NEGRETE   EXECUTIVE DIRECTOR	F	<b>22</b> Net	t assets or	fund balances. Subtract li	ne 21 from line 20			5,3	38,990	5,871,096	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY NEGRETE  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE Firm's name  Firm's name  PRICE, PAIGE & COMPANY  Firm's address  PRICE, PAIGE & COMPANY  Firm's EIN  77-0203007  CLOVIS, CA 93611  Phone no. (559) 299-9540			Signatur	e Block					•		_
Sign Here    Signature of officer   Date	Unde	r penalties o	of perjury, I de	eclare that I have examined this reti	urn, including accompanying s	schedules and staten	nents, and to th	ne best of my kne	owledge and	belief, it is true, correct, and	_
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name FAUSTO HINOJOSA, CPA, CFE FIRM'S name Firm's name Firm's address Firm's addr	comp	lete. Declar	ation of prepa	rer (other than officer) is based on	all information of which prepa	arer has any knowled	dge.				
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name FAUSTO HINOJOSA, CPA, CFE FIRM'S name Firm's name Firm's address Firm's addr			<b>.</b>								
Here  JEFFREY NEGRETE Type or print name and title  Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE Firm's name Firm's address Firm's address Firm's address Firm's address PRICE, PAIGE & COMPANY Firm's address CLOVIS, CA 93611  Phone no. (559) 299-9540	Sig	ın	Signatu	re of officer				Date			
Type or print name and title  Print/Type preparer's name  Preparer's signature  Prim's name  Prim's name  PRICE, PAIGE & COMPANY  Firm's address  Prim's EIN ► 77-0203007  CLOVIS, CA 93611  Phone no. (559) 299-9540	Hei	re	JEF1	FREY NEGRETE				EXECUTI	VE DI	RECTOR	
Paid Preparer Use Only Firm's address  Firm's address  PRICE, PAIGE & COMPANY  570 N MAGNOLIA AVE STE 100  CLOVIS, CA 93611  Phone no. (559) 299-9540											_
Paid Preparer Use Only FAUSTO HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE self-employed P00196912  PRICE, PAIGE & COMPANY  570 N MAGNOLIA AVE STE 100  CLOVIS, CA 93611  Phone no. (559) 299-9540			Print/Type p	preparer's name	Preparer's signature		Date	Che	ck if	f PTIN	_
Preparer Use Only Use On	Dai	Ч	FAUSTO	HINOJOSA, CPA, CFE	FAUSTO HINOTOSA	CPA. CFE		self	-emploved	P00196912	
Use Only         Firm's address         ► 570 N MAGNOLIA AVE STE 100         Firm's EIN ► 77-0203007           CLOVIS, CA 93611         Phone no. (559) 299-9540						CIII, CIL	1	3011		1.00130312	—
CLOVIS, CA 93611 Phone no. (559) 299-9540	Usi	e Only							o'c FINI ▶	77 0202007	
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Par	l III	Check if Schedule O contains a response or note to any line in this Part III	X
1	Brie	fly describe the organization's mission:	<u> </u>
•		CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF	
		ESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO	
		E POOR IN THE CENTRAL SAN JOAQUIN VALLEY.	
2		the organization undertake any significant program services during the year which were not listed on the prior	
		n 990 or 990-EZ?	)
_		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	)
4	Sect	cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported.	•
<u> 4</u> a	(Coc	de: ) (Expenses \$ 5,182,753. including grants of \$ ) (Revenue \$ 3,366.	
		CIAL SERVICES - THE SOCIAL SERVICE PROGRAMS ARE AVAILABLE TO THOSE INDIVIDUALS WHO	_
		E EITHER AT OR BELOW THE FEDERAL POVERTY INCOME GUIDELINES. THE ASSISTANCE PROVIDE	
		ROUGH THESE PROGRAMS IS FAR REACHING AND DIVERSE. DURING AN INITIAL INTAKE WITH OU	
	GUI	ESTS, THE INTAKE SPECIALIST IDENTIFIES AREAS OF EMERGENCY CRISIS. THESE AREAS	
	USI	UALLY FALL UNDER THE FOLLOWING SERVICE RELATED CATEGORIES: FOOD, CLOTHING, RENT,	
		<u>ELTER AND UTILITY ASSISTANCE. IN ADDITIONS, THE INTAKE SPECIALIST CAN ASSIST THE</u>	
		ESTS WITH OTHER LOCAL AND STATE PROGRAMS THAT THEY MIGHT NOT BE AWARE OF SUCH AS:	
	DMY	V_REDUCED_ID_CARDS,_CAL_FRESH_&_PG&E_CARE	
4 h	(Coc	de: ) (Expenses \$ 528,883. including grants of \$ ) (Revenue \$ 346,686.	
- N		YEE SERVICES - REPRESENTATIVE PAYEE PROGRAM PROVIDES ASSISTANCE TO ANY PERSON	
		EDING HELP WITH THE MANAGEMENT OF THEIR SOCIAL SECURITY AND/OR VA BENEFITS.	
4.0	(Coc	de: ) (Expenses \$ 461,705. including grants of \$ ) (Revenue \$	
		NIOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM PROVIDES SENIOR COMPANIONS	-'
		OLUNTEER AGE 55 AND OVER) WHO PROVIDE ASSISTANCE AND COMPANIONSHIP TO SENIORS WHO	
		VE DIFFICULTY WITH THEIR DAILY LIVING TASKS. THE SERVICE THESE COMPANIONS PROVIDE	
		LP THE WEAK AND FRAIL ELDERLY LIVE INDEPENDENTLY IN THEIR OWN HOMES INSTEAD OF	
		VING INTO INSTITUTIONAL CARE. ELIGIBLE SENIOR COMPANIONS EARN A SMALL TAX-FREE	
		IPEND TO COVER THE COST OF SERVING. THEY ALSO RECEIVE REIMBURSEMENT FOR	
		ANSPORTATION, AN ANNUAL PHYSICAL EXAMINATION, AND SUPPLEMENTAL ACCIDENT AND	
	LĪ	ABILITY COVERAGE WHILE THEY ARE SERVING.	
	1 O11-	ov program comises (Deceribe in Schodule O.)	
4 d		er program services (Describe in Schedule O.)  SEE SCHEDULE O	
40		penses \$ 160,881 including grants of \$ ) (Revenue \$ 113,480.)	

1 b. the organization described in section 501c(x)3 or 4947(e)(1) (other than a private foundation)? If "Yes," completes Schedule B. Schedule of Contributors (see instructions)2. 2 b. the organization required to complete Schedule B. Schedule of Contributors (see instructions)2. 3 b. Did the organization apsects on 501(e)(4), 501(x)50, 501(x)6), 601(x)6). 4 section 501(x)(3) organizations. Did the organization apsects on 501(e)(4), 501(x)50, 501(x)6), 601(x)6). 5 b. the organization apsects on 501(x)(4), 501(x)50, 501(x)6), 601(x)6), 601(x)6). 6 b. Did the organization apsects on 501(x)(4), 501(x)50, 501(x)6), 601(x)6), 601(x)6). 7 b. Did the organization maintain any observation seasonest, including essentials for which dones have the right to private advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III. 5 b. Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 6 Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 7 Did the organization maintain collections of works of art, historical researchs to preserve open space, the Complete Schedule C, Part III. 8 Did the organization maintain collections of works of art, historical researchs to preserve open space. The Complete Schedule C, Part III. 9 Did the organization maintain collections of works of art, historical researchs to provide advise and the complete Schedule C, Part III. 9 Did the organization receive in Part X, the provide organization, the assets in the part X is required and owners. 9 Did the organization organization are related erganization, hold assets in temporary restricted endowments. 10 Did the organization organization are applicable. 11 Part X is proprieted in Part X, the 16 If Yes, complete Schedule C, Part X, III. 12 Did the organization report an amount for land, buildings, and equations in the part X, th	s  No
3 Did the organization register in ricer or indirect political campaign activities on behalf of or in opposition to candidates for public ordice? If Yes; complete Schedule C, Part II.  4 Section 501(x)3) organizations. Did the organization engage in listibying activities, or have a section 501(t) election in effect during the tax year? If Yes; complete Schedule C, Part III.  5 Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6), organization that receives membership dues; assessments, or similar amounts as defined in Reviewue Procedure 98-19? If Yes; complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of a consensation of the complete Schedule D, Part III.  5 Did the organization maintain collections of works of art, historical fleasures, or not ther similar assets? If Yes; complete Schedule D, Part III.  5 Did the organization reject in through a related organization, held assets in temporarily restricted endowments, or questions of the solid part of the organization report an amount for land, buildings, and equipment in Part X, line 10 if Yes; complete Schedule D, Part VI.  6 Did the organization report an amount for investments – program related in Part X, line 10 if Yes; complete Schedule D, Part X, III by A Did the organization report an amount for other assets in the report and accounts of the solid assets reported in Part X, line 10 if Yes; complete Schedule D, Part	,
for public office? If Yes, complete Schedule C, Part I.  Section 501(A) organizations, but 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.  Is the organization a section 501(c)(d), 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Reviewus Proceedure 98-19? If Yes, complete Schedule C, Part III.  5	X
5 let the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which disnotes have the right to provide advise on the distribution of investment of amounts in such funds or accounts for which disnotes have the right to provide advise on the distribution of more than 15 and 15 an	Х
assessments, or similar amounts as defined in Revenue Procedure 99-197 if Yes," complete Schedule C, Part III.  5 Did the organization ministra may 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 II.  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 III.  8 Did the organization report an amount in Part X, Ine 21, for escrow or custodial account liberity, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If Yes, complete Schedule D, Part IV.  9 Did the organization report an amount for Index per Index of the organization report an amount for land, buildings, and equipment in Part X, line 10 Parts V, VIII, VIII, IX, or X as applicable.  10 D Part VIII, IX is a specific vivial or a conservation report an amount for investments — other securities in Part X, line 10 If Yes, complete Schedule D, Part VIII.  10 D A the organization report an amount for investments — other securities in Part X, line 10 If Yes, complete Schedule D, Part VIII.  11 D A the organization report an amount for investments — other securities in Part X, line 10 If Yes, complete Schedule D, Part VIII.  11 D A D A the organization report an amount for other liabilities in Part X, line 21 that is 5% or more of its total assets reported in Part X, line 16 If Yes, complete Schedule D, Part VIII.  11 D A D A the organization report an amount for other liabilities in Part X, line 25 If Yes, complete Schedule D, Part X III A VIII A D A D A D A D A D A D A D A D A D	Х
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Is the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  Is the organization maintain an office, employees, or agents outside of the United States?  Is Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts II and IV.  Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.  Is 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.  Is Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  It 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 III.  Is Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  Is Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.  Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or	,
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20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	Х

# Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24	a 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	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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, Part I	25a		Х
l	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 Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		Х
١	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	<b>c</b> 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	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ا	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			<u> </u>
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE

