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PUBLIC DISCLOSURE COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Name and title of officer
**SHEILA GOMEZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>6,945,176.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 70479
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 02/27/2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **50586933801**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 02/26/18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.		D Employer identification number 59-2470479	
	Doing business as		E Telephone number 561-775-9560	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9995 NORTH MILITARY TRAIL		G Gross receipts \$ 7,253,362.	
	City or town, state or province, country, and ZIP or foreign postal code PALM BEACH GARDENS, FL 33410		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928	
F Name and address of principal officer: SHEILA GOMEZ SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CATHOLICCHARITIESDPB.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1984 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN LIVING OUR FAITH, WE CREATE HOPE FOR PEOPLE IN NEED, WITHOUT REGARD TO RELIGION.
	2 Check this box <input type="checkbox"/> 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 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 101
	6 Total number of volunteers (estimate if necessary) 6 218
	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 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,897,679. Prior Year 6,418,790. Current Year
	9 Program service revenue (Part VIII, line 2g) 632,292. 632,292. 649,037.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 56,052. 56,052. 47,150.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 845,534. 845,534. -169,801.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,431,557. 5,431,557. 6,945,176.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 526,672. 526,672. 819,446.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,849,248. 3,849,248. 4,026,476.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,429.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,529,010. 1,529,010. 1,062,185.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,904,930. 5,904,930. 5,908,107.	
19 Revenue less expenses. Subtract line 18 from line 12 -473,373. -473,373. 1,037,069.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,125,752. Beginning of Current Year 6,133,655. End of Year
	21 Total liabilities (Part X, line 26) 590,051. 590,051. 358,385.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,535,701. 4,535,701. 5,775,270.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SHEILA GOMEZ, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LAUREN BALLARD	LAUREN BALLARD	02/26/18		P01451787
Preparer Use Only	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 402 SOUTH KENTUCKY AVENUE, SUITE 600 LAKELAND, FL 33801			Phone no. 863-680-5600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
IN LIVING OUR FAITH, WE CREATE HOPE FOR PEOPLE IN NEED, WITHOUT REGARD TO RELIGION. THROUGH OUR PROGRAMS AND MINISTRIES, WE EMPOWER INDIVIDUALS, DELIVER SOCIAL SERVICES AND COLLABORATE WITH OTHERS IN BUILDING JUST AND COMPASSIONATE COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,364,826.** including grants of \$ **595,263.**) (Revenue \$ **234,078.**)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **710,784.** including grants of \$ **172,259.**) (Revenue \$ **2,266.**)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **655,053.** including grants of \$ **51,924.**) (Revenue \$ **3,631.**)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses \$ **1,044,061.** including grants of \$) (Revenue \$ **409,062.**)

4e Total program service expenses **4,774,724.**

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

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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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	14	
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	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.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
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 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 **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Laura Stevenson, Director of Finance - 561-775-9560**
9995 North Military Trail, Palm Beach Gardens, FL 33410

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Form 990 (2016)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BARRETT PRESIDENT	2.00	X		X				0.	51,844.	25,840.
(2) MARIETTA MCNULTY VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) LORRAINE SABATELLA SECRETARY	2.00	X		X				0.	115,415.	18,459.
(4) LOUIS COCORULLO TREASURER	2.00	X		X				0.	0.	0.
(5) EUGENE POLLINGUE IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
(6) CATHERINE FANJUL DIRECTOR	2.00	X						0.	0.	0.
(7) JOHN HERRICK DIRECTOR	2.00	X						0.	0.	0.
(8) FRANK MAURNO DIRECTOR	2.00	X						0.	0.	0.
(9) MARCIANO MICLAT DIRECTOR	2.00	X						0.	0.	0.
(10) RICHARD MURPHY DIRECTOR	2.00	X						0.	36,683.	25,865.
(11) TERENCE MURPHY DIRECTOR	2.00	X						0.	0.	0.
(12) MARK NOSACKA DIRECTOR	2.00	X						0.	0.	0.
(13) RUBY RINKER DIRECTOR	2.00	X						0.	0.	0.
(14) BEN HOPPER DIRECTOR	2.00	X						0.	80,981.	5,270.
(15) SHEILA GOMEZ EXECUTIVE DIRECTOR	40.00			X				98,253.	0.	25,609.
(16) LAURA STEVENSON DIRECTOR OF FINANCE AS OF 6/6/16	40.00			X				47,455.	0.	6,936.
(17) MARY MILLS DIRECTOR OF FINANCE TO 3/11/16	40.00			X				21,280.	0.	4,422.

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Form 990 (2016)

59-2470479 Page **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	829,815.				
	d Related organizations	1d	1,624,587.				
	e Government grants (contributions)	1e	236,850.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,727,538.				
	g Noncash contributions included in lines 1a-1f: \$		393,655.				
	h Total. Add lines 1a-1f		6,418,790.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 900099	649,037.	649,037.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			649,037.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		47,150.			47,150.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 829,815. of contributions reported on line 1c). See Part IV, line 18	a	138,385.				
		b Less: direct expenses	b	308,186.			
		c Net income or (loss) from fundraising events		-169,801.			-169,801.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			6,945,176.	649,037.	0.	-122,651.	

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	819,446.	819,446.		
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	225,005.	35,036.	167,469.	22,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,805,174.	2,279,046.	443,634.	82,494.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	256,424.	205,544.	43,061.	7,819.
9 Other employee benefits	508,784.	420,854.	70,493.	17,437.
10 Payroll taxes	231,089.	177,785.	45,885.	7,419.
11 Fees for services (non-employees):				
a Management				
b Legal	12,149.	1,911.	10,238.	
c Accounting	40,660.	23,927.	8,285.	8,448.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,949.	35,622.	2,080.	247.
12 Advertising and promotion	21,067.	8,977.	1,463.	10,627.
13 Office expenses	158,236.	124,153.	25,392.	8,691.
14 Information technology	173,490.	143,414.	29,996.	80.
15 Royalties				
16 Occupancy	210,312.	196,279.	14,033.	
17 Travel	29,444.	27,372.	2,019.	53.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,245.	49,884.	14,361.	
20 Interest	11,092.		11,092.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,232.	86,654.	39,578.	
23 Insurance	63,413.	55,034.	8,138.	241.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD & BEVERAGES	27,089.	25,984.	1,034.	71.
b DUES & SUBSCRIPTIONS	22,919.	3,953.	18,511.	455.
c PROGRAM SUPPLIES	15,386.	15,089.		297.
d LICENSES AND FEES	6,499.	5,409.	1,090.	
e All other expenses	42,003.	33,351.	102.	8,550.
25 Total functional expenses. Add lines 1 through 24e	5,908,107.	4,774,724.	957,954.	175,429.
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)

