	0		Return of Organization Exempt Fi	rom Ir	ncome Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			s) 2016
Depa	artment	of the Treasury	Do not enter social security numbers on this form as	Open to Public		
		enue Service	Information about Form 990 and its instructions is a	at _{www.irs}	.gov/form990.	Inspection
AF	For th	e 2016 calenda	ar year, or tax year beginning and e	nding	-	
B	Check if applicat	la.	organization		D Employer identific	cation number
2		CATH	OLIC CHARITIES OF THE ARCHDIOCESE C)F		
	Addr	ge M⊥LW.	AUKEE, INC.			
	Nam Chan	ge Doing bu	usiness as			806321
	Initia	n Number		loom/suite	E Telephone number	
	Final returi		SOUTH LAKE DRIVE		414-	769-3420
_	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,185,146.
	Amer returi		AUKEE, WI 53207		H(a) Is this a group re	
	Appli tion pend	F Name a	nd address of principal officer: RICARDO CISNEROS		for subordinates	
		SAME .	AS C ABOVE		H(b) Are all subordinates in	
			X 501(c)(3) \Box 501(c) () ◀ (insert no.) \Box 4947(a)(1) or	527		list. (see instructions)
					H(c) Group exemption	
	orm c art l	of organization: [Summary	X Corporation Trust Association Other ►	L Year o	of formation: 1920 N	State of legal domicile: WI
ГС	1		e the organization's mission or most significant activities: HELP		דד א דונים ז	
e	1		TY BY PROVIDING SERVICES TO THOSE I			MD CARING
Jan	2	Check this box				oto
/err	2					17 Interest
ģ	4		17			
8	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2016 (Part V, line 2a)			121
Activities & Governance	6		of volunteers (estimate if necessary)			206
ž	7 2		7a	0.		
Ă	h		business revenue from Part VIII, column (C), line 12			0.
					Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		5,095,991.	6,068,088.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		939,513.	1,098,335.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		7.	5,116.
Ĕ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		59,452.	13,607.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,094,963.	7,185,146.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		619,325.	1,217,177.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$		3,802,848.	4,163,347.
nse	16a		Indraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	b.		ng expenses (Part IX, column (D), line 25)			
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,174,211.	1,571,482.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,596,384.	6,952,006.
	19	Revenue less	expenses. Subtract line 18 from line 12		498,579.	233,140.
Net Assets or					ginning of Current Year	End of Year
sset	20	Total assets (F			2,657,928.	2,763,374.
et A:	21		(Part X, line 26)		543,449.	464,268.
	<u>22</u> art II		und balances. Subtract line 21 from line 20		2,114,479.	2,299,106.
		-		and atotama	nto and to the best of me	knowledge and belief it in
	-		declare that I have examined this return, including accompanying schedules a			knowledge and bellet, it IS
uue	, corre	sot, and complete.	Declaration of preparer (other than officer) is based on all information of whic	in preparer i	nas any knowledge.	
					1	

Sign	Signature of officer	Date							
Here	RICARDO CISNEROS, CHIEF OPERATING OFFICER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date Check PTIN							
Paid	TROY MARINE, CPA TROY MARINE, CPA	05/09/17 self-employed P00187863							
Preparer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN 39-0859910							
Use Only	Firm's address 777 E WISCONSIN AVENUE, 32ND FLOOR								
	MILWAUKEE, WI 53202	Phone no. 414.777.5500							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
		- 000 (