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

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 55			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	) If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
(	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ģ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
ě	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	- · · · · · · · · · · · · · · · · · · ·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14 a		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדי		<u> </u>
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) CATHOLIC CHARITIES OF THE DIOCESE 94-1678938 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ...... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?..... 12b Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ \_CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

FRESNO CA 93701 559-237-0851

KELLY GOODPASTER 149 N FULTON STREET

(13) RYAN DONAGHY

DIRECTOR

DIRECTOR

STACY ROQUE

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Estimated Reportable Reportable Average hours director/trustee) compensation from compensation from amount of other per week (list any hours for compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Individual Officer employee Institutional trustee -ormer Highest compensated employee and related related organizations organiza below dotted line) (1) MOST REV ARMANDO X OCHOA, D.D. 2 PRESIDENT 0 Χ Χ 0 0 0. (2) JOHN FERDINANDI 2 Χ CHAIRMAN 0 Χ 0 0 0. (3) BILL LAZZERINI, JR 2 Χ Χ VICE CHAIR 0 0 0 0. (4) REV. MSGR. RAYMOND DREILING VG 2 EPISCOPAL DELEG 0 Χ 0 0 0. (5) CHARLES KASSIS 2 Χ DIRECTOR 0 0 0 0. (6) BRUCE BATTI 2 DIRECTOR 0 Χ 0 0 0. (7) KENNETH BALDWIN 2 0 Χ 0 0. ATTORNEY 0. (8) BEVERLY CAMP 2 0 Χ DIRECTOR 0 0 0. 2 (9) REV. JOHN FLUETSCH DIRECTOR 0 Χ 0 0 0. (10) BREE COMSTOCK 2 DIRECTOR 0 0. Χ 0 0 2 (11) REV. PATRICK MCCORMICK 0. DIRECTOR 0 Χ 0 0 (12) STEVEN SPENCER 2 DIRECTOR 0 Χ 0 0 0.

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Part VII   Section A. Officers, Directors, 111	(B)	ney ⊟	Em	ibic		es, a	ınc	a nignest com	pensaled Emp	oyee	<b>S</b> (conti	nuea)
400	``	l		•	•	e than o		(D)	(E)		(F)	
<b>(A)</b> Name and title	Average hours	box	, unle	ss pe	erson	is both	an	Reportable	Reportable		stimated	
	per week (list any	-	11			or/truste		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	cor	unt of otl	
	hours	Individual or director	Stitu	Officer	Key employee	ighes	3	(W-2/1099-MISC)	(W-2/1099-MISC)	ore	rom the janization d related	
	related organiza	ector	tions	4	틿	st co	약				anization	
	tions below	Individual trustee or director	nstitutional trustee		yee	mper						
	dotted line)	8	stee			Highest compensated employee						
(15) FRANK HAMBALEK, JR	2											
TREASURER	12	X		Х				0.	0.			0.
(16) KELLY LILLES	40											
EXECUTIVE DIR.	0			Χ				100,178.	0.			0.
(17) JODY HUDSON	40											
OPERATIONS DIR	0			Χ				66,902.	0.			0.
(18) JEFF_NEGRETE	_ 40 _							4				_
EXECUTIVE DIR.	0			X				15,752.	0.			0.
(19) JILL CHRISTENSEN FINANCE MANAGER	$-\frac{40}{0}$			Х				65,597.	0.			0.
(20) ALISA WEBER	40							03,391.	0.			<u> </u>
FINANCE DIRECT	10-			Χ				11,493.	0.			0.
(21)								,				
(22)												
(23)												
(24)												
(05)												
(25)												
1 b Sub-total			<u></u>			<del>                                     </del>	-	259,922.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	259,922.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	/e) v	who	receiv	ed	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization   1											V	
•											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	stee, <i>al</i>	, key	em	nplo:	yee, o 	or h 	iighest compensat	ed employee	. 3		Х
<b>4</b> For any individual listed on line 1a, is the sum of	f renortah	le co	mne	nsa	tion	and o	nth.	er compensation t	from			
the organization and related organizations greate such individual	er than \$1	50,0	00?	lf 'γ	∕es,	' comp	olei	te Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accru										· -		Λ
for services rendered to the organization? If 'Yes	s,' comple	te S	ched	ule	J fo	r suct	n p	erson		. 5		X
1 Complete this table for your five highest compen	sated ind	enen	dent	100	ntra	ctors t	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report compensation	sation for	the c	alend	dar	year	endin	g v	vith or within the or	ganization's tax year			
<b>(A)</b> Name and business add	ress							( <b>B)</b> Description o	of services	Compe	<b>C)</b> ensatio	ın
Traine and pashess add								2 330117011011		2011100		
						_						_
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ited to	o tho	se I	ısted	d abov	e) '	who received more	than			
\$100,000 of compensation from the organization	- 0											

#### Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	<u></u>			. —
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
ج ق		Fundraising events 1c				
ts,	l .					
활.평	l .	Related organizations 1d 77,916.				
i, S	e	Government grants (contributions) 1e 976,857.				
P S	f	All other contributions, gifts, grants, and				
동	'	similar amounts not included above 1f 4,608,790.				
፰ፘ	a	Noncash contributions included in lines 1a-1f: \$ 3,737,898.				
든	_	<b>Total.</b> Add lines 1a-1f▶	5,663,563.			
		Business Code	3,003,303.			
Ž	٦.		252 252	252 252		
e≰e		PROG_FEES812900	350,059.	350,059.		
ď	b					
۳.	C					
ē	d					
9	l e					
Program Service Revenue	f	All other program service revenue				
ဦ		Total. Add lines 2a-2f	250 050			
Δ.	9	Totali / laa lines za zi	350,059.			
	3	Investment income (including dividends, interest and	46 806	46 806		
		other similar amounts)	46,736.	46,736.		
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6, 324.				
	b	Less: rental expenses				
	l c	Rental income or (loss) 6,324.				
	l .	Net rental income or (loss)	6,324.			6,324.
		(i) Securities (ii) Other	0,324.			0,324.
	7 a	Gross amount from sales of				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss) ▶				
as.	Ωa	Gross income from fundraising events				
це	0 4	(not including \$				
ē		of contributions reported on line 1c).				
ē		See Part IV, line 18 a 1,511,069.				
7	h	Less: direct expenses b 187, 909.				
Other Rever						
δ	C	Net income or (loss) from fundraising events ▶	1,323,160.			
	9 a	Gross income from gaming activities.				
		See Part IV, line 19 <b>a</b>				
	b	Less: direct expenses <b>b</b>				
	c	Net income or (loss) from gaming activities ▶				
	10 2	Gross sales of inventory, less returns				
	I U a	and allowances a 113,480.				
	b	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	112 400	112 400		
	۳	Miscellaneous Revenue Business Code	113,480.	113,480.		
	11 -		0 000	2 222		
		MISCELLANEOUS_REVENUES_	3,920.	3,920.		
	b					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a-11d	3,920.			
	12	Total revenue. See instructions	7,507,242.	514,195.	0.	6,324.
			. , , –	,		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check it Schedule O contains a remot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	259,922.	70,757.	131,200.	57,965.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,003,323.	806,202.	125,762.	71,359.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,003,323.	000,202.	1237 702.	717333.
9	Other employee benefits	237,062.	179,656.	36,572.	20,834.
10	Payroll taxes	116,274.	83,272.	22,802.	10,200.
11	Fees for services (non-employees):	·	·		
a	Management				
Ŀ	<b>)</b> Legal				
C	Accounting				
C	<b>1</b> Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	85,101.	28,525.	42,186.	14,390.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	139,426.	135,333.	2,490.	1,603.
17	Travel	59,234.	47,854.	7,643.	3,737.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,200	51, 5521	.,,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,273.	70,222.	43,051.	
23	Insurance	30,049.	24,637.	3,794.	1,618.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	FOOD AND OTHER ASSISTANCE	4,245,678.	4,245,678.		
k	STIPENDS	216,295.	216,295.		
	MATERIALS AND SUPPLIES	137,230.	122,088.	9,918.	5,224.
	SECURITY	130,027.	118,499.	8,311.	3,217.
	All other expenses	274,020.	185,204.	49,595.	39,221.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	7,046,914.	6,334,222.	483,324.	229,368.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	303,985.	1	510,715.
	2	Savings and temporary cash investments	2,237,491.	2	2,303,741.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	96,575.	4	145,768.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	83,948.	8	183,538.
As	9	Prepaid expenses and deferred charges	2,462.	9	2,797.
		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	=, ====		=,
	b	Less: accumulated depreciation	1,586,340.	10 c	1,557,176.
	11	Investments — publicly traded securities	1,218,776.	11	1,270,520.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,476,084.	15	3,208,194.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,005,661.	16	9,182,449.
	17	Accounts payable and accrued expenses	132,402.	17	97,935.
	18	Grants payable		18	
	19	Deferred revenue	58,185.	19	5,224.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	3,476,084.	25	3,208,194.
	26	<b>Total liabilities.</b> Add lines 17 through 25.	3,666,671.	26	3,311,353.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets.	5,130,333.	27	5,420,492.
Ba	28	Temporarily restricted net assets.	208,657.	28	450,604.
P	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ξ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	5,338,990.	33	5,871,096.
	34	Total liabilities and net assets/fund balances	9,005,661.	34	9,182,449.
BA	4	TEEA0111L 08/03/18			Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,5	07,2	242.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,0	46,9	 ∂14.
3	Revenue less expenses. Subtract line 2 from line 1	3		60,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		38,9	
5	Net unrealized gains (losses) on investments	5		48,4	
6	Donated services and use of facilities	6		37,6	
7	Investment expenses	7		14,3	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,8	71,0	)96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_		
	in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 :	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Х	
ı	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	t			
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь	Х	
BAA	TEEA0112L 08/03/18		Form	990 (	(2018)