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	139,339.	1	47,078.
	2 Savings and temporary cash investments	3,422,974.	2	2,995,183.
	3 Pledges and grants receivable, net	0.	3	1,526,293.
	4 Accounts receivable, net	218,579.	4	182,826.
	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 instr). Complete Part II of Sch L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,833.	9	8,733.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,056,591.		
	b Less: accumulated depreciation	784,829.		
		1,274,300.	10c	1,271,762.
	11 Investments - publicly traded securities		11	
	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	59,727.	15	101,780.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,125,752.	16	6,133,655.	
Liabilities	17 Accounts payable and accrued expenses	187,224.	17	273,995.
	18 Grants payable		18	
	19 Deferred revenue	8,333.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	39,127.	21	84,390.
	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	355,367.	25	0.
	26 Total liabilities. Add lines 17 through 25	590,051.	26	358,385.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,253,368.	27	4,339,137.
	28 Temporarily restricted net assets	1,282,333.	28	1,436,133.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,535,701.	33	5,775,270.	
34 Total liabilities and net assets/fund balances	5,125,752.	34	6,133,655.	

Form 990 (2016)

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,945,176.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,908,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,037,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,535,701.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	202,500.
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	5,775,270.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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.

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.** Employer identification number **59-2470479**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CATHOLIC CHARITIES OF THE DIOCESE OF

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule A (Form 990 or 990-EZ) 2016 PALM BEACH, INC.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule A (Form 990 or 990-EZ) 2016 PALM BEACH, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule A (Form 990 or 990-EZ) 2016 PALM BEACH, INC.

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Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.

Employer identification number

59-2470479

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>22,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>11,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>46,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>18,307.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ <u>5,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ <u>20,430.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 283,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 11,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 1,090,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 233,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 9,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 1,624,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 44,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>68,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>29,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>107,366.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>22,635.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>69,765.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>705,248.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 98,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 26,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 38,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 23,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
72	BRADFORD PORTRAITS MUSEUM QUALITY WALL PORTRAIT	\$ 5,000.	06/30/17
73	WEEKEND STAY IN KEY BISCAYNE	\$ 5,000.	06/30/17
74	PALM BEACY SYMPHONY 2 MOZART MEMBERSHIPS	\$ 5,000.	06/30/17
75	HELICOPTER DAY TRIP TO KEY WEST	\$ 6,500.	06/30/17
76	CASA DE CAMPO CERTIFICATE	\$ 23,000.	06/30/17
		\$	

Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC. **Employer identification number** 59-2470479

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2016

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Schedule D (Form 990) 2016

59-2470479 Page 2

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		268,500.		268,500.
b Buildings		1,078,567.	277,520.	801,047.
c Leasehold improvements				
d Equipment		676,708.	507,309.	169,399.
e Other		32,816.		32,816.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,271,762.

Schedule D (Form 990) 2016

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,695,756.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	561,059.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	189,521.	
e	Add lines 2a through 2d	2e		750,580.
3	Subtract line 2e from line 1	3		6,945,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,945,176.

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

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

1	Total expenses and losses per audited financial statements		1	6,658,690.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	561,059.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	189,524.	
e	Add lines 2a through 2d	2e		750,583.
3	Subtract line 2e from line 1	3		5,908,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,908,107.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION PROVIDES SERVICES TO THE ELDERLY THROUGH GUARDIANSHIP AND CASE MANAGEMENT. THE ORGANIZATION HOLDS FUNDS FOR THE ELDERLY ENROLLED IN THE PROGRAM. AS OF JUNE 30, 2017, THE ORGANIZATION HAS A DUE TO AGENCY BALANCE OF \$84,390.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. DURING THE YEAR ENDED JUNE 30, 2017, THE ORGANIZATION DID NOT INCUR INTEREST AND PENALTIES RELATED TO TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADDITIONAL DIRECT FUNDRAISING EVENT EXPENSES 189,521.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADDITIONAL DIRECT FUNDRAISING EVENT EXPENSES 189,521.

ROUNDING ADJUSTMENT FROM PRIOR YEAR 3.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 189,524.

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule G (Form 990 or 990-EZ) 2016

PALM BEACH, INC.

59-2470479 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BISHOP'S GALA	BIRTHLINE GALA	7	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	562,516.	127,371.	278,313.	968,200.
	2 Less: Contributions	461,048.	110,571.	258,196.	829,815.
	3 Gross income (line 1 minus line 2)	101,468.	16,800.	20,117.	138,385.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	83,174.	6,650.	12,965.	102,789.
	6 Rent/facility costs			600.	600.
	7 Food and beverages	83,366.	16,801.	13,556.	113,723.
	8 Entertainment	3,000.	2,075.		5,075.
	9 Other direct expenses	51,793.	12,158.	22,048.	85,999.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				308,186.
11 Net income summary. Subtract line 10 from line 3, column (d)				-169,801.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

**Employer identification number
59-2470479**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

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

Schedule I (Form 990) (2016)

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING & UTILITIES	301	227,851.	0.	N/A	N/A
FOOD & CLOTHING	19905	0.	372,362.	FMV	FOOD AND CLOTHING
DIRECT FINANCIAL ASSISTANCE	394	219,233.	0.	N/A	N/A

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

PART I, LINE 2:

HOUSING AND UTILITIES ASSISTANCE PAYMENTS ARE MADE DIRECTLY TO THE PROVIDER OF THE SERVICE. DIRECT CASH ASSISTANCE IS GIVEN TO CLIENTS BASED ON THE GUIDELINES OF THE FOLLOWING GRANTS: REFUGEE AND ENTRANT ASSISTANCE VOLUNTARY AGENCY PROGRAMS; U.S. REFUGEE ADMISSIONS PROGRAM, ; AND CUBAN/HAITIAN ENTRANT PROGRAM. ONLY CLIENTS THAT QUALIFY AND ARE ENROLLED IN THE RESPECTIVE PROGRAMS RECEIVE CASH ASSISTANCE. THE AMOUNT AND FREQUENCY ARE OUTLINED IN THE GRANT GUIDELINES AND MONITORED BY THE AGENCY PROGRAM DIRECTOR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.** Employer identification number **59-2470479**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		290,685.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	43	102,790.	FMV
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**

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

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

Schedule M (Form 990) (2016)

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule M (Form 990) (2016) PALM BEACH, INC.