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF
	990 (2016) MILWAUKEE, INC. 39-0806321 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SERVE THOSE IN NEED, TO ADVOCATE FOR JUSTICE AND TO CALL UPON
	OTHERS TO DO THE SAME.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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 \$ 2,775,799. including grants of \$ 1,217,177.) (Revenue \$ 0.)
	MIGRANT & REFUGEE SERVICES - REFUGEES ARE INDIVIDUALS WHO HAVE FLED
	THEIR COUNTRIES OF ORIGIN AND WHO MEET THE UNITED NATIONS' CRITERIA OF
	HAVING A "WELL-FOUNDED FEAR OF PERSECUTION FOR REASONS OF RACE,
	RELIGION, NATIONALITY, MEMBERSHIP IN A PARTICULAR SOCIAL GROUP, OR
	POLITICAL OPINION." SINCE 1975, THE REFUGEE RESETTLEMENT PROGRAM HAS
	BEEN ONE OF THE PROGRAMS OF CATHOLIC CHARITIES. OUR REFUGEE
	RESETTLEMENT PROGRAM HAS RESETTLED LARGE NUMBERS OF REFUGEES FROM
	BOSNIA, CROATIA, SERBIA, ALBANIA AND KOSOVO AS WELL AS REFUGEES FROM
	AFGHANISTAN, CUBA, IRAN, IRAQ, LIBERIA, CONGO, KENYA, UGANDA, SIERRA
	LEONE, SUDAN, AND SOMALIA. OUR ORGANIZATION HAS MOST RECENTLY BEEN
	INVOLVED IN THE RESETTLEMENT OF SIGNIFICANT NUMBERS OF NEW IRAQI,
	CUBAN, KAREN, BURMESE, AND CHIN REFUGEES AS WELL AS MANY SOMALI BANTU
4b	(Code:) (Expenses \$1, 282, 911. including grants of \$) (Revenue \$1, 282, 410.)
	BEHAVIORAL HEALTH SERVICES - CATHOLIC CHARITIES' BEHAVIORAL HEALTH
	COUNSELING SERVICES PROVIDES ACCESSIBLE, CULTURALLY COMPETENT, HIGH
	QUALITY, MENTAL HEALTH SERVICES FOR UNDERSERVED, LOW INCOME ADULTS,
	CHILDREN AND FAMILIES SUFFERING FROM EMOTIONAL DISTRESS. MASTER'S LEVEL
	COUNSELORS HELP CLIENTS IDENTIFY AND PRIORITIZE THE ISSUES CAUSING SUCH DISTRESS, AND AID CLIENTS TO COPE BETTER WITH THEIR PROBLEMS OF LIFE.
	COUNSELING MAY ADDRESS SPECIFIC FORMS OF DIAGNOSABLE MENTAL ILLNESSES
	OR EVERYDAY OBSTACLES IN MANAGING OR MAINTAINING PERSONAL RELATIONSHIPS
	OR MEETING PERSONAL GOALS.
	OK MELTING TENDOWNE COMED:
4c	(Code:) (Expenses \$538,756. including grants of \$) (Revenue \$65,272.)
	FOR OVER 50 YEARS, IN-HOME SUPPORT SERVICES HAS PROVIDED BASIC
	HOMEMAKING ASSISTANCE TO SENIORS AND ADULTS WITH DISABILITIES TO HELP
	THEM REMAIN INDEPENDENT IN THEIR HOMES RATHER THAN SEEKING MORE COSTLY
	AND MORE RESTRICTIVE LIVING OPTIONS. CLIENT SERVICES INCLUDE
	HOUSEKEEPING, LAUNDRY, TRANSPORTATION, PREPARING MEALS AND OTHER TASKS.
	CLIENTS MAY ALSO RECEIVE PERSONAL CARE SERVICES SUCH AS; ASSISTANCE
	WITH TOILETING, DRESSING, AND BATHING. WE SERVE LOW-INCOME ADULTS 72%
	OF OUR CLIENTS ARE LIVING BELOW THE FEDERAL POVERTY LEVEL.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,812,525. including grants of \$) (Revenue \$ 606,653.)
4e	Total program service expenses ► 6,409,991.
	Form 990 (2016) SEE SCHEDULE O FOR CONTINUATION(S)
632002	11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)

Form	990 (2016) MILWAUKEE, INC. 39-0806	321	Р	age 3
Pa	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form 990 (2016)

Form	1 990 (2016) MILWAUKEE, INC. 39-0806	5321	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū		24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
208	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
0-	complete Schedule L, Part II	26		<u> </u>
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

39-	0806321	Page 5
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Form	990 (2016) MILWAUKEE, INC.		39-0806	321	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable	gaming			
	(gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority o	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (I	-BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organiza	ation solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gif	ts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices prov	ided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	d			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	<u>le O</u>		14b		

MILWAUKEE, INC.

Form 990 (2016)

39-0806321 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 1a 17								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		х					
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?	3		x					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
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?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
Sec	tion 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?	10a		Х					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
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	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	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?	16a		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?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright WI$								
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) av	ailable	•						
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X 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	financi	al						
	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:								
	RICARDO CISNEROS - 414-769-3400								
	3501 SOUTH LAKE DRIVE, MILWAUKEE, WI 53207								

CATHOLIC C	HARITIES	OF.	THE	ARCHDIOCESE	OF.	
MILWAUKEE.	INC.					