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

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

varrie	or trie		HARITIES OF TH	HE DIOCESE			' '		on number	
Dai	4 I	OF FRESNO Reason for Public Cha	ority Ctatus (All a	raanizations must d	omple	to thic	94-167			
Pai		nization is not a private found	•	3				uc	10115.	
111e	orya 	•	`			•	•			
2	Н	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3	Н	A hospital or a cooperative h					VIII)			
4	Н	A medical research organiza	3				<i>^</i> , <i>,</i>	:::\	ntor the beenitely	
4		name, city, and state:						<i>)</i> . ∟		s 
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)								
6 7		A federal, state, or local gov	•							
′	X	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	t or from the gener	al pub	olic described	
8		A community trust described	d in <b>section 170(b)(1)(</b>	(A)(vi). (Complete Part I	l.)					
9		An agricultural research organ or university or a non-land-gra								
		university:								
10		An organization that normally from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sul lated business taxabl	bject to certain exception e income (less section	ns, and	(2) no r	more than 33-1/39	% of i	ts support from a	ross after
11		An organization organized a		· ·	ety. See	section	509(a)(4).			
12	П	An organization organized a	nd operated exclusive	elv for the benefit of, to	perform	the fun	ctions of, or to ca	ırrv oı	ut the purposes o	f one
		or more publicly supported of lines 12a through 12d that de	organizations describe	ed in <b>section 509(a)(1)</b> d	r sectio	n 509(a)	(2). See <b>section</b> !	509(a	<b>)(3).</b> Check the bo	ox in
•	a 📙	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported c rs or trus	rganizati stees of t	on(s), typically by he supporting orga	giving nizatio	the supported on <b>. You must</b>	
ı	) [	Type II. A supporting organize management of the supporting must complete Part IV, Sect	r organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s the supported orga	), by anizat	having control or ion(s) <b>. You</b>	
•	:	Type III functionally integrated organization(s) (see instruction	L A supporting organizations) You must com	tion operated in connection	n with, ai	nd functio	onally integrated wit	h, its	supported	
•	<u> </u>	Type III non-functionally integ	<b>rated.</b> A supporting orgorganization generally	janization operated in cor must satisfy a distribu	nection	with its s	supported organizat	tion(s)	that is not	<u>:</u>
(	· 🗌	instructions). You must com Check this box if the organiz integrated, or Type III non-fu	zation received a writt	en determination from	the IRS	that it is	a Type I, Type II	, Тур	e III functionally	
1	Fn	integrated, or Type in Hon-it iter the number of supported								
		ovide the following information	-							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning	(v) Amount of mone support (see instruct		(vi) Amount of o support (see instruc	12. 8
					Yes	No				
(A)										
(B)										
(C)										
(D)										
נט										
(E)										
T - +										

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 5</b>	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.
6	<b>Public support.</b> Subtract line 5 from line 4						25,615,125.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	4,661,732.	4,563,024.	5,017,215.	5,671,935.	5,701,219.	25,615,125.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,574.	2,173.	3,105.	28,188.	46,736.	81,776.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	, .	,	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE FART VI.	1,401,491.	1,501,904.	1,475,224.	1,727,752.	1,984,852.	8,091,223.
11	Total support. Add lines 7 through 10						33,788,124.
12	Gross receipts from related activ	rities, etc. (see ins	structions)				0.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						75.81 %
15	Public support percentage from	,	,				77.45 %
16a	<b>33-1/3% support test—2018.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the b olicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, checl	this box     ∴     ∴
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	est—2018. If the ormeets the 'facts-as-and-circumstand	ganization did no and-circumstance es' test. The orga	t check a box on s' test, check this inization qualifies	line 13, 16a, or 1 box and <b>stop he</b> r as a publicly sup	6b, and line 14 is r <b>e.</b> Explain in Part ported organization	10% t VI how on►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the organization meets the	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	<b>re.</b> Explain in Part ted organization	t VI how the ▶
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ists nated below,	picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) = 5 1 1	(4) 2010	(7	(4) 2011	(4) 23 13	(1)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support		 			-	
	dar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul			10		1 1	
	Public support percentage for 20	• •		. , ,	•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(0)	1 4= 1	
	Investment income percentage for			=		<del></del>	%
	Investment income percentage for						8
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organi	zation qualifies	as a publicly supp	orted organization	1▶ 📗
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> The	e organization qu	ıalifies as a public	ly supported orga	nization ▶ 🔲
_0	ate realisation in the organiz	_and not one	on a box on line i	., 150, 51 150, 6	ALCON GIIG DOX GIIG	SSS INSTRUCTIONS	·····

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).	2		
<b>5</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	Hac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele <b>Part \</b> If the	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in  VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.  organization had more than one supported organization, describe how the powers to appoint and/or remove  tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
		s regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	$\equiv$	he organization satisfied the Activities Test. Complete line 2 below.			
b	=	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the ortal organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		rantially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	01		
		nization's involvement.	2b		
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i> ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in <b>Part VI</b> .	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOC			78938	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizati	ons		
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI) <b>. Se</b> through E.	е
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t			
ā	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	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 factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2018

BAA

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

## **PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE		2018	2017	2016	2015	2014
RENTAL INCOME	\$	6,324.				
THRIFT SHOP PROGRAM FEES	_	113,480. 350,059.	358,937.	98,164. 373,816.	93,335. 387,684.	83,737. 404,626.
FUNDRAISING MISCELLANEOUS		.,511,069. 3,920.	1,216,109. 34,111.	989,949. 2,066.	995,353. 7,560.	3,827.
	TOTAL <u>\$1</u>	<u>.,984,852.</u>	<u>\$1,727,752.</u>	\$1,475,224.	\$1,501,904.	<u>\$ 1,401,491.</u>

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE

	OF FRESNO		94-1678938
Par	deligible of the Organizations Maintaining Donor Advised Funds  Complete if the organization answered 'Yes' on Fo	or Other Similar Fu	unds or Accounts.
		advised funds	(b) Funds and other accounts
1	Total number at end of year	auviseu iulius	(b) i unus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing are the organization's property, subject to the organization's exclusi	that the assets held in ve legal control?	donor advised funds
6	Did the organization inform all grantees, donors, and donor advisors for charitable purposes and not for the benefit of the donor or donor impermissible private benefit?	s in writing that grant fur advisor, or for any other	Inds can be used only er purpose conferring
Da.			
Par	<b>til</b> Conservation Easements.  Complete if the organization answered 'Yes' on Fo	rm 990 Part IV Jin	ne 7
1	Purpose(s) of conservation easements held by the organization (che		7.
	Preservation of land for public use (e.g., recreation or education		n of a historically important land area
	Protection of natural habitat	•	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserval last day of the tax year.	ation contribution in the fo	orm of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		
	Total acreage restricted by conservation easements		
•	Number of conservation easements on a certified historic structure	included in (a)	2c
(	Number of conservation easements included in (c) acquired after 7/ structure listed in the National Register		2 d
3	Number of conservation easements modified, transferred, released, extintax year ►	guished, or terminated by	y the organization during the
4	Number of states where property subject to conservation easement is loc	ated ►	
5	Does the organization have a written policy regarding the periodic n		
6	and enforcement of the conservation easements it holds?		
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	tions, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above satis and section 170(h)(4)(B)(ii)?	fy the requirements of s	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easemen include, if applicable, the text of the footnote to the organization's fi conservation easements.		
Par	Organizations Maintaining Collections of Art, Histocomplete if the organization answered 'Yes' on Fo	<b>torical Treasures, c</b> rm 990, Part IV, Iin	or Other Similar Assets. ne 8.
1 6	If the organization elected, as permitted under SFAS 116 (ASC 958) art, historical treasures, or other similar assets held for public exhibition, in Part XIII, the text of the footnote to its financial statements that o	education, or research in	venue statement and balance sheet works of furtherance of public service, provide,
ı	If the organization elected, as permitted under SFAS 116 (ASC 958) historical treasures, or other similar assets held for public exhibition, edu following amounts relating to these items:	cation, or research in furt	therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or o amounts required to be reported under SFAS 116 (ASC 958) relatin	ther similar assets for finage to these items:	ancial gain, provide the following
	a Revenue included on Form 990, Part VIII, line 1		
1	Assets included in Form 990 Part X		►\$

Part III Organizations Maintaining Col	lections of Art, Histo	orical Treasures, oi	r Other Similar Ass	sets (contin	ued)
3 Using the organization's acquisition, accession items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research	e Other				
<b>c</b> Preservation for future generations	_				
4 Provide a description of the organization's colle Part XIII.	ections and explain how they	/ further the organization	s exempt purpose in		
<b>5</b> During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as part of the c	organization's collection	?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	<b>ements.</b> Comp <b>l</b> ete if t on Form 990, Part X,	the organization an Iine 21.	swered 'Yes' on Fo	orm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	dian or other intermediary	for contributions or oth	er assets not included	☐ Yes	
<b>b</b> If 'Yes,' explain the arrangement in Part XII					
D : : 1 1				Amount	
c Beginning balance					
<b>d</b> Additions during the year					
e Distributions during the year					
f Ending balance					
<b>b</b> If 'Yes,' explain the arrangement in Part XII	· · · · ·		•		⊢ No
<b>b</b> if Yes, explain the arrangement in Part XII	i. Check here ii the explai	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete	if the organization an	neward 'Vas' on Fa	orm 990 Part IV/ Ii	ino 10	
(a) Curry					re hack
<b>1 a</b> Beginning of year balance	Sitt year (b) Thor year	(c) Two years back	(a) Thice years back	(c) rour yea	13 back
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the cur	rent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ►	<u> </u>				
<b>b</b> Permanent endowment					
c Temporarily restricted endowment	%				
The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3 a Are there endowment funds not in the possessi organization by:	on of the organization that a	are held and administered	d for the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related organize	zations listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended uses of the	e organization's endowme	ent funds.			
Part VI Land, Buildings, and Equipme	nt.				
Complete if the organization ar		m 990, Part IV, line	e 11a. See Form 99	90, Part X, <b>I</b>	ine 10.
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	<b>(c)</b> Accumulated depreciation	(d) Book v	alue
<b>1 a</b> Land		532,444.		532	,444.
<b>b</b> Buildings		2,116,798.	1,231,729.	885	,069.
<b>c</b> Leasehold improvements					
<b>d</b> Equipment		479,462.	341,549.	137	,913.
<b>e</b> Other		1,750.			,750.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)	<u></u>		,176.
DAA			Coho	dula D (Earm 90	0\ 2010

Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered		T ·	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1) Financial derivatives(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) Till (2) - (1) - (2) - (2) - (3)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N / 7	
Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 990	0, Part X, line 13.
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-o	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.		Down IV Lines 11d Con Farres 000	O David V Jima 1E
Complete if the organization answered	scription	J, Part IV, line 11d. See Form 990	(b) Book value
(1) CASH TRUST FUNDS	3611/211011		3,208,194.
(2)			, , , , , , , , , , , , , , , , , , , ,
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	▶	3,208,194.
Part X Other Liabilities.  Complete if the organization answered 'Yes' on F	form 990 Part IV line 1	10 or 11f Son Form 990 Part Y line 25	
(a) Description of liability	<b>(b)</b> Book value	Te of TH. See Form 330, Fart A, fine 23.	
(1) Federal income taxes	(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(2) TRUST FUNDS PAYABLE	3,208,19	94.	
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			hility for uncertain
- LIADINIO TOI UNICERTAIN TAX DOSTUONS. III FART AIN. DROVIUE UNE LEXT OF THE 10	omore to the organization's H	nanciai statements that reports the organization's Ha	IDITILY TO UNICE LATE

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

Part XI Reconciliation of Revenue per Audited Financial Statement		•	turn.	
Complete if the organization answered 'Yes' on Form 990, Pa				
1 Total revenue, gains, and other support per audited financial statements			1	7,579,020.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a	48,472.		
<b>b</b> Donated services and use of facilities	2 b	37,656.		
<b>c</b> Recoveries of prior year grants	2 c			
<b>d</b> Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d			2 e	86,128.
3 Subtract line 2e from line 1			3	7,492,892.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	14,350.		
<b>b</b> Other (Describe in Part XIII.)	4 b			
c Add lines <b>4a</b> and <b>4b</b>			4 c	14,350.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,507,242.
Part XII Reconciliation of Expenses per Audited Financial Statemen	ts With	n Expenses per l	Returr	1.
Complete if the organization answered 'Yes' on Form 990, Pa	art IV,	line 12a.		
1 Total expenses and losses per audited financial statements			1	7,046,914.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a			
<b>b</b> Prior year adjustments	2 b			
c Other losses	2 c			
<b>d</b> Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d			2 e	
3 Subtract line 2e from line 1			3	7,046,914.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		İ		,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
<b>b</b> Other (Describe in Part XIII.)	4 b			
c Add lines <b>4a</b> and <b>4b</b>			4 c	
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ). Part XIII Supplemental Information.			5	7,046,914.