59-2470479 Page 2

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.

Employer identification number
59-2470479

FORM 990, PART III, LINE 4A

OUTREACH AND OTHER COMMUNITY SERVICES:

THE CATHOLIC CHARITIES PRISON MINISTRY BRINGS THE WORD OF GOD AND THE SACRAMENTS OF THE CATHOLIC CHURCH TO MEN, WOMEN AND JUVENILES WHO ARE INCARCERATED THROUGHOUT THE DIOCESE. TO ACCOMPLISH ITS OBJECTIVES, THIS MINISTRY RELIES ON VOLUNTEERS, PRIESTS, DEACONS, RELIGIOUS, AND LAY MEN AND WOMEN WHO WILLINGLY GIVE OF THEIR TIME TO SERVE THOSE MEMBERS OF CHRIST'S CHURCH WHO ARE IMPRISONED. VOLUNTEERS ARE ACTIVE IN THE STATE PRISONS, COUNTY JAILS, RE-ENTRY CENTERS, JUVENILE DETENTION CENTERS AND OTHER CORRECTIONAL INSTITUTIONS THROUGHOUT THE FIVE COUNTIES OF THE DIOCESE. THE VOLUNTEERS ARE TRAINED TO WORK IN SMALL TEAMS WHICH MINISTER IN SPECIFIC INSTITUTIONS AT VARIOUS TIMES DURING THE WEEK. ON AVERAGE, INDIVIDUAL VOLUNTEERS VISIT INSTITUTIONS TWICE A MONTH. THE PRISON MINISTRY HAS EXPANDED AND GROWN TO THE POINT WHERE IT CURRENTLY HAS MORE THAN 130 VOLUNTEERS. COLLECTIVELY, MINISTRY VOLUNTEERS HAVE AN ESTIMATED 20,000 INMATE-CONTACTS EACH YEAR. WORKING WITH CATHOLIC CHARITIES RESPECT LIFE MINISTRY, THE PRISON MINISTRY OFFERS RACHEL'S VINEYARD, A POST-ABORTION HEALING PROGRAM, TO THOSE INCARCERATED IN STATE PRISONS THROUGHOUT THE DIOCESE. THE PRISON MINISTRY ASSISTS INMATES TRANSITIONING BACK INTO OUR COMMUNITIES TO BECOME PRODUCTIVE MEMBERS OF SOCIETY, AFTER HAVING SERVED THEIR SENTENCES. CATHOLIC CHARITIES PRISON MINISTRY ALSO HAS A SUPPORT GROUP FOR ADULT FAMILY MEMBERS OF PERSONS WHO ARE INCARCERATED IN STATE AND FEDERAL PRISONS AND COUNTY JAILS.

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THE CATHOLIC CHARITIES INTERFAITH HEALTH AND WELLNESS PROGRAM IS COMMITTED TO THE EDUCATION OF REGISTERED NURSES WHO ARE SERVING OUR COMMUNITY THROUGH THEIR AFFILIATION WITH CHURCHES, TEMPLES, MOSQUES AND OTHER FAITH-BASED INITIATIVES, AND WORKS TO PROMOTE THE HOLISTIC CARE OF THE BODY, MIND AND SPIRIT. THE PROGRAM ENVISIONS FAITH-BASED COMMUNITIES WHERE ALL INDIVIDUALS, ACROSS BOUNDARIES AND DIVERSE POPULATIONS, HAVE ACCESS TO HEALTHCARE AND BASIC SUPPORT SERVICES, IRRESPECTIVE OF RELIGIOUS AFFILIATIONS, AGE OR INCOME, WITH THE OUTCOME OF PHYSICAL, MENTAL AND SPIRITUAL HEALTH THAT ULTIMATELY EMBRACES INDIVIDUAL AND COMMUNITY WELLNESS. A KEY COMPONENT OF INTERFAITH HEALTH AND WELLNESS IS ITS FAITH COMMUNITY NURSING PROGRAM, ALSO KNOWN AS PARISH OR CONGREGATIONAL NURSING, WHICH PROVIDES CRITICAL HEALTH PROMOTION AND MAINTENANCE WITHIN THE CONTEXT OF THE VALUES, BELIEFS AND PRACTICES OF A FAITH COMMUNITY, AND HEALTHCARE ASSISTANCE BY ASSISTING INDIVIDUALS WHO MIGHT NOT BE RECEIVING THE CARE THEY NEED. DURING THE MONTH OF JUNE, THE PROGRAM OFFERS A FOUNDATIONS OF FAITH COMMUNITY NURSING COURSE WHICH PROVIDES REGISTERED NURSES THE EDUCATION AND SUPPORT TO CREATE HEALTH MINISTRY PROGRAMS IN THEIR RESPECTIVE CONGREGATIONS. THE PROGRAM ALSO PROVIDES A MENTORING EXPERIENCE THAT INTEGRATES THE FAITH COMMUNITY NURSING THEORY WITH PRACTICE IN A FAITH-BASED RELATIONSHIP IN WHICH BOTH THE MENTOR AND NOVICE FAITH COMMUNITY NURSE STRENGTHEN THEIR SPIRITUAL AND PROFESSIONAL SKILLS BASED ON MUTUAL TRUST, SECURITY, CONFIDENTIALITY, RESPECT AND PROFESSIONAL SHARING.