Form 990 (2		MILWAUKEE,			39-0
Part VII	Compensation	of Officers, Dire	ectors, Trustee	s, Key Employees	, Highest Compensated
	Employees, an	d Independent C	Contractors		

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

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 (Ď), (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)	(B)	(C)					Salt	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				than o		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				eq		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	Individual t	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnc	Ins	0ff	, Ke	e, <u>∓</u> i	For			
(1) ARCHBISHOP JEROME E. LISTECKI PRESIDENT	1.00	x		x				0.	0.	0
(2) WILLIAM R. RAFFERTY	1.00	^		~				0.	0.	0.
FIRST VICE PRESIDENT & CHAIR	1.00	x		x				0.	0.	0.
(3) ALLEN C. SCHLINSOG, JR.	1.00	^		^				0.	0.	0.
SECOND VICE PRESIDENT & VICE-CHAIR	1.00	x		x				0.	0.	0.
(4) JOSEPH CARLSON	1.00	^		<u> </u>				0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(5) ALLEN C. SCHLINSOG	1.00	^		^				0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(6) SUZANNE ANDREW	1.00	Δ		<u> </u>				0.	0.	0.
BOARD OF TRUSTEES	1.00	x						0.	0.	0.
(7) CHERYL A. CLEMONS	1.00								0.	0.
BOARD OF TRUSTEES	1.00	х						0.	0.	0.
(8) DEACON ED CODY	1.00									
BOARD OF TRUSTEES		х						0.	0.	0.
(9) REV. ROBERT GOSMA	1.00									
BOARD OF TRUSTEES		x						0.	0.	0.
(10) REV. CHARLES KEEFE	1.00									
BOARD OF TRUSTEES		х						0.	Ο.	0.
(11) DORIS LATTOS	1.00									
BOARD OF TRUSTEES		х						0.	0.	Ο.
(12) KEITH LESTER	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(13) SANDRA MILLIGAN	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(14) PAMELA OWENS	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(15) RENE SCHAEFER	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(16) JON SISULAK	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(17) DAVID YOUNG	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.

CATHOLIC CHA	ARITIES O	F THE	ARCHDIOCESE	OF
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MILWAUKEE, INC.

39-0806321 Page 8

Form 990 (2016) MILWAUKER	E, INC.								39-08	<u>0632</u>	21	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amou	F) nated unt of ner
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fron organ and r	nsation in the ization elated zations
(18) RICARDO CISNEROS	36.00											
CHIEF OPERATING OFFICER	4.00			X				85,619.	9,51	3.	22,	631.
(19) JASON FLANDERS	36.00							02 204	0.05		1 1	222
CHIEF FINANCIAL OFFICER	4.00			X				83,284.	9,25	±		323.
		-										
1b Sub-total c Total from continuation sheets to Part VI								<u>168,903.</u> 0.	18,76	7.	33,	,954. 0.
d Total (add lines 1b and 1c)								168,903.	18,76	-	33	954.
2 Total number of individuals (including but n compensation from the organization ►							o re	,				0
											Y	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•	•		•			3	x
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	iccrue comper	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5	X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 - (
Complete this table for your five highest control the organization. Report compensation for the organization (A)	-	-						the organization's tax ye		nsatior	n from	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Com	npensa	ation
2 Total number of independent contractors (ii		ot lin	niter		thos		ted	above) who received mo	are than			
\$100,000 of compensation from the organiz		. III			(

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.