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

### **PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF CALIFORNIA INCOME TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE

Schedule D (Form 990) 2018

**Part XIII** Supplemental Information (continued)

## PART X - FIN 48 FOOTNOTE (CONTINUED)

UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

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

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization CATHOLIC CHARITIES OF THE DIOCESE

OMB No. 1545-0047

Open to Public Inspection

OF FRESNO 94-1678938 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations X In-person solicitations **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? fundraiser listed in from activity organization column (i) Yes No 1 2 3 5 6 7 9 10 Total.... 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOCESE 94-1678938 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) through column (c) HARVEST OF HOP HARVEST OF HOP (event type) (event type) (total number) REVENUE **1** Gross receipts..... 707,703. 542,782. 260,584. 1,511,069. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 707,703. 542,782. 260,584. 1,511,069. 6 Rent/facility costs..... **7** Food and beverages ..... Other direct expenses..... 28,763. 109,175. 49,971. 187,909. 10 Direct expense summary. Add lines 4 through 9 in column (d)..................▶ 187,909. Net income summary. Subtract line 10 from line 3, column (d).................▶ 1,323,160. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a, (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c)) Gross revenue..... **2** Cash prizes..... DIRECT S 3 Noncash prizes ...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain:

**b** If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

11 [	lule G (Form 990 or 990-EZ) 2018 CATHOLIC CHARITIES OF THE DIOCESE  Does the organization conduct gaming activities with nonmembers?	94 <b>-</b> 1678		
10	Toos the organization conduct garming activities with normalisers		Yes	No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	— ☐ No
13 I	ndicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility	. 13a		%
	An outside facility.			%
14 E	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
١	Name ►			
A	Address ►			
<b>b</b> l	Does the organization have a contract with a third party from whom the organization receives gaming rever f 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ f 'Yes,' enter name and address of the third party:			No
١	Name ►			
A	Address ►			
16 (	Gaming manager information:			
١	Name <b>&gt;</b>			
(	Gaming manager compensation ► \$			
[	Description of services provided			
[	Director/officer Employee Independent contractor			
<b>17</b> N	Mandatory distributions:			
a l	s the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in programization's own exempt activities during the tax year   \$	n the	-Ш	Ш
Part				v);

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO Part I Types of Property

Employer identification number 94-1678938

applicable contributions or items contributed anomarise reported on Form 900 noncesh contribution amount reported for Form 900 noncesh contribution and properly reported in Part I, lines I through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?    Vest   Noncesh content   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribution   Noncesh contribu			(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of determining
2 Art — Historical treasures			applicable	contributions or items contributed		noncash contribution amounts
2 Art — Historical treasures	1	Art — Works of art				
3 Art – Fractional interests.						
4 Books and publications.	_					
5 Clothing and household goods. X 50,362. ESTIMATED  6 Cars and other vehicles.	-					
6 Cars and other vehicles	5		Х		50.362	ESTIMATED
8 Intellectual property. 9 Securities — Publicity traded. 10 Securities — Publicity traded. 11 Securities — Pathership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures. 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other. 18 Collectibles. 19 Food inventory. 20 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other ► ( ) 26 Other ► ( ) 27 Other ► ( ) 28 Other ► ( ) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 28 Drugs and medical supplies are required to be used for exempt purposes for the entire holding period? 29 Number of Forms 8283 received by the organization during the tax year for contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a   X   50 If "Yes," describe the arrangement in Part II. 51 If yes, 'describe the arrangement in Part II. 52 If "Yes,' describe the arrangement in Part II. 53 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?. 51 If "Yes,' describe in Part II. 52 If "Yes,' describe in Part II. 53 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.	6				507502.	
8 Intellectual property. 9 Securities — Dublicly traded. 10 Securities — Partnership, LLC, or trust interests. 11 Securities — Partnership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures. 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Commercial. 19 Food inventory. 20 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other * ( ) 27 Other * ( ) 28 Other * ( ) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 In Des the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 30 Des the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 If the organization in Part II. 33 If the organization in Part III. 31 If the organization in Part III. 33 If the organization in Part III. 31 If the organization in Part III. 33 If the organization in Part III. 34 If the organization in Part III. 35 If the organization in Part III. 36 If the organization in Part III. 37 If the organization in Part III. 38 If the organization in Part III. 39 If the organization in Part III. 30 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 31 If the organization in Part III. 32 If the organization in Part III. 33 If the organization in Part III.	7					
10 Securities — Closely held stock	8	•				
10 Securities — Closely held stock	9	Securities – Publicly traded				
12 Securities – Miscellaneous	10	Securities — Closely held stock				
13 Qualified conservation contribution — Historic structures.  14 Qualified conservation contribution — Other	11	Securities – Partnership, LLC, or trust interests.				
Historic structures  4 Qualified conservation contribution — Other.  5 Real estate — Residential.  6 Real estate — Commercial.  7 Real estate — Other.  8 Collectibles.  9 Food inventory.  10 Drugs and medical supplies.  11 Taxidermy.  12 Historical artifacts.  13 Scientific specimens.  24 Archeological artifacts.  25 Other ► ( )  26 Other ► ( )  27 Other ► ( )  28 Other ► ( )  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.  29 Suring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  30a During the year, did the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Does the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 X  32 Does the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	12	Securities - Miscellaneous				
14 Qualified conservation contribution — Other	13					
15 Real estate − Residential	14	Qualified conservation contribution — Other				
17 Real estate — Other.  18 Collectibles.  19 Food inventory.  20 Drugs and medical supplies.  21 Taxidermy.  22 Historical artifacts.  23 Scientific specimens.  24 Archeological artifacts.  25 Other ► ( )  27 Other ► ( )  28 Other ► ( )  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.  29 Number of Forms 8283 received by the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  29 If Yes,' describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 X  32b If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	15	Real estate – Residential				
18 Collectibles.	16	Real estate – Commercial				
19 Food inventory. X 3,687,536. ESTIMATED  20 Drugs and medical supplies	17	Real estate – Other				
20 Drugs and medical supplies	18	Collectibles				
21 Taxidermy	19	Food inventory	Х		3,687,536.	ESTIMATED
22 Historical artifacts.  23 Scientific specimens.  24 Archeological artifacts.  25 Other ► (	20	Drugs and medical supplies				
33 Scientific specimens	21	Taxidermy				
24 Archeological artifacts	22	Historical artifacts				
25 Other						
26 Other ► ( )    28 Other ► ( )    29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement    29 Yes No  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?    30a X  b If 'Yes,' describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?    31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?    32 b If 'Yes,' describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	24	Archeological artifacts				
26 Other ► ( )   27 Other ► ( )   28 Other ► ( )   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	25	Other • ()				
28 Other ► ( )   29  Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement   29    Yes   No   30a   During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a   X   X   b   If 'Yes,' describe the arrangement in Part II.   31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31   X   X   32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   32a   X   X   b   If 'Yes,' describe in Part II.   33   If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	26	O41 (				
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	27	Other • ()				
organization completed Form 8283, Part IV, Donee Acknowledgement.  Yes No  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.  50a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.  50a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.  30a X  The part II is a support of the part II is a s	28	Other► ( )				
Yes No  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.  30a X  b If 'Yes,' describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	29					20
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		organization completed Form 8283, Part IV, Done	e Acknowled	agement		
it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?						Tes No
for exempt purposes for the entire holding period?  b If 'Yes,' describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 b If 'Yes,' describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a					
b If 'Yes,' describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 b If 'Yes,' describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,						
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	h					30a A
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.  b If 'Yes,' describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			cv that requi	res the review of anv r	nonstandard contribution	ns? <b>31</b> X
noncash contributions?				•		<u>A</u>
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		3	9	, ·	,	32 a X
		•				
	33		mn (c) for a	type of property for wh	nich column (a) is chec	ked,

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

Schedule M (Form 990) 2018

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

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO

Employer identification number

94-1678938

### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THRIFT STORE - THE THRIFT STORE ACCEPTS DONATIONS OF GENTLY USED CLOTHING, FURNITURE AND HOUSEHOLD GOODS. THESE GOODS ARE SOLD TO THE PUBLIC AND THE PROCEEDS GO DIRECTLY BACK TO THE AGENCY'S PROGRAMS AND SERVICES. INDIVIDUALS AND FAMILIES THAT ARE IN NEED OF CLOTHING CAN OBTAIN VOUCHERS REDEEMABLE FOR ITEMS IN OUR THRIFT STORE.

CAREER & EDUCATION CENTER - APPROXIMATELY 59% OF THOSE SERVED BY CATHOLIC CHARITIES HAVE A HIGH SCHOOL GRADUATE LEVEL EDUCATION OR LESS. WITH THAT IN MIND, THE CAREER AND EDUCATION CENTER AT CATHOLIC CHARITIES PROVIDES CLIENTS WITH THE TOOLS THEY NEED TO BUILD CONFIDENCE, GET BACK TO WORK AND BECOME SELF-SUFFICIENT. SINCE THE CENTER OPENED, NEARLY 96 STUDENTS HAVE GRADUATED FROM ONE OR MORE COURSE AT SITES IN FRESNO AND BAKERSFIELD.

IN CARRYING OUT THE SOCIAL MISSION OF THE ROMAN CATHOLIC CHURCH IN THE DIOCESE OF FRESNO THE ORGANIZATION PROVIDES FOOD, CLOTHING, SHELTER, ASSISTANCE AND COMFORT TO THE POOR IN THE CENTRAL SAN JOAQUIN VALLEY.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTE AND THE FINANCE MANAGER. A COPY IS PROVIDED TO THE BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
THE BOARD OF DIRECTORS REVIEWS ANY POTENTIAL CONFLICTS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA ANNUALLY TO DETERMINE EXECUTIVE DIRECTOR

AND OTHER KEY EMPLOYEES COMPENSATION.