THE CATHOLIC CHARITIES REFUGEE RESETTLEMENT SERVICES PROGRAM, IN CONJUNCTION WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, HELPS THE NEWLY ARRIVED IN THE UNITED STATES TO REACH SELF-SUFFICIENCY

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AS QUICKLY AS POSSIBLE AND ASSISTS THEM WITH SOCIAL AND ECONOMIC ADJUSTMENT TO THEIR NEW COMMUNITY. THE PROGRAM SERVES NEWLY ARRIVED REFUGEES, ASYLEES, CUBAN/HAITIAN ENTRANTS, PAROLEE AS WELL AS VICTIMS OF HUMAN TRAFFICKING. ALL ARE FOREIGN-BORN CLIENTS SEEKING A BETTER LIFE AWAY FROM OPPRESSION, VIOLENCE, AND LACK OF FREEDOM. THE MAIN GOAL OF THE REFUGEE RESETTLEMENT PROGRAM IS TO FACILITATE THE CLIENT'S SELF-SUFFICIENCY THROUGH EMPLOYMENT, TO ENSURE THAT THEY CAN PROVIDE FOR THEMSELVES, AS WELL AS GIVING THEM A SENSE OF RESPONSIBILITY AND INVOLVEMENT IN THEIR NEW COMMUNITY. SERVICES MAY INCLUDE: CASH ASSISTANCE; EMERGENCY RENTAL ASSISTANCE; TRANSPORTATION; EMPLOYMENT SERVICES; ORIENTATION AND REFERRALS TO COMMUNITY RESOURCES. THE PROGRAM PROMOTES A RESETTLEMENT MODEL IN WHICH CASE MANAGEMENT PROVIDES ESSENTIAL SERVICES AND TOOLS FOR DEVELOPING THE CLIENT'S SELF-SUFFICIENCY AND EMPLOYABILITY.

THE CATHOLIC CHARITIES HUNGER, HOMELESS & OUTREACH PROGRAM PROVIDES EMERGENCY SERVICES THAT ASSIST INDIVIDUALS AND FAMILIES TO ATTAIN ECONOMIC STABILITY AND SELF-SUFFICIENCY THROUGH THE PROVISION OF SUPPORT SERVICES AND APPROPRIATE REFERRALS WHEN NECESSARY. OVER THE PAST YEAR, CATHOLIC CHARITIES HAS MADE A STRATEGIC EFFORT TO DEVELOP AND GROW THIS PROGRAM WITH THE INTENTION OF PROVIDING MORE DIRECT SERVICES TO THE COMMUNITY AND THOSE IN NEED. WITH ITS KNOWLEDGE OF THE EXTENSIVE RANGE OF RESOURCES AVAILABLE IN THE COMMUNITY, THIS PROGRAM PROVIDES BASIC INFORMATION AND REFERRALS BUT HAS ALSO GROWN TO PROVIDE THE FOLLOWING DIRECT SERVICES: RENT AND UTILITY ASSISTANCE; ASSISTANCE SCREENING: HELPING TO SCREEN CLIENTS TO SEE IF THEY QUALIFY FOR AVAILABLE RESOURCES INCLUDING FOOD STAMPS (SNAP) AND MEDICAID; BENEFIT ENROLLMENT: PROVIDE HELP IN ENROLLING THOSE WHO QUALIFY FOR ASSISTANCE

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BENEFITS; FOOD AND TRANSPORTATION ASSISTANCE; ANGEL FOOD SNAC (SERVING NUTRITION TO AREA CHILDREN) PROGRAM: THE ANGEL FOOD "SNAC" PROGRAM IS DESIGNED TO ADDRESS CHRONIC HUNGER AMONG ELEMENTARY-AGE CHILDREN WITHIN THE DIOCESE. IT AIMS TO PROVIDE NUTRITIOUS FOOD TO CHILDREN WHO MIGHT NOT OTHERWISE HAVE ADEQUATE FOOD OVER THE WEEKEND. WORKING IN PARTNERSHIP WITH SELECT PARISHES IN THE DIOCESE, THIS PROGRAM IDENTIFIES CHILDREN FROM LOW-INCOME HOUSEHOLDS WHO ALSO MEET THE CRITERIA OF BEING CHRONICALLY HUNGRY OR HAVING FOOD INSECURITY. THESE ARE CHILDREN WHO MIGHT NOT HAVE ADEQUATE FOOD OVER THE WEEKEND. AT THE END OF EACH WEEK, THE ELIGIBLE CHILDREN RECEIVE A KNAPSACK OF FOOD TO TAKE HOME. EACH KNAPSACK CONTAINS CHILD-FRIENDLY, NUTRITIOUS, SHELF STABLE FOOD INCLUDING TWO BREAKFASTS, TWO LUNCHESES, TWO DINNERS, TWO SNACKS AND FOUR BEVERAGES.

THE CATHOLIC CHARITIES PARISH SOCIAL MINISTRY SEEKS TO EMPOWER CATHOLICS IN THE DIOCESE OF PALM BEACH TO CELEBRATE AND REALIZE THE GOSPEL CALL FOR LIFE, HUMAN DIGNITY, AND CARE FOR GOD'S CREATION THROUGH CATHOLIC SOCIAL TEACHING FORMATION, ORGANIZED PARISH SOCIAL MINISTRIES, AND OPPORTUNITIES FOR PUBLIC ADVOCACY AND ACTION. OUR PROGRAMS INCLUDE:

- CATHOLIC RELIEF SERVICES (CRS): ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS (USCCB), CRS CARRIES OUT OUR CATHOLIC COMMITMENT TO HELP THOSE WHO ARE POOR AND VULNERABLE OVERSEAS AND WITHIN OUR COUNTRY. EACH YEAR CRS RICE BOWL IS CONDUCTED TO HELP CATHOLICS OBSERVE THE SEASON OF LENT THROUGH PRAYER, LEARNING, ACTION, AND ALMSGIVING. THE FUNDS COLLECTED ARE SENT TO CRS FOR ITS WORK OVERSEAS. A PORTION OF THE FUNDS REMAIN WITHIN THE DIOCESE AND ARE GIVEN THROUGH GRANTS TO LOCAL OUTREACH PROGRAMS AT OUR DIOCESAN

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PARISHES.

- CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT (CCHD) IS THE OFFICIAL DOMESTIC ANTI-POVERTY AGENCY OF THE USCCB AND WORKS TO BREAK THE CYCLE OF POVERTY BY HELPING PEOPLE HELP THEMSELVES. CCHD HELPS POOR PEOPLE HELP THEMSELVES ESCAPE POVERTY AND ADDRESS ITS CAUSES BY INVESTING IN THEIR DEVELOPMENT SO THEY CAN PARTICIPATE IN THE DECISIONS THAT AFFECT THEIR FAMILIES AND COMMUNITIES. DONATIONS TO CCHD GIVE THOSE IN POVERTY THE SUPPORT THEY NEED TO MAKE LASTING CHANGES. EACH YEAR A SPECIAL COLLECTION FOR CCHD IS TAKEN AT OUR PARISHES. IT WAS ESTABLISHED BY THE USCCB AS A RESPONSE TO THE GOSPEL OF JESUS CHRIST AND AN EXPRESSION OF THE SOCIAL DOCTRINE OF THE CATHOLIC CHURCH.

- PARISH OUTREACH COMMITTEE: THIS PROGRAM HELPS TO NETWORK THE LOCAL PARISH SOCIAL MINISTRY EFFORTS THROUGHOUT OUR DIOCESE, CONNECTING OUR MANY PARISHES, AND PROVIDES RESOURCES AND SUPPORT TO THEIR WORK.

- JUST FAITH MINISTRIES: THROUGH ITS VARIOUS EDUCATIONAL PROGRAMS, THIS PROGRAM HELPS A MEMBERS OF A CHURCH OR PARISH EXPLORE CHRIST'S CALL TO CARE FOR THE VULNERABLE, AND HELPS TO EXPAND PEOPLE'S COMMITMENT TO SOCIAL MINISTRY.

A MULTI-LINGUAL, MULTI-CULTURAL STAFF IN THREE LOCATIONS PROVIDES LEGAL SERVICES TO FOREIGN-BORN INDIVIDUALS. THIS PROGRAM PROVIDES SERVICES TO FOREIGN-BORN INDIVIDUALS IN NEED OF IMMIGRATION ASSISTANCE. THE PROGRAM'S FOCUS IS PRIMARILY ON FAMILY REUNIFICATION.

THE ANTI-HUMAN TRAFFICKING PROGRAM ASSISTS DOMESTIC OR FOREIGN BORN VICTIMS IN CASES OF LABOR TRAFFICKING AND SEX TRAFFICKING BY PROVIDING A COMPREHENSIVE ARRAY OF SERVICES TO MEET THE INDIVIDUALIZED NEEDS OF EACH VICTIM. RESTORATIVE SERVICES OFFERED INCLUDE (AS NEEDED):

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INTENSIVE CASE MANAGEMENT; SHELTER/HOUSING; HEALTH; LEGAL IMMIGRATION SERVICES; LEGAL ASSISTANCE ON FAMILY AND CIVIL MATTERS; VICTIM ADVOCACY; LITERACY EDUCATION/JOB TRAINING/GED ASSISTANCE; ORIENTATION AND LIFE SKILLS TRAINING; COUNSELING; AND 24-HOUR RESPONSE.

THE DISASTER RECOVERY PROGRAM PROVIDES IMMEDIATE RELIEF; LONG-TERM CASE MANAGEMENT; AND ASSISTANCE WITH BASIC NEEDS, RENT/UTILITIES, AND REFERRALS AS NEEDED FOR THOSE IMPACTED BY THE STORMS.

FORM 990, PART III, LINE 4B

THE BIRTHLINE/LIFELINE PREGNANCY CARE PROGRAM PROMOTES THE SANCTITY OF LIFE AND OFFERS PREGNANCY CARE SERVICES AT ITS PREGNANCY CARE CENTER LOCATIONS. SERVICES ARE OFFERED FREE OF CHARGE TO ALL CLIENTS WHO MEET BASIC CRITERIA. AT THE PREGNANCY CARE CENTERS, WOMEN COPING WITH AN UNPLANNED PREGNANCY CAN ACCESS COMPASSIONATE COUNSELING REGARDING ADOPTION, ALTERNATIVES TO PREGNANCY TERMINATIONS AND MORE. THE FOLLOWING SERVICES ARE PROVIDED THROUGH OUR THREE PREGNANCY CARE CENTERS: FREE ULTRASOUNDS AND PREGNANCY TESTING, PRENATAL CARE REFERRALS, PRO-LIFE EDUCATION, ABORTION ALTERNATIVE COUNSELING, ADOPTION REFERRALS, PARENTING CLASSES, FERTILITY AWARENESS EDUCATION, AND A 24-HOUR SUPPORT HOTLINE. MATERIAL ASSISTANCE IS ALSO PROVIDED INCLUDING MATERNITY CLOTHES, BABY APPAREL AND LAYETTES, CAR SEATS, STROLLERS, CRIBS, BABY FOOD, FORMULA AND DIAPERS. CLIENTS ARE PROVIDED WITH CONTACT INFORMATION AND NECESSARY DOCUMENTATION FOR MEDICAID/MEDICAL COVERAGE, REFERRALS AND OTHER AVAILABLE SERVICES WITHIN THE COUNTY AND/OR CATHOLIC CHARITIES.

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CATHOLIC CHARITIES BIRTHLINE/LIFELINE PROGRAM PROMOTES THE ALTERNATIVE OPTION OF ADOPTION. ADOPTION IS THE LOVING SOLUTION WHEN A MOTHER IS EXPERIENCING AN UNPLANNED PREGNANCY AND CANNOT PARENT ADEQUATELY BECAUSE OF HER OWN AGE OR FINANCIAL SITUATION. ADOPTION PROMOTES A CULTURE OF LIFE. THE ADOPTION PROCESS HAS CHANGED AND THERE ARE OPTIONS THAT WERE NOT UTILIZED IN THE PAST THAT HAVE FACILITATED A LOVING TRANSITION FROM BIRTH MOTHER TO ADOPTIVE PARENTS. IN SOME CASES AND BY MUTUAL AGREEMENT, THE MOTHER MAINTAINS CONTACT WITH THE ADOPTED CHILD AND NEVER LOSES TRACK OF WHERE HER BABY IS AND HOW HER LITTLE ONE IS PROGRESSING. THROUGH ITS ADOPTION PROJECT, BIRTHLINE/LIFELINE'S SPEAKERS GUILD WORKS TO BRING ADOPTION AWARENESS TO YOUR PARISH OR PARISH ORGANIZATION. THE SPEAKERS SHARE THEIR ADOPTION TESTIMONIES, GIVE BRIEF PRESENTATIONS HIGHLIGHTING THIS ALTERNATIVE TO ABORTION, AND ALSO ANSWER QUESTIONS AND PROVIDE ADDITIONAL INFORMATION.