Page **9** 39-0806321

		Check if Schedule O conta	ains a response o	or note to any lin	e 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
S S	1 a	Federated campaigns	1a 1 ,	212,570.				
ant		Membership dues						
ဇာဓိ		Fundraising events						
fts,		Related organizations						
, Gi		Government grants (contributio		302,693.				
Sin		All other contributions, gifts, grant		50270551	-			
utic		similar amounts not included abov		552,825.				
dt		Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f	-		6,068,088.			
0.0				Business Code				
ø	2 a	PROGRAM SERVICE			1,098,335.	1,098,335.		
vic	b				, ,	, ,		
Ser	c							
žel	d							
Program Service Revenue	e							
Pro	f	All other program service rever	nue	-				
		Total. Add lines 2a-2f			1,098,335.			
	3	Investment income (including o						
		other similar amounts)		5,116.			5,116.	
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents	3,645.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	3,645.					
	d	Net rental income or (loss)		🕨	3,645.			3,645.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		····· >				
ē	8 a	Gross income from fundraising						
ent		including \$						
Rev		contributions reported on line	,					
Other Revenu		Part IV, line 18			-			
ŧ		Less: direct expenses		L				
		Net income or (loss) from fund Gross income from gaming act						
	9 a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales		>				
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS RI		900099	9,962.			9,962.
	b							
	с							
		All other revenue						
	е	Total. Add lines 11a-11d		►	9,962.		-	
	12	Total revenue. See instructions.		►	7,185,146.	1,098,335.	0.	18,723.

Form 990 (2016)

Statement of Revenue

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF Form 990 (2016) MILWAUKEE, INC. Part IX Statement of Functional Expenses

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>	general expenses	
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 017 177	1 017 177		
~	individuals. See Part IV, line 22	1,217,177.	1,217,177.		
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,	221 622		221 622	
-	trustees, and key employees	221,623.		221,623.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	3,080,229.	2 926 652	122 042	100 724
7	Other salaries and wages	3,080,229.	2,836,652.	133,843.	109,734
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		504 662		10 042
9	Other employee benefits	576,366.	504,663.	54,660.	17,043 8,453
0	Payroll taxes	285,129.	250,986.	25,690.	8,453
1	Fees for services (non-employees):	100 011		100 011	
а	Management	132,311.		<u>132,311.</u> 5,033.	
b	Legal	5,033.		5,033.	
С	9 F	24,000.		24,000.	
d	Lobbying				
е	, E				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	202,443. 25,971.	<u>58,275</u> . 937.	<u> 1,820.</u> 11,200.	142,348 13,834 1,035
2	Advertising and promotion			11,200.	13,834
3	Office expenses	72,015.	59,748.	11,232.	1,035
4	Information technology				
5	Royalties				
6	Occupancy	533,311.	448,007.	75,023.	10,281
7	Travel	88,563.	69,708.	18,537.	318
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	15,322.	15,322.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	57,671.	57,671.		
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) OPERATIONS	309,542.	95,154.	30,153.	184,235
a ⊾	MISCELLANEOUS	83,447.	51,991.	23,496.	7,960
b	BAD DEBT	21,853.	21,853.	43,490.	1,900
C		21,853.	721,853.	-743,226.	21,379
d		U •	/41,04/•	-/43,220.	41,3/9
	All other expenses	6,952,006.	6 400 001	25 205	516 600
5	Total functional expenses. Add lines 1 through 24e	0,334,000.	6,409,991.	25,395.	516,620
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

CATHOLIC	CHARITIES	OF	\mathbf{THE}	ARCHDIOCESE	OF

39-0806321 Page 11

(B)

(A)

Form 990 (2016)	MILWAUKEE,	INC.		
Part X	Balance Sheet				
	Check if Schedule	O contains a response	e or note to an	y line in this Part X	

			(A) Beginning of year		(B) End of year
Cash - non-interest-bearing			847,655.	1	709,019.
Cash - non-interest-bearing Savings and temporary cash investments			148,476.	2	366,387.
			1,250,893.	3	1,245,047.
Pledges and grants receivable, net			176,829.	4	257,018.
Accounts receivable, net Loans and other receivables from current and for			170,025.	4	257,010.
trustees, key employees, and highest compensation				-	
Part II of Schedule L				5	
Loans and other receivables from other disquali					
section 4958(f)(1)), persons described in section					
employers and sponsoring organizations of sec				•	
employees' beneficiary organizations (see instr).	-			6	
Notes and loans receivable, net				7	
Inventories for sale or use	10 000	8	27 500		
		·····	18,000.	9	27,500.
a Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D		651,787.	185 051		
Less: accumulated depreciation		534,208.	175,251.	10c	117,579.
Investments - publicly traded securities				11	
Investments - other securities. See Part IV, line				12	
Investments - program-related. See Part IV, line				13	
Intangible assets				14	
Other assets. See Part IV, line 11			40,824.	15	40,824.
Total assets. Add lines 1 through 15 (must equ	al line 34)		2,657,928.	16	2,763,374.
Accounts payable and accrued expenses			217,306.	17	178,509.
Grants payable				18	
Deferred revenue			950.	19	1,700.
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete	Part IV of So	chedule D		21	
Loans and other payables to current and former	officers, dir	ectors, trustees,			
key employees, highest compensated employee	es, and disqu	ualified persons.			
Complete Part II of Schedule L				22	
Secured mortgages and notes payable to unrela	ated third pa	irties	247,618.	23	197,939.
Unsecured notes and loans payable to unrelate	d third partie	es		24	
Other liabilities (including federal income tax, pa	yables to re	lated third			
parties, and other liabilities not included on lines	s 17-24). Coi	mplete Part X of			
Schedule D		77,575.	25	86,120.	
Total liabilities. Add lines 17 through 25	543,449.	26	464,268.		
Organizations that follow SFAS 117 (ASC 958	3), check he	re 🕨 🗴 and			
complete lines 27 through 29, and lines 33 ar	d 34.				
Unrestricted net assets			993,403.	27	946,715.
			1,111,654.	28	1,342,969.
Permanently restricted net assets			9,422.	29	9,422.
Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here 🕨 🗌			