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE
OF FRESNO

| Employer identification number | 94-1678938 |

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPY OF THE FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENT IS AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(g) Sec 512(b)(13) controlled entity? ŝ (f) Direct controlling entity  $\bowtie$ Yes Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity 94-1678938 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. \_ (d) Total income (3) (d) Exempt Code section <u>ပ</u> (c) Legal domicile (state or foreign country) 501 (c)
Legal domicile (state or foreign country) CA**(b)** Primary activity **(b)** Primary activity CHURCH THE DIOCESE (a)
Name, address, and EIN (if applicable) of disregarded entity ROMAN CATHOLIC DIOCESE OF FRESNO 1550 N. FRESNO STREET FRESNO, CA 93703 CATHOLIC CHARITIES OF (a) Name, address, and EIN of related organization (1) 8 4 9 ଚ ල

Schedule R (Form 990) 2018

TEEA5001L 06/07/18

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

94-1678938

Schedule R (Form 990) 2018 CATHOLIC CHARITIES OF THE DIOCESE

Page 2 **Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	400		Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	(K) Percentage ownership
		country)		512-514)				Yes	No	1065)	Yes No	
(1)												
(2)												
(3)												
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	<b>izations</b> nore rela	<b>Taxable as</b> ted organiz	s a Corporations articularies	n or Trust. d as a corp.	Complete oration or t	if the org rust durir	anization ng the tax	answer year	ed 'Yes' on F	on Form 990, Part IV,	art IV,
<b>(a)</b> Name, address, and EIN of related organization	of related organizatic		<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,		(f) Share of total income		Share of end-of- Fyear assets	(h) Percentage S ownership co	(i) Sec 512(b)(13) controlled entity?
				coaliuy)			(her				ľ	Yes No
<u>(1)</u>		<del> </del>										
		<del> </del>										
(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
		<del> </del>										
		<u> </u>										
(3)												
		<del> </del>										
		<del> </del>										
ВАА				TEEA	TEEA5002L 10/02/18	-			-	Sch	Schedule R (Form 990) 2018	n 990) 2018

Page 3

94-1678938

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

Note: Complete line 1 it any entity is listed in Parts II, III, or IV of this schedule.  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		Yes
a controlled entity			1a
			1 b
Gift, grant, or capital contribution from related organization(s).			1c
			1 d
			1e
			<u>+</u>
			6 -
			u L
			1i
Lease of facilities, equipment, or other assets to related organization(s)			<u>:</u>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)			- - -
(s) organization(s)			-
s by related organization(s)			- E
related organization(s)		:	1n
			10
		:	1p
			1q X
			- -
			1s
If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ationships and transaction threshol		
tion	(b) Transaction Transaction Amount involved type (a-s)		(d) Method of determining amount involved
	Q 323	23,414.ACTUAL	JAL
TEEA5003L 06/07/18	-	Schedule R	Schedule <b>R</b> (Form 990) 2018

94-1678938

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	<b>(k)</b> Percentage ownership
			from tax under sections 512-514)	Yes No			Yes No	(Form 1065)	Yes No	
(1)				+			-			
(3)										
(4)										
(5)										
(6)										
<u>(7)</u>										
(8)										
ВАА			TEI	TEEA5004L 06/07/18				Schedul	Schedule <b>R</b> (Form 990) 2018	90) 2018

Part VII Supplemental Information.

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

**BAA** TEEA5005L 06/07/18 Schedule **R** (Form 990) 2018

059		
Date Accep		HIS FORM TO THE FTE
TAXABLE Y	EAR California e-file Return Authorization for	FORM
2018	Exempt Organizations	8453-EC
Exempt Organiz		Identifying number
		94-1678938
	Electronic Return Information (whole dollars only)	
	gross receipts (Form 199, line 4)	
	gross income (Form 199, line 8)	
	expenses and disbursements (Form 199, Line 9)	37,234,823
Part II	Settle Your Account Electronically for Taxable Year 2018	
4 🗌 EI	ectronic funds withdrawal <b>4a</b> Amount <b>4b</b> Withdrawal date (mm/dd/yyy	y)
Part III	Banking Information (Have you verified the exempt organization's banking information?)	
<b>5</b> Routin	g number	
<b>6</b> Accou	nt number <b>7</b> Type of account:	Savings
Part IV	Declaration of Officer	
	he exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I auth or the amount listed on line 4a <b>.</b>	norize an electronic funds
Tax Board ( for the fee I statements b return or re	s return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand to FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt or ability and all applicable interest and penalties. I authorize the exempt organization return and accomplet transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization return and accomplete transmitted to the FTB by the ERO, transmitter, or intermediate service provider the reasonable authorize the FTB to disclose to the ERO or intermediate service provider the reasonable transmitter.	ganization will remain liable panying schedules and empt organization's on(s) for the delay.
Sign	EXECUTIVE DIRECTOR	
Here	Signature of officer Date Title	
Part V	Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instruction	S.
the best of organization officer's sig forms and i Authorized exempt orga under pena statements,	at I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO any knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have nature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization formation that I will file with the FTB, and I have followed all other requirements described in FTB Put e-file Providers. I will keep form FTB 8453-EO on file for <b>four</b> years from the due date of the return or initiation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also ties of perjury, I declare that I have examined the above exempt organization's return and accompanying and to the best of my knowledge and belief, they are true, correct, and complete. I make this declarate ave knowledge.	for reviewing the exempt to obtained the organization on officer with a copy of all to 1345, 2018 Handbook for four years from the date the to the paid preparer, ing schedules and
	Date Check if Check if	f ERO's PTIN
	ERO's signature FAUSTO HINOJOSA, CPA, CFE Check if also paid preparer per employee	
ERO Must	PRICE PAIGE & COMPANY	FEIN
Must Sign	if self-employed) and address  570 N MAGNOLIA AVE STE 100	77-0203007
2.2.	CLOVIS CA	ZIP code 93611

For Privacy Notice, get FTB 1131 ENG/SP.

Paid preparer's signature

Firm's name (or yours if self-employed) and address

Paid Preparer Must

Sign

are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

FTB 8453-EO 2018

Paid preparer's PTIN

Check if self-employed

FEIN

ZIP code

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they

CATHOLINE   CATHOLINE   CATHOLINE OF PRESIDE   CATHOLINE OF	6/30/19	201	8 CA	LIFOF	¥N¥	<b>B</b> 00	K DE	PREC	IATIO	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 1
159     150     150     150       150	CLIENT CATHCHAR			ပ	АТНОІ	-IC CH	ARITIES OF FRE	S OF THE SNO	DIOCE	SE				6	4-1678938
TRANSPORT EQUIPMENT   12/31/17   56,571   5   5   5   5   5   5   5   5   5		DATE ACQUIRED	DATE SOLD	COST/ BASIS		!	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.		DEPR. BASIS	PRIOR DEPR.	METHOD LII	EE RATE	02:45PM CURRENT DEPR.
TOTAL         55,671         55,671         5,567         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         5,17         1,17         5,17         5,17         1,17         5,17         3,17         4,17         5,17         3,17	FORM 199														
EDUIP         55,671         5,567         5,71         1,67	AUTO / TRANSPORT EQUIPMENT														
TOTAL ALLOY TRANSPORTEDIN FROM THE ALLO ALLO ALLO ALLO ALLO ALLO ALLO ALL	137 TRUCK WRAP MODEL #4300	12/31/17		55,671	ı		İ				55,671	5,567	S/L	5	11,134
PT 10 - BLOG & IMPROV  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - FRESNO  HANDOLING - HAN	TOTAL AUTO / TRANSPORT EQUIP	0		55,671		0	0	0			55,671	5,567			11,134
BUILDING - FRESNO 4/01/98 658,239 658,239 658,239 658,239 7. 1 3. 5. 44,648 8. 44,41 8. 7 41,147 44,648 8. 44,648 8. 44,41 8. 7 1. 1 1. 18,070 9,622 9,620 9,7 1. 1 1. 18,070 9,622 9,200 9,7 1. 1 1. 18,070 9,622 9,200 9,7 1. 1 1. 18,070 9,622 9,200 9,7 1. 1 1. 17,07 1. 10,070 9,623 9,620 9,7 1. 1 1. 10,070 9,623 9,620 9,620 9,7 1. 1 1. 10,070 9,622 9,620 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 10,070 9,622 9,620 9,627 9,7 1. 1 1. 1,071 9,7 1. 1 1. 1,071 9,7 1. 1 1. 1,071 9,7 1. 1 1. 1,071 9,7 1. 1 1. 1,07 1. 1 1. 1 1. 1,07 1. 1 1. 1,07 1. 1 1. 1,07 1. 1 1. 1,07 1.	DEPT 10 - BLDG & IMPROV														
ARRODEL         41/4/97         44,648         67,1         60           REMODEL         1/18/07         46,628         62,2         62,2         50         57,1         10           CABLE & DATA DROP         1/17/07         4,637         4,007         5,6         4,697         4,00         57,1         1           CABLE & DATA DROP         1/17/07         4,67         70         4,67         4,00         57,1         3           CABLE & DATA DROP         1/17/07         4,67         70         4,67         4,00         57,1         3           INSTALL CABINETS         3/30/07         2,224         4,00         57,2         3         1         1           MIRING GANG PLATES         3/30/07         2,224         2,146         5,1         7         1           ASHPALT         12/12/07         2,224         2,146         5,1         7         1           ASHE PLAT         2/12/07         1,371         3         4,715         5,1         1           SALES TAX         1/12/07         4,376         4,376         2,216         2,1         1           SALES TAX         1/12/07         4,376         4,376         2,224         2,146<	1 BUILDING - FRESNO	4/01/98		636,239							636,239	628,097		5	8,142
REMODEL         1/18/07         9,602         9,502         9,200         5/1         10           CABLE & DATA DROP         1/17/07         4,677         4,677         4,677         4,677         4,010         S/L         3           TRENO MICHO CABLE         1/31/07         4,677         4,677         4,677         4,010         S/L         3           INSTALL CABINETS         3/30/07         10,000         6,678         4,667         4,010         S/L         3           INSTALL CABINETS         3/30/07         10,000         2,224         4,010         S/L         3           INSTALL CABINETS         3/36/07         10,000         2,224         4,010         S/L         1           CONCRETE         12/12/07         2,224         4,715         3         1         1           CONCRETE         3/36/07         1,030         3         1         1         1         1           SALES TAX         3/10/08         5,636         5,647         5,240         5,240         5/L         1           BLDG IMPROVE FRS         5/22/10         56,457         5         2         1         1         1           STAGE OF ALL STAND AND ALLING IMPROVE FRS		4/14/97		44,648							44,648	8,744		10	0
THEND MICHOLOGIES 1,171/07 4,567 4,010 5.4 3 THEND MICHOLOGIES 1,171/07 5.65 4,86 5.1 3  THEND MICHOLOGIES 1,131/07 5.65 4,86 5.1 3  THEND MICHOLOGIES INPROVE FIRS 3,340/47 10,000 5,67 5.1 10  TIST FLOOR PAINTING 3,049/47 1,10,000 5,67 5.1 10  TIST FLOOR PAINTING 3,049/4,000 5,04 5.2 10  TIST FLOOR PAINTING 3,049/4,000 5,04 5.2 10  TIST FLOOR PAINTING 3,049/4,000 5,04 5.2 10  TIST FLOOR PAINTING 3,049/4,000 5,04 5.2 10  TIST FLOOR PAINTING 3,049/4,000 5,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.2 10  TIST FLOOR PAINTING 3,04 5.0 10  TI		1/18/07		9,602							3,602	9,200		10	0
TREND MICRO CABLE         1/31/07         565         486         S/L         3           INSTALL CABINETS         3/30/07         700         675         S/L         7           IST FLOOR PAINTING         3/30/07         10,000         967         S/L         7           IST FLOOR PAINTING         3/30/07         10,000         9,675         S/L         7           WIRING SANG PLATES         12/24         2,224         2,146         S/L         1           ASHPALT         12/12/07         82,905         82,905         8/L         1           CONGRETE         12/12/07         14,115         14,715         14,715         14,715         14,715         14,715         1         1           SALES TAX         1/200         1,030         2,224         2,224         2,10         1		1/17/07		4,657							4,657	4,010	S/L	က	0
INSTALL CABINETS 3/30/07 700 700 100		1/31/07		565							265	486	S/L	က	0
1ST FLOOR PAINTING 3/09/07 10,000 1,000 10,000 1		3/30/07		700							700	675	S/L	7	0
NUMING GANG PLATES   3/09/07   2,224   2,146   5/L   10     ASHPALT   12/12/07   82,305   82,205   82,305   82,205   8		3/09/07		10,000							10,000	6,667	S/L	10	0
ASHPALT 12/12/07 82,905 82,905 82,905 82,905 82,905 82,905 82,00 87L 10 10 10 10 10 10 10 10 10 10 10 10 10		3/09/07		2,224							2,224	2,146	S/L	10	0
CONCRETE         12/12/07         14,715         14,715         14,715         14,715         14,715         14,715         14,715         17,115         14,715         17,115         14,715         17,115         17,		12/12/07		82,905							82,905	82,905		10	0
SALES TAX         7/01/08         6,366         2,020         5/L         1.3           BLINDS         7/27/09         1,030         1,030         1,030         5/L         5           BLDG IMPROVE FRS         5/22/10         56,457         26,457         22,819         5/L         5           BLDG IMPROVE FRS         5/26/10         40,387         40,387         16,320         5/L         20           STAIR RAILING IMPROVE FRS         6/10/13         2/181         5/4         24/768         5/L         20           TOTAL DEPT 10 - BLDG & IMPROV         5/10/13         9/4,600         0         0         0         0         9/4,600         828,156         7         1		12/12/07		14,715							14,715	14,715		10	0
BLINDS         1,030         1,030         1,030         5/1         5           BLDG IMPROVE FRS         5/22/10         56,457         22,819         5/1         2           BLDG IMPROVE FRS         5/26/10         40,387         2         22,819         5/1         2           BLDG IMPROVE FRS         5/26/10         40,387         40,387         16,320         5/1         2           BLDG IMPROVE FRS         6/30/10         61,924         24,68         5/1         2           STAIR RAILING IMPROVEMENT         6/10/13         2,181         554         5/1         2           TOTAL DEPT 10 - BLDG & IMPROV		7/01/08		998'9							998'9	2,020		1.5	202
BLDG IMPROVE FRS         56,457         56,457         22,819         \$/L         20           BLDG IMPROVE FRS         5/26/10         40,387         40,387         16,320         \$/L         20           BLDG IMPROVE FRS         6/30/10         61,924         24,768         \$/L         20           STAIR RAILING IMPROVEMENT         6/10/13         2,181         554         \$/L         20           TOTAL DEPT 10 - BLDG & IMPROV         974,600         0         0         0         974,600         828,156         7         1		7/27/09		1,030							1,030	1,030	S/L	2	0
BLDG IMPROVE FRS     5/26/10     40,387     16,320     S/L     20       BLDG IMPROVE FRS     6/30/10     61,924     24,768     S/L     20       STAIR RAILING IMPROVEMENT     6/10/13     2,181     554     S/L     20       TOTAL DEPT 10 - BLDG & IMPROV     974,600     0     0     0     0     974,600     828,156     1		5/22/10		56,457							56,457	22,819		20	2,823
BLDG IMPROVE FRS         6/30/10         61,924         24,768         S/L         20         3, 3           STAIR RAILING IMPROVEMENT         6/10/13         2,181         554         S/L         20         3           TOTAL DEPT 10 - BLDG & IMPROV         974,600         0         0         0         0         0         974,600         828,156         16		5/26/10		40,387							40,387	16,320		20	2,019
STAIR RAILING IMPROVEMENT     6/10/13     2,181     554     S/L     20       TOTAL DEPT 10 - BLDG & IMPROV     974,600     828,156     16,		6/30/10		61,924							61,924	24,768		20	3,096
974,600 0 0 0 0 974,600 828,156		6/10/13	ļ	2,181	ļ		j				2,181	554		20	109
	TOTAL DEPT 10 - BLDG & IMPROV			974,600		0	0	0			974,600	828,156			16,391