CATHOLIC CHARITIES BIRTHLINE/LIFELINE PROGRAM PROVIDES THE STYLE FOR LIFE FASHION PROGRAM, A UNIQUE FIVE-DAY FASHION PROGRAM DESIGNED TO PROMOTE SELF-CONFIDENCE AND DIGNITY AMONG TEENAGE GIRLS, AND HELPS THE TEENS TO DISCOVER AND REFINE HER OWN STYLE.

THROUGH AN INTERNSHIP PROGRAM, BIRTHLINE/LIFELINE'S PREGNANCY CARE CENTERS OFFER STUDENTS AN OPPORTUNITY TO EXPERIENCE THE PROCESS OF ADMISSION OF CLIENTS, ASSESSMENT OF CLIENT NEEDS, PREGNANCY TESTING, DETERMINATION OF GESTATIONAL AGE, THE ESTIMATED DUE DATE FOR THE UNBORN VIA LIMITED OBSTETRICAL ULTRASOUND AND REFERRALS FOR PRE-NATAL CARE. STUDENTS LEARN THE DETAILS OF PRE-NATAL TEACHING AS WELL AS INFORMATION REGARDING FERTILITY AWARENESS, RISKY BEHAVIOR, SEXUALLY TRANSMITTED

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DISEASE AND THE SIDE EFFECTS OF HORMONAL CONTRACEPTION, STERILIZATION AND BARRIER METHODS. STUDENTS ARE ALSO EXPOSED TO RESEARCH PROJECTS THAT ARE CURRENT: POST-TRAUMATIC STRESS AS IT RELATES TO POST ABORTION CLIENTS; RESEARCH AND DOCUMENTATION OF THE SIDE EFFECTS OF HORMONAL CONTRACEPTIVES REPORTED BY CLIENTS.

FOR MANY STUDENTS, THIS IS THEIR FIRST OPPORTUNITY TO WORK IN A PROFESSIONAL SETTING AND VIEW, FIRST HAND, THE IMPORTANCE OF PROFESSIONAL RECORD KEEPING, CHART REVIEWS, STATISTICS AND REPORTING OF STATISTICS, REFERRALS FOR ADDITIONAL SERVICES AND THE TENDER LOVING CARE FOR ALL THOSE WHO COME TO BIRTHLINE/LIFELINE IN NEED.

FORM 990, PART III, LINE 4C

SAMARITAN CENTER IS A LONG-TERM TRANSITIONAL RESIDENTIAL FACILITY FOR HOMELESS FAMILIES IN INDIAN RIVER COUNTY WITH A STRUCTURED STEP-BASED PROGRAM WITH ONSITE 24-HOURS A DAY CASE MANAGERS THAT HELP PREGNANT WOMEN AND HOMELESS FAMILIES DEVELOP THE LIFE SKILLS NEEDED FOR SUCCESSFUL REINTEGRATION INTO MAINSTREAM SOCIETY. ADMISSION IS OPEN TO FAMILIES OF ALL FAITHS.

OUR FACILITY IS LOCATED ON A LANDSCAPED FIVE ACRE PLOT WITH AMPLE PARKING, A PLAYGROUND AND RECREATIONAL SPACE IN VERO BEACH. EACH FAMILY IS ASSIGNED TO THEIR OWN ROOM OR ROOMS DEPENDING ON FAMILY SIZE.

SAMARITAN CENTER'S CAPACITY IS NINE BEDROOMS OR TWENTY-SIX RESIDENTS. THERE IS A COMMUNAL DINING ROOM, KITCHEN, LOUNGE AND BATHROOMS FOR FAMILIES TO UTILIZE THROUGHOUT THEIR STAY. MEALS ARE PREPARED FOR THE

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RESIDENTS DAILY. SPACE IS PROVIDED FOR RESIDENTS TO STORE SNACKS AND FAVORITE FOOD ITEMS. ALTHOUGH CATHOLIC CHARITIES SAMARITAN CENTER SERVES DIVERSE CLIENTS, OFTEN THE PROFILE OF A TYPICAL CLIENT IS AS FOLLOWS: A SINGLE PARENT WITH ONE TO TWO CHILDREN; A LIMITED EDUCATION, UNEMPLOYED; NO PROFESSION OR LITTLE TRAINING; AND HOMELESS.

THE SAMARITAN CENTER PROVIDES THE FOLLOWING SERVICES TO HELP OUR CLIENTS: HOUSING; EMPLOYMENT COUNSELING; FINANCIAL MANAGEMENT; TRANSPORTATION; LIAISON WITH OTHER AGENCIES; PARENTING CLASS; EDUCATIONAL WORKSHOPS; COUNSELING; CASE MANAGEMENT; AFTER CARE SERVICE UP TO EIGHTEEN MONTHS

THE SAMARITAN CENTER'S ONSITE CASE MANAGERS HELP PREGNANT WOMEN AND HOMELESS FAMILIES DEVELOP THE LIFE SKILLS NEEDED FOR SUCCESSFUL INTEGRATION INTO MAINSTREAM SOCIETY BY ASSISTING WITH THE FOLLOWING: OBTAIN EMPLOYMENT; EDUCATIONAL WORKSHOPS; UPKEEP OF PERSONAL LIVING QUARTERS; FUTURE PLANNING; PERMANENT HOUSING

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CATHOLIC CHARITIES COUNSELING SERVICES PROGRAM PROVIDES PROFESSIONAL COUNSELING AND THERAPY FOR ADULTS, CHILDREN, FAMILIES, COUPLES AND GROUPS IN FIVE LOCATIONS IN TWO COUNTIES. THE TEAM OF THERAPISTS ADDRESSES ISSUES SUCH AS MARITAL/RELATIONSHIP DISCORD, CHILD AND FAMILY DYNAMICS, DEPRESSION, LONELINESS, GRIEF AND LOSS, ANXIETY, STRESSFUL RELATIONSHIPS, CHILD AND ADOLESCENT PROBLEMS AND OTHER LIFE STRESSORS.