2,299,106. 2,763,374. Form 990 (2016)

2,114,479.

2,657,928.

Form 990 (2016)

10a

Assets

Liabilities

Net Assets or Fund Balances

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

CATHOLIC	CHARITIES	OF	\mathbf{THE}	ARCHDIOCESE	OF
CATHOLIC	CHARITIES	OF	THE	ARCHDIUCESE	OF

<u>39-0806321</u> Page 12

	1 990 (2016) MILWAUKEE, INC.	39-08	306321	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,185		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,952		
3	Revenue less expenses. Subtract line 2 from line 1	3	233		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,114	1,47	<u>79.</u>
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	-48	3,51	
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	2,299),1(<u>)6.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

SCHEDULE	A	Dublic C		OMB No. 1545-0047								
(Form 990 or 9	90-EZ)		harity Status an rganization is a section 501					2016				
		Complete il tile o	4947(a)(1) nonexempt cha					2010				
Department of the Tre Internal Revenue Serv	ioo b		Attach to Form 990 or F					Open to Public				
			le A (Form 990 or 990-EZ) and i			<u> </u>		Inspection				
Name of the or		MILWAUKEE, I	RITIES OF THE A	ARCHDI	OCESI	5 OF		identification number 9-0806321				
Part I Re	eason for Pu	ublic Charity Statu	JS (All organizations must co	omplete thi	s part) Se	e instructions	<u> </u>	9-0000321				
			t is: (For lines 1 through 12, c									
Ē	-		ciation of churches described	-		VAVi).						
			(ii). (Attach Schedule E (Forn			·//·//·						
			organization described in so			i).						
4 🗌 A me	dical research	organization operated i	n conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
city,	and state:											
5 🗌 An o	rganization ope	rated for the benefit of	a college or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in				
sect	tion 170(b)(1)(A	.)(iv). (Complete Part II.)									
		v v	ernmental unit described in			. ,						
	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
activ	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
incor	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.)										
		-	clusively to test for public sa	•								
		-	clusively for the benefit of, to	-			-					
		-	cribed in section 509(a)(1) o					Check the box in				
	-	•	pe of supporting organizatior ed, supervised, or controlled	-			-	nivina				
			to regularly appoint or elect a	•	-							
	0	must complete Part I	• • • •	indjointy o				pporting				
		-	vised or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing				
CO	ntrol or manage	ement of the supporting	organization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported				
orę	anization(s). Y o	ou must complete Par	t IV, Sections A and C.									
с 🗌 Ту	pe III functiona	Illy integrated. A supp	orting organization operated	in connect	ion with, a	and functional	ly integrate	d with,				
		()(tions). You must complete I	,								
			supporting organization oper				° °	. ,				
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		,	t complete Part IV, Sections ed a written determination fro									
		•	nctionally integrated supportin			турет, туре	п, туре п					
		rmation about the supp										
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other				
Or	ganization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)				
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Schedule A (Form 990 or 990 EZ) 2016 MILWAUKEE, INC.

Part II

39-0806321 Page 2

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.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 MILWAUKEE, INC.

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.)