6/30/19	20	18 CA	LIFOR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	B0C	  X DE	PRECI	ATIOI	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE	   			<del>-</del>	PAGE 2
CLIENT CATHCHAR			ũ	\THOL	. СН	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	<b>SE</b>					6	94-1678938
6/26/20 NO. DESCRIPTION	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD	=======================================	RATE	O2:45PM CURRENT DEPR.
.PT 10 - EQUI					!										
17 MIP ACCOUNTING PRO	12/07/04		12,088							12,088	10,880	NS	2		0
18 REMODEL A/C ELEC & LIGHTS	2/02/07		15,079							15,079	14,452	S/L	L 10		0
19 GANG FACEPLATE & ELEC	3/27/07		1,156							1,156	1,131	S/L	L 10		0
20 FLOORING DOORS W/ CLOSETS	4/06/07		25,556							25,556	24,921	T/S	L 10		0
21 ELECTRICAL WIRING	7/24/07		2,600							2,600	2,600	S/L	L 10		0
22 WINDOWS, MS OFF LIN FEE	4/24/07		765							765	723	S/L	3		0
23 2 DR PANEL, STORAGE CAB	3/29/07		867							298	848	S/L	L 10		0
24 12 PORT PANEL 66 MOUNT	7/26/07		822							822	822	S/L	L 10		0
25 EQUIP	9/14/07		546							246	546	S/L	L 10		0
26 CAT JACKS & MODULAR	10/25/07		761							761	761	S/L	L 10		0
27 SPEAKER PHONE	10/31/07		800							800	800	S/L	L 10		0
28 UNDERGROUND CONDUIT	11/12/07		1,403							1,403	1,403	S/L	L 10		0
29 TESTING SOIL	11/13/07		1,045							1,045	1,045	S/L	L 10		0
30 LINE PORTS	12/31/09		1,048							1,048	1,048	S/L	L 5		0
31 ROUTERS	12/31/09		2,137							2,137	2,137	S/L	L 5		0
32 ELEVATOR	5/23/12		407							407	249	S/L	L 10		41
107 PHONE SYSTEM FRESNO	8/01/15		19,863							19,863	5,793	S/L	L 10		1,986
118 LAPTOP ASHLEY MAGOC	5/07/16		1,422							1,422	615	S/L	L 5		284
120 LAPTOP/NOTEBOOK JODY	8/09/15		1,736							1,736	1,012	S/L	L 5		347
123 LAPTOP/DOCKING - JACOBS	4/06/17	ı	1,639	l						1,639	410	S/L	L 5	'	328
TOTAL DEPT 10 - EQUIP			91,740		0	0	0	0	0	91,740	72,196				2,986
DEPT 10 - FURN & FIXTURES															

6/30/19	20.	18 CA	LIFOR	AN.	BOO	K DE	PREC	IATIO	N SC	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 3
CLIENT CATHCHAR			7	<b>ATHOL</b>	IC CH.	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	: DIOCE	SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	02:45PM CURRENT DEPR.
CEILING FA AIR CONDIT	11/15/99 8/31/98 9/08/98		1,500	ı	  -					1,500	1,367 1,567			0 83
		ı	8,850	I	0	0	0	0	0	8,850	4,896			881
36 LAND-FRESNO 37 FULTON & NEVADA LOT	4/01/88	!	215,000							215,000				0
TOTAL DEPT 10 - LAND DEPT 10 - LAND & IMPROV		•	295,000	I	0	0	0	0	0	295,000	0			0
38 6' FENCE & ROLLING GA 39 6' WROUGHT IRON FENCE 40 FENCE & WAREHOUSE	9/25/09 10/27/09 9/01/09	!	7,220 17,443 1,294							7,220 17,443 1,294	3,159 7,557 574	7/S 7/S	20 20 20	361 872 65
TOTAL DEPT 10 - LAND & IMPROV DEPT 20 - BLDG & IMPROV			25,957		   0 	0	0	0	0	25,957	11,290			1,298
	10/14/09		9,379							9,379	4,104	1/S 7/S	20	469
	12/31/09		594 736							594 736	594 736		വവ	0 0
45 4 EVAP COOLERS 46 BLDG IMPR MERCED PGE A7 RI DG IMBD MEDGED ELECTE	7/06/09 12/22/10 5/03/11		6,516 827 95 915							6,516 827	2,934	7/8	20	326
	5/03/11		26,298							26,298	9,424	S/L S/L	20	1,315

6/30/19	20	18 CA	LIFOR	AN A	B00	K DE	PRECI	ATIO	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 4
CLIENT CATHCHAR			<b>ં</b>	\THOI	IC CH.	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	3E					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	02:45PM CURRENT DEPR.
49 LIGHTING FOR MERCED BLDG	8/31/11		4 618							4 618	1 578	5	20	731
	7/28/11		2,435							2,435	844	S/L	50	122
51 HVAC MERCERD	3/06/13		10,972							10,972	5,851	S/L	10	1,097
105 SYNTHETIC TURF FRESNO	1/21/15	ı	15,723	l						15,723	1,377	S/L	39	403
TOTAL DEPT 20 - BLDG & IMPROV			104,837		0	0	0	0	0	104,837	37,862			5,300
DEPT 20 - EQUIP														
108 PHONE SYSTEM MERCED	8/01/15		4,044							4,044	1,179	S/L	10	404
111 VIDEO SCREENS MERCED	5/04/15		2,205	l						2,205	1,397	S/L	Ω.	441
TOTAL DEPT 20 - EQUIP			6,249		0	0	0	0	0	6,249	2,576			845
DEPT 20 - LAND - MERCED														
52 LAND-336 W. MAIN #1MERCED	12/23/87	ı	80,329	ļ						80,329				0
TOTAL DEPT 20 - LAND - MERCED			80,329		0	0	0	0	0	80,329	0			0
DEPT 20 - MERCED BLDG & IMPROV														
53 BUILDING-MERCED	12/28/00		186,911	I		j				186,911	97,370	S/L	31.5	5,934
TOTAL DEPT 20 - MERCED BLDG DEPT 20 - MERCED EQUIP			186,911		0	0	0	0	0	186,911	97,370			5,934
54 EQUIPMT HVAC 55 HVAC	5/03/11		26,688							26,688	19,128	7/S 7/S	01 01	2,669
TOTAL DEPT 20 - MERCED EQUIP			30,330		0	0	0	0	0	30,330	21,646			3,033