EXPENSES \$ 565,959. INCLUDING GRANTS OF \$ 0. REVENUE \$ 177,895.

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THE CATHOLIC CHARITIES ELDER AFFAIRS PROGRAM PROVIDES COMPREHENSIVE GUARDIANSHIP AND CASE MANAGEMENT SERVICES TO THOSE IN NEED, EMPHASIZING THE CONCERNS OF THE ECONOMICALLY DISADVANTAGED AND THOSE WITHOUT ADEQUATE COMMUNITY SUPPORT. THIS MULTI-DIMENSIONAL PROGRAM PROTECTS ELDERLY INDIVIDUALS FROM VICTIMIZATION, EXPLOITATION, ABUSE AND NEGLECT. THE PROGRAM SERVES INDIVIDUALS WHO ARE 65 YEARS AND OLDER, RESIDING IN PALM BEACH COUNTY AND WHO ARE AT RISK PHYSICALLY, MENTALLY, EMOTIONALLY, FINANCIALLY AND/OR SPIRITUALLY ARE ELIGIBLE. THE ELDER AFFAIRS PROGRAM SEEKS TO PROVIDE SUPPORT AND DELIVER SERVICES THAT ADDRESS THE HUMAN SUFFERING OF THE ELDERLY. WE ALSO ADVOCATE FOR JUSTICE FOR ELDERLY PERSONS BURDENED BY POVERTY AND THE EFFECTS OF SOCIETAL INDIFFERENCES. THE ELDER AFFAIRS STAFF ASSISTS IN:

- ASSESSMENT OF CLIENT NEEDS WHEN FACED WITH LIFE DECISIONS
- PREPARATION OF A PERSONALIZED CARE PLAN
- BILL PAYMENT AND BUDGET PLANNING
- ASSISTANCE WITH NURSING HOME ADMISSIONS
- SECURING MEDICAL/HOSPITAL ADMISSIONS
- FACILITATING MEDICAID AND VETERAN APPLICATIONS
- CONTINUAL MONITORING TO ASSURE CLIENTS PHYSICAL/EMOTIONAL WELL-BEING.

GUARDIANSHIP TRAINING IS ANOTHER SERVICE OF THE CATHOLIC CHARITIES ELDER AFFAIRS PROGRAM. THE GUARDIANSHIP TRAINING IS A COURSE OF STUDY APPROVED BY THE CHIEF JUDGE OF THE CIRCUIT COURT AND PROVIDED TO GUARDIANS APPOINTED IN PALM BEACH COUNTY TO ENSURE THAT THEY UNDERSTAND THEIR LEGAL DUTIES TO BOTH THEIR WARD AND THE COURT. SUCCESSFUL COMPLETION OF THIS TRAINING COURSE IS REQUIRED WITHIN FOUR (4) MONTHS AFTER APPOINTMENT AS GUARDIAN.

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EXPENSES \$ 478,102. INCLUDING GRANTS OF \$ 0. REVENUE \$ 231,167.

FORM 990, PART VI, SECTION A, LINE 1:

WHEN THE DIRECTORS ARE NOT IN SESSION AND PRUDENT MANAGEMENT REQUIRES PROMPT ACTION, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE AUTHORITY OF THE DIRECTORS IN THE MANAGEMENT OF THE CORPORATION EXCEPT AS SUCH AUTHORITY IS LIMITED BY RESOLUTION OF THE DIRECTORS, AND ANY SUCH ACTION SHALL BE SUBMITTED TO THE DIRECTORS AT THEIR NEXT MEETING FOR THEIR REVIEW. THE OFFICERS, THE IMMEDIATE PAST PRESIDENT (IF A MEMBER OF THE BOARD) AND CHAIRPERSONS OF ALL THE OTHER STANDING COMMITTEES SHALL ALL BE MEMBERS OF THE EXECUTIVE COMMITTEE, AND THE BISHOP OF THE DIOCESE OF PALM BEACH OR HIS DESIGNEE SHALL BE A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL MEET AT ANY TIME WHEN THE DIRECTORS ARE NOT IN SESSION AND WHEN PRUDENT MANAGEMENT REQUIRES PROMPT ACTION. SPECIAL MEETINGS SHALL BE CALLED BY THE SECRETARY ON THE WRITTEN REQUEST OF THE CHAIRMAN OR BY AT LEAST THREE (3) OF THE MEMBERS. A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS. THE MINUTES OF THE MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE TAKEN AND SHALL BE DISTRIBUTED PROMPTLY TO THE BOARD FOLLOWING EACH EXECUTIVE COMMITTEE MEETING.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBER OF THE CORPORATION IS THE BISHOP OF THE DIOCESE OF PALM BEACH AND HIS SUCCESSORS IN OFFICE. ADDITIONAL MEMBER(S) MAY BE APPOINTED BY THE BISHOP OF THE DIOCESE OF PALM BEACH IN HIS SOLE DISCRETION. ANY ADDITIONAL MEMBERS(S) MAY BE REMOVED BY THE BISHOP OF THE DIOCESE OF PALM BEACH IN HIS SOLE DISCRETION. IN THE EVENT THE BISHOP OF THE DIOCESE OF PALM BEACH APPOINTS ADDITIONAL MEMBER(S) TO THE CORPORATION, THEN THE BISHOP OF THE

Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number	59-2470479
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DIOCESE OF PALM BEACH SHALL BE THE CHAIRMAN OF THE MEMBER(S) AT ALL MEETINGS OF THE MEMBER(S) AND FOR ANY PURPOSE OR MATTER BROUGHT BEFORE THE MEMBERSHIP. THE BISHOP OF THE DIOCESE OF PALM BEACH MAY APPOINT ANY OTHER MEMBER OF THE CORPORATION TO A POSITION OF OFFICER OF THE MEMBERSHIP. THE OFFICERS OF THE MEMBERSHIP MAY INCLUDE A PRESIDENT, SECRETARY, TREASURER AND SUCH ADDITIONAL OFFICERS OR ASSISTANT OFFICERS AS THE BISHOP OF THE DIOCESE OF PALM BEACH MAY ELECT.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER SHALL HAVE AND BE ENTITLED TO ONE (1) VOTE, IN PERSON, FOR THE ELECTION OF THE DIRECTORS AT THE ANNUAL MEETING. THE BISHOP OF THE DIOCESE OF PALM BEACH MAY APPOINT DIRECTORS, WHETHER OR NOT NOMINATED BY THE BOARD, AND MAY REMOVE ANY OR ALL OF THE DIRECTORS FROM THE BOARD, WITH OR WITHOUT CAUSE AT ANY SUCH TIME AS HE MAY DETERMINE, IN HIS SOLE DISCRETION. THE MEMBER(S) MAY REMOVE ANY DIRECTOR(S) FROM THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE AND AT SUCH TIME AS THEY MAY DETERMINE, IN THEIR SOLE DISCRETION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM WITH THE HELP OF THE DIRECTOR OF FINANCE. THE 990 IS THEN POSTED TO THE BOARD OF DIRECTORS INTRANET SITE. A LINK TO THE 990 IS EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE FORM WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXCEPT FOR CONTRACT AND TRANSACTIONS BETWEEN THE CORPORATION AND THE BISHOP OF THE DIOCESE OF PALM BEACH OR HIS DESIGNEES, ANY CONTRACT OR OTHER TRANSACTION BETWEEN THE CORPORATION AND ANY DIRECTOR OR OFFICER, OR BETWEEN

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.	Employer identification number 59-2470479
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THE CORPORATION AND ANY OTHER CORPORATION, FIRM ASSOCIATION OR OTHER ENTITY IN WHICH ANY DIRECTOR OR OFFICER IS A DIRECTOR, TRUSTEE, PARTNER OR OFFICER OR HAS A SIGNIFICANT FINANCIAL OR INFLUENTIAL INTEREST, MAY BE DECLARED VOID OR VOIDABLE BY THE DIRECTORS UNLESS ALL OF THE FOLLOWING CONDITIONS ARE MET:

THE RELEVANT AND MATERIAL FACTS AS TO SUCH DIRECTORS' OR OFFICERS' INTEREST OR SUCH CONTRACT OR TRANSACTION AND AS TO ANY COMMON DIRECTORSHIP, TRUSTEESHIP, PARTNERSHIP, OFFICER SHIP, OR FINANCIAL OR INFLUENTIAL INTEREST WERE DISCLOSED IN GOOD FAITH IN ADVANCE BY SUCH DIRECTOR OR OFFICER TO THE DIRECTORS AND SUCH FACTS ARE REFLECTED IN THE MINUTES OF THE MEETING OF THE DIRECTORS.

THE RELEVANT AND MATERIAL FACTS, IF ANY, KNOWN TO SUCH INTERESTED DIRECTOR OR OFFICER WITH RESPECT TO SUCH CONTRACT OR THE CORPORATION'S INTERESTS WERE DISCLOSED IN GOOD FAITH IN ADVANCE BY SUCH DIRECTOR OR OFFICER TO THE DIRECTORS AND SUCH FACTS ARE REFLECTED IN THE MINUTES OF THE MEETING OF THE DIRECTORS.

SUCH INTEREST DIRECTOR OR OFFICER HAS, AS DETERMINED BY THE JUDGMENT OF THE DIRECTORS AND AS REFLECTED IN THE MINUTES OF THE DIRECTORS' MEETINGS:

- MADE THE DISCLOSURES AND FULLY RESPONDED TO QUESTIONS CONCERNING THE MATTERS REFERRED TO ABOVE
- FULLY MET THE BURDEN OF PROOF THAT THE CONTRACT OR TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AT THE TIME OF SUCH CONTRACT OR TRANSACTION WAS AUTHORIZED
- DID NOT OTHERWISE SIGNIFICANTLY INFLUENCE THE ACTION OF THE DIRECTORS WITH RESPECT TO THE CONTRACT OR TRANSACTION.

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THE DIRECTORS AUTHORIZED SUCH CONTRACT OR TRANSACTION BY A VOTE OF AT LEAST TWO- THIRDS (2/3) OF THE DIRECTORS ENTITLED TO VOTE AT A MEETING AT WHICH A QUORUM WAS PRESENT. AND SUCH INTERESTED DIRECTOR OR OFFICER WAS NOT COUNTED IN DETERMINING THE PRESENCE OF A QUORUM OR DETERMINING A TWO-THIRDS (2/3) VOTE

SUCH INTERESTED DIRECTOR OR OFFICER WAS NOT PRESENT AT THE TIME THE VOTE WAS TAKEN.

ALL BOARD MEMBERS, SENIOR STAFF PERSONNEL AND CONSULTANTS WILL SIGN THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY MATERIAL CONFLICTS OF INTEREST, BOTH AT THE TIME THEY JOIN THE AGENCY AND AT THE BEGINNING OF EACH BOARD YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

OUR PROCESS FOR DETERMINING COMPENSATION OF CEO AND TOP MANAGEMENT OFFICIALS INCLUDED THE REVIEW AND USE OF COMPARABILITY DATA FROM OTHER SOCIAL SERVICE NON PROFIT AGENCIES. A QUORUM OF THE EXECUTIVE COMMITTEE ON BEHALF OF THE AUDIT AND COMPLIANCE COMMITTEE REVIEW AND APPROVE THE COMPENSATION PACKAGE EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.** Employer identification number **59-2470479**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DIOCESE OF PALM BEACH, INC - 65-0926368 9995 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410		FLORIDA	501(C)(3)	LINE 1	N/A		X

**CATHOLIC CHARITIES OF THE DIOCESE OF
PALM BEACH, INC.**

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIOCESE OF PALM BEACH INC	C	1,606,460.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.