6/30/19	20	18 CA	2018 CALIFOR	N A	BOC	K DE	PRECI	ATIOI	N SCF	NIA BOOK DEPRECIATION SCHEDULE				PAGE 5
CLIENT CATHCHAR			<u>ک</u>	THOL	LC CH	ARITIES OF FRES	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	Э. Н					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. BCI. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD_LIFE_RATE	02:45PM CURRENT DEPR.
DEPT 35 - BLDG & IMPROV	3/30/07		1,877							1,877	1,833	1/8	10	0
TOTAL DEPT 35 - BLDG & IMPROV DEPT 40 - BLDG & IMPROV FRS		1	1,877	I	0	0	0	0	0	1,877	1,833			0
57 BLDG IMPR FULTON RENOV 58 PAINTING 116 CLIENT INTAKE COUNTER CON	8/04/10 6/07/13 4/19/16		16,120 2,950 23,779							16,120 2,950 23,779	6,381 1,500 2,576	1/S 1/S 1/S	20 10 20	806 295 1,189
TOTAL DEPT 40 - BLDG & IMPROV DEPT 40 - BLDG & IMPROV FRS		1	42,849	I	0	0	0	0	0	42,849	10,457			2,290
124 DOUBLE DOORS TO WAREHOUSE	5/03/17	'	3,815	ļ						3,815	446	S/L	10	382
TOTAL DEPT 40 - BLDG & IMPROV DEPT 40 - EQUIP			3,815		0	0	0	0	0	3,815	446			382
59 EQUIP-FLOOR POLISHER 60 ELEVATOR 61 HP LAPTOPS FOR SNADY & AL 62 HP LAPTOPS FOR MERCED DIR 113 VIDEO SCREENS FRESNO 119 EDUCATION RM COMP, 13	3/04/11 5/23/12 3/04/14 5/10/14 5/04/15 6/05/16	'	1,170 2,035 2,888 1,558 2,205 11,854	l						1,170 2,035 2,888 1,558 2,205 11,854	858 1,241 2,888 1,558 1,397 4,940	1/S 1/S 1/S 1/S	0 0 8 8 4	204 0 0 441 2,371
TOTAL DEPT 40 - EQUIP			21,710		0	0	0	0	0	21,710	12,882			3,133

DA-ACQU													LAGE 0
DASCRIPTION ACQUINT AC		CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	THOL	) С СН/	ARITIES JF FRES	OF THE	DIOCE	ξĘ.					94-1678938
S & FIXTUR	DATE	COST/ BASIS	BUS. BCT. BC	CUR S 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD_LIFE_RATE	02:45PM CURRENT DEPR.
TOTAL DEPT 40 - FURN & FIXTUR		1,333							1,333	1,333	N/S	S	0
DEPT 43 - BUILDING FRESNO	1	1,333	1	0	0	0	0	0	1,333	1,333			0
126 WINDOWS IN PAYEE BUILDING 7/11/16	'	3,360							3,360	672	T/S	10	336
TOTAL DEPT 43 - BUILDING FRES DEPT 43 - FURN & FIX FRESNO PAYEE		3,360		0	0	0	0	0	3,360	672			336
64 ROLLUP DOOR 12/19/06	l	1,385							1,385	1,205	T/S	. 10	0
TOTAL DEPT 43 - FURN & FIX FRE DEPT 44 - BLDG & IMPROVEMENT		1,385		0	0	0	0	0	1,385	1,205			0
66 DUCTING 8/22/11	·	800							800	273	3/L 3/L	20	40
TOTAL DEPT 44 - BLDG & IMPROV DEPT 44 - EQUIP		3,200		0	0	0	0	0	3,200	1,093			160
125 FREEZER DOOR 11/08/16	l	3,475							3,475	1,930	N/S	m	1,158
TOTAL DEPT 44 - EQUIP		3,475		0	0	0	0	0	3,475	1,930			1,158

6/30/19	202	18 CA	2018 CALIFOR	<b>AN</b>	ВОС	K DE	PRECI	ATIO	N SCH	NIA BOOK DEPRECIATION SCHEDULE				PAGE 7
CLIENT CATHCHAR			Ο̈́	ATHO!	-IC СН	ARITIES OF FRES	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE — ACQUIRED	DATE SOLD	COST/ BASIS	BUS. BCI. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD LIFE RATE	02:45PM CURRENT DEPR.
DEPT 44 - EQUIPMT  73 EQUIPMT REFIRG CONDENSOR 110 WALKIN FREEZE COMPRESSOR	12/28/10		2,998							2,998	2,250	7/8	10	300
TOTAL DEPT 44 - EQUIPMT DEPT 44 - EQUIP-SINGLETON		1	7,526	I	0	0	0	0	0	7,526	4,245			947
67 FREEZER REFRIGERATOR FRKL 68 FREEZER UNIT #3	1/01/88	ı	20,825	l						20,825	20,825	7/8	7	0 0
TOTAL DEPT 44 - EQUIP-SINGLET DEPT 44 - VEHICLE			28,261		0	0	0	0	0	28,261	28,261			0
74 TRUCK 75 TRUCK ARTWORK	9/21/12 6/04/13	ı	23,403							23,403	19,222	7/S	7 7	3,343
TOTAL DEPT 44 - VEHICLE DEPT 44 -EQUIPMENT			24,778		0	0	0	0	0	24,778	20,218			3,539
69 BACKDRAFT DAMPERS 70 ELEVATOR 71 FREEZER ALUMINUM FLOOR 72 FREEZER REMODEL	8/22/11 5/23/12 1/28/13 2/05/13		560 1,221 2,849 14,023							560 1,221 2,849 14,023	383 742 2,849 14,023	7/S 7/S 7/S	10 10 5	56 122 0
TOTAL DEPT 44 -EQUIPMENT			18,653		0	0	0	0	0	18,653	17,997			178

6/30/19	20	18 CA	LIFOR	AN N	ВОС	K DE	PRECI	ATIOI	N SCH	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 8
CLIENT CATHCHAR			Ö	\THOI	IC CH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCES	je Je					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED .	DATE SOLD	COST/ BASIS	BUS. PCT. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	МЕТНОД	_METHOD_ LIFE_RATE	02:45PM CURRENT DFPR
DEPT 45 - BLDG & IMPROVMT														
76 ROOF REPAIRS	8/17/11		400							400	137	T/S	20	20
77 DUCTING	8/22/11	ı	1,200	I						1,200	410	S/L	20	09
TOTAL DEPT 45 - BLDG & IMPROV			1,600		0	0	0	0	0	1,600	547			80
DEPT 45 - EQUIPMENT														
78 BACK DRAFT	8/22/11		280							280	191	S/L	01	28
79 ELEVATOR	5/23/12	ļ	407							407	249	S/L	10	41
TOTAL DEPT 45 - EQUIPMENT DEPT 45 - VEHICLE			289		0	0	0	0	0	289	440			69
80 TRUCK	9/21/12		23,403							23,403	19,222	N/S	7	3,343
81 TRUCK ARTWORK	6/04/13	ſ	1,375	I						1,375	966	S/L	7	196
TOTAL DEPT 45 - VEHICLE DEPT 49 - EQUIP			24,778		0	0	0	0	0	24,778	20,218			3,539
131 TV MONITOR	7/31/16	ı	2,096	ļ						2,096	803	N/S	Ŋ	419
TOTAL DEPT 49 - EQUIP DEPT 80 - BLDG & IMPROV			2,096		0	0	0	0	0	2,096	803			419
127 BAKERSFIELD FLOORING	9/13/16	ı	3,575	ļ						3,575	656	N/S	10	358
TOTAL DEPT 80 - BLDG & IMPROV			3,575		0	0	0	0	0	3,575	929			358

6/30/19	20	18 C.⊿	LIFOR	<b>∀N</b>	B00	K DEF	PRECL	ATIOI	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE	1.1			PAGE	3E 9
CLIENT CATHCHAR			C)	\THOL	IC CH/	ARITIES OF FRES	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	3.5					94-1678938	78938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE_RATE	ນ	02:45PM IRRENT DEPR.
PT 80 - BLD(															
82 825 BUILDING	6/56/09		186,601							186,601	53,316	T/S	31.5		5,924
83 809 BUILDING	6/56/09		204,937							204,937	58,554	S/L	31.5		905,9
84 825 CHESTER TERMITE	60//0//		76,500							76,500	34,425	S/L	20		3,825
85 825 CHESTER PERMITS	7/16/09		367							367	367	S/L	2		0
86 809 CHESTER HVAC	8/04/09		3,295							3,295	1,471	S/L	. 20		165
87 825 CHESTER REMODEL	8/19/09		18,155							18,155	8,020	S/L	20		806
88 825 CHESTER SECURITY SYS	8/01/09		1,635							1,635	731	S/L	. 20		82
89 825 CHESTER REMODEL CHG	8/31/09		4,630							4,630	2,049	S/L	. 20		232
90 809 CHESTER SECURITY	8/12/09		445							445	196	S/L	20		22
91 825 CHESTER BLINDS	9/04/09		899							899	899	S/L			0
92 WIRING BKSF	9/12/09		6,204							6,204	2,739	S/L	20		310
93 WIRING BKSF	9/12/09		2,557							2,557	1,131	S/L	20		128
94 BLINDS BKSF	9/21/09		899							899	899	S/L			0
106 REROOFING BLDG BAKERSFIE	10/20/14		12,245							12,245	1,151	S/L	39		314
115 BAKERSFIELD WAREHOUSE REM	10/01/15		178,692							178,692	12,600	S/L	39		4,582
121 AC UNIT	5/12/16		7,686							7,686	2,379	S/L	7		1,098
TOTAL DEPT 80 - BLDG & IMPROV			705,285		0	0	0	0	0	705,285	180,465				24,096
DEPT 80 - EQUIP															
130 LAPTOP/DOCKING - VORHEES	11/19/16		1,393	l						1,393	442	NS/L	. 21		279
TOTAL DEPT 80 - EQUIP			1,393		0	0	0	0	0	1,393	442				279
DEPT 80 - EQUIP-BAKERSFIELD	ı														
															_

6/30/19	20	18 CA	LIFOR	NIA	B00	K DE	PRECI	ATIOI	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 10
CLIENT CATHCHAR			<i>ა</i>	THOI	, LIC CH,	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE	LIFE RATE	O2:45PM CURRENT DEPR
PHONE SYS	8/01/15		013							8.013	2.337	S/L	10	801
114 VIDEO SCREENS BAKERSFIELD	5/04/15		664							664	421	T/S	2	133
117 LAPTOP BKSFD SITE DIRECTO	3/20/16		1,433							1,433	646	S/L	2	287
122 VIDEO SCREENS BKSFD	8/18/15	ı	1,777	I						1,777	1,006	S/L	2	355
TOTAL DEPT 80 - EQUIP-BAKERSF DEPT 80 - FURN & FIX-BAKERSFIELD			11,887		0	0	0	0	0	11,887	4,410			1,576
95 3 FILING CABINETS	7/02/97	ı	579	l						579	279	N/S	7	0
TOTAL DEPT 80 - FURN & FIX-BA DEPT 80 - LAND-BAKERSFIELD			579		0	0	0	0	0	579	579			0
96 825 CHESTER LAND 97 809 CHESTER LAND	6/26/09	l	66,486	I						66,486				0
TOTAL DEPT 80 - LAND-BAKERSFI DEPT 83 - BUILDING BKSF			105,202		0	0	0	0	0	105,202	0			0
128 BAKERSFIELD PAYEE FLOOR 129 BKSF PAYEE WALLS/DOORS 132 HVAC UNIT	1/04/17 1/09/17 6/29/17	·	1,572 5,400 7,399	l						1,572 5,400 7,399	236 810 740	3/r 8/r 8/r	10 10	157 540 740
TOTAL DEPT 83 - BUILDING BKSF FURNITURE AND FIXTURES			14,371		0	0	0	0	0	14,371	1,786			1,437

6/30/19	20	18 CA	2018 CALIFOR	<b>∀</b> N	B00	K DE	PRECI	ATIO	N SC	NIA BOOK DEPRECIATION SCHEDULE	1.1			PA	PAGE 11
CLIENT CATHCHAR			75	\THOL	HO OH	ARITIES OF FRE	CATHOLIC CHARITIES OF THE DIOCESE OF FRESNO	DIOCE	SE					46	94-1678938
6/26/20 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE		02:45PM CURRENT DEPR.
133 RACK FOR WAREHOUSE 134 OFFICE CREDENZA	12/31/17		4,043							4,043	404	7/S			809
TOTAL FURNITURE AND FIXTURE		1	6,353		0	0	0	0	0	6,353	635				1,271
IMPROVEMENTS															
149 SIGN	9/17/18		606'6							6)6'6		S/L	L 15		495
150 IRON FENCE	10/03/18		2,900							2,900		S/L	L 20		109
156 CONCRETE	1/09/19		13,775							13,775		S/L	L 10		689
157 CABINETS	1/09/19		9,945							9,945		S/L			710
158 IRON FENCE	1/09/19		4,515							4,515		S/L	L 20		113
159 FLOORING	1/09/19		17,794							17,794		S/L	L 10		068
160 THRIFT STORE REMODEL	1/09/19		19,781							19,781		S/L	L 10		686
161 THRIFT STORE DOORS	7/09/18		4,620							4,620		S/L	L 10		462
162 WOOD RAMP	4/19/19	'	3,791							3,791		S/L	L 10		63
TOTAL IMPROVEMENTS			87,030		0	0	0	0	0	87,030	0				4,520
MACHINERY & EQUIPMEN DEP 80 	ı														
135 COMPUTERS	12/31/17	ı	1,826							1,826	304	T/S	. 3		609
TOTAL MACHINERY & EQUIPMEN MACHINERY & EQUIPMENT			1,826		0	0	0	0	0	1,826	304				609
98 HVAC-PAYEE DEPT	7/15/11	'	6,765							6,765	4,739	N/S	L 10		2/29
TOTAL MACHINERY & EQUIPMENT			6,765		0	0	0	0	0	6,765	4,739				677

CATHOLIC CATHOLING   CATHOLING CAT	6/30/19	2018	CALIF	ORN	A BO	OK DE	PREC	IATIOI	N SCF	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE			_	PAGE 12
Confection of the control of the control of the confection of the confection of the control of the confection of the c	CLIENT CATHCHAR			САТ		HARITIE OF FRE	S OF THE	DIOCE	SE					94-1678938
COMPUTENCY FOR MODIFIED   COMPUTENCY FOR M						SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR	į	1	02:45PM CURRENT
OPIE USE         6,487         6,487         6,487         6,487         6,487         6,487         6,487         6,18         6,18         6,18         6,18         6,18         6,18         6,18         6,18         6,11         6,11         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         6         1         1         6         1         2         1         1         1         1         1         1         1         1         1         1         1         1         1         2         1         2         1         2         1         2         1         2         1         2         1         2         2         1         3         2         1         3	MACHINERY AND EQUIPMENT	1		1		- ALLOW.	SK. DEPK		KEDUCT -	- BASIS	UEPK.	METHOD	- LIFE KALE	L L L L L L L L L L L L L L L L L L L
PPS 12.31.17 1.384 3.11 3.89 3.1 1.39 3	112 COMPUTERS FOR MOBLIE USE	10/26/14		6,487						6,487	6,487	1/S		0
0PS     12/31/77     1,884     311     5/L     3       12/31/77     4,734     1,718     5/L     3       12/31/77     6,012     76     1,026     5/L     3       12/31/77     6,012     76     1,002     5/L     3       12/31/77     859     143     5/L     3       12/31/77     845     87     143     5/L     3       12/31/77     845     845     87     17     3       12/31/77     845     845     87     87     1       12/31/77     845     845     87     87     1       12/31/77     845     845     845     87     87     1       12/31/77     845     845     845     87     1     1       11/30/18     143     87     87     1     1       11/30/18     143     87     87     1     1       11/30/18     143     87     87     1     1       11/30/18     143     87     <	136 HVAC UNIT	12/31/17		7,771						7,771	389		·	777
1,211/7	138 COMPUTERS/LAPTOPS	12/31/17		1,864						1,864	311			621
12-31/17   4,294   7,104   7		12/31/17		1,718						1,718	286			573
12-31/7   889   143   57L   3   1   2   2   2   2   2   2   2   2   2		12/31/17		4,294						4,294	716			1,431
12/31/17   5,012   1,002   1		12/31/17		828						828	143			286
12/31/17   6,012   859   143   874   3   8   8   8   8   8   8   8   8   8		12/31/17		6,012						6,012	1,002			2,004
12/31/7   859   143   5/1   3   3   1   1   1   1   1   1   1		12/31/17		6,012						6,012	1,002			2,004
12/31/17   859   143   5/1   3   3   1   1   1   1   1   1   1		12/31/17		828						828	143			286
12/31/17   1,718   1,718   286   5/1   3   3   435   5/3   5/1   3   3   435   5/3   5/1   3   3   435   5/3   5/1   3   3   3   435   5/3   5/1   3   3   3   3   3   3   3   3   3		12/31/17		828						828	143			286
12/31/17   3,435   5,435   5,73   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5,14   5   5   5,14   5   5,14   5   5   5,14   5   5   5,14   5   5   5,14   5   5   5   5   5   5   5   5   5		12/31/17		1,718						1,718	586			573
12/31/17     3,435     573     571     3       0TORS     8/31/18     8,139     572     572     10       10/09/18     4,936     8,139     571     10       7/09/18     3,641     8,139     571     10       10/05/18     4,934     571     10       11/30/18     1,575     68,608     12,575     571     10       AND EQUIPME     7/18/05     7,458     6,713     571     10       F     8/02/05     3,825     2,295     5/1     20		12/31/17		3,435						3,435	573			1,145
OTORS         8/31/18         8/199         \$/100           10/09/18         4,936         \$/10           7/09/18         3,641         \$/20           10/05/18         4,936         \$/21           11/30/18         1,575         \$/1           AND EQUIPME         1,575         \$/1           AND EQUIPME         1,576         \$/1           11/30/18         7,18/05         7,458         6,713         \$/1           12/29/05         3,920         30,920         19,236         \$/1         \$/1           12/29/05         3,825         2,295         \$/1         \$/1		12/31/17		3,435						3,435	573			1,145
10/09/18   4,936   5/11   10/09/18   3,641   10/09/18   3,641   10/09/18   3,641   10/09/18   3,641   10/09/18   4,934   1,575   11/30/18   1,575   1,575   11/30/18   1,575   1,57		8/31/18		8,199						8,199		1/S		683
7/09/18     3,641     8,641     8/1     5       10/05/18     4,934     8/1     10       11/30/18     1,575     8/1     10       AND EQUIPME     68,608     12,054     8/1     10       7/18/05     7,458     6,713     8/1     5       6     8/02/05     3,825     3,825     8/1     20		10/09/18		4,936						4,936		1/S		370
10/05/18   4,934   5.75   1.575   1.		7/09/18		3,641						3,641		1/S		728
AND EQUIPME         1,575         1,575         S/L         10           AND EQUIPME         68,608         0		10/05/18		4,934						4,934		1/S		370
AND EQUIPME  7/18/05  7/458  7/458  8/02/05  3,920  12,054  7,458  6,713  8/1  50  12,054  7,458  6,713  8/1  50  12,054  7,458  8/1  12/29/05  3,825  3,825  12,29/05		11/30/18		1,575						1,575		1/S		92
7/18/05 7,458 6,713 S/L 5 8/02/05 30,920 19,236 S/L 20 12/29/05 3,825 2,295 S/L 20	TOTAL MACHINERY AND EQUIPME			809'89	J				0	809'89	12,054			13,374
7/18/05 7,458 6,713 S/L 5 8/02/05 30,920 19,236 S/L 20 12/29/05 3,825 2,295 S/L 20	MISCELLANEOUS													
E 8/02/05 30,920 30,920 19,236 S/L 20 12/29/05 3,825 2,295 S/L 20	99 TWO COOLERS FRS	7/18/05		7,458						7,458	6,713			0
12/29/05 3,825 2,295 S/L 20	100 ROOF THRIFT STORE	8/02/05		30,920						30,920	19,236			1,546
	101 FLOORING MERCED	12/29/05		3,825						3,825	2,295			191

6/30/19	2018 C/	2018 CALIFORNIA BOOK DEPRECIATION	<b>№</b> BO(	OK DE	PREC	IATIO	N SCI	NIA BOOK DEPRECIATION SCHEDULE	1.1		ш.	PAGE 13
CLIENT CATHCHAR		САТНС	OLIC CF	HARITIE OF FRE	S OF THE SNO	DIOCE	SE					94-1678938
6/26/20 NO. DESCRIPTION	DATE DATE SOLD	COST/ BUS. BASIS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD_ LIFE_RATE_	02:45PM CURRENT DEPR.
102 WALKIN FREEZER 103 SOFTWARE FUNDRAISE 104 QBOOKS SOFTWARE	8/01/05 12/31/05 8/31/05	2,600 10,541 6,374						2,600 10,541 6,374	2,412 9,700 5,313	1/S 1/S 1/S	3 3 7	0
TOTAL MISCELLANEOUS		61,718	0	0	0	0 (	0	61,718	45,669			1,737
TOTAL DEPRECIATION		3,126,449		0	0			3,126,449	1,457,878			113,273
GRAND TOTAL DEPRECIATION		3,126,449	0	0	0	0	0	3,126,449	1,457,878			113,273