<u>5e</u>	ction A. Public Support						
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0010	(1-) 0010	(-) 001 ((-1) 0045	(-) 0010	(f) T-1-1
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	anization,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves					-	
17	Investment income percentage for 20	16 (line 10c. colur	mn (f) divided by lir	ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					· · · · · · · · · · · · · · · · · · ·	
130	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2015. If the						······
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
		ala not oncon a	20/ 0/ 11/0 14, 10	., o oo, oncon ti			<u></u>

Schedule A (Form 990 or 990-EZ) 2016

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

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

Yes

No

Schedule A (Form 990 or 990 EZ) 2016 MILWAUKEE, INC. Part IV Supporting Organizations (continued) 39-0806321 Page 5

			Y.	N
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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?	1		
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).	2		
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.	3		
Sec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	untions)		
2	Activities Test. Answer (a) and (b) below.	ucuons).	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	
a	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	20		
L	that these activities constituted substantially all of its activities.	2a		
D	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	0.		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2016

	CATHOLIC (CHARITIES	\mathbf{OF}	THE	ARCHDIOCESE	OF
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	CATHOLIC CHARITIES OF T	'HE AR		20 0006221 -
Sche Pa	dule A (Form 990 or 990-EZ) 2016 MILWAUKEE, INC . rt V	a Oraar		39-0806321 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Dart VI) See instructions All
•	other Type III non-functionally integrated supporting organizations must co			
				(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 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

Sche	dule A (Form 990 or 990-EZ) 2016 MILWAUKEE, ING	2.		9-0806321 Page 7
Par		a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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	e 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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions			
_3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b	F 0010			
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	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:			
<u>a</u>				
	Excess from 2013			
C	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

		CATHOLIC	CHARITI	ES OF	THE	ARCHDIOCESE		
Schedule A	(Form 990 or 990-EZ) 2016	MILWAUKE	E, INC.				39-0806321	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide 2, 3b, 3c, 4b, 4c, ines 2 and 3; Part	the explanatio 5a, 6, 9a, 9b, 9 IV, Section E, 1	9c, 11a, 11b lines 1c, 2a,), and 11 , 2b, 3a,	c; Part IV, Section B, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Sectio Part V, Section B, line 1e; Pa	n C,

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

<u>2016</u>

Employer identification number

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

MILWAUKEE, INC.

39-0806321

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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

X 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 exclusively religious is charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.

39-0806321

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCHDIOCESE OF MILWAUKEE 3501 S LAKE DRIVE MILWAUKEE, WI 53207	\$ <u>1,178,104.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPT OF STATE 2201 C STREET NW WASHINGTON, DC 20520	\$ <u>1,477,155.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$814,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY GREATER MILWAUKEE/WAUKESHA COUNTY 225 W VINE STREET MILWAUKEE, WI 53212	\$572,404.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNITED WAY SHEBOYGAN 2020 ERIE AVE SHEBOYGAN, WI 53081	\$ <u>132,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

art II	Noncash Property (See instructions). Use duplicate copies of P	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

Page **3**

	8 (Form 990, 990-EZ, or 990-PF) (2016)			Page 4	
	IC CHARITIES OF THE AR	CHDIOCESE OF		Employer identification number	
Part III	JKEE, INC. Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le	/ing line entry, For organization	ns	
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee	
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gift			
-	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gift			
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gift			
F	Transferee's name, address, a	IND ZIP + 4	Relationship of transferor to transferee		

90	CHEDULE D Supplemental Financial Statements						
	orm 990) 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.						
	P Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .						
Nam	e of the organization		OF THE ARCHDIOCESE OF	Em	ployer identification number		
		MILWAUKEE, INC.			39-0806321		
Pa		-	d Funds or Other Similar Funds o	or Accou	nts. Complete if the		
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Eur	nds and other accounts		
	Total number at an	ed of yoor		(b) Ful			
1 2		d of year f contributions to (during year)					
3		grants from (during year)					
4		end of year					
5			writing that the assets held in donor advised	d funds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring			
Pa			ganization answered "Yes" on Form 990, Pa	art IV, line 7			
1		ervation easements held by the organization	· · · · · ·				
		of land for public use (e.g., recreation or e					
		f natural habitat of open space	Preservation of a certif	ied historic	structure		
2		• •	ied conservation contribution in the form of	a conserva	ation easement on the last		
2	day of the tax year	• •			Held at the End of the Tax Year		
а				2a			
b							
с	•		ucture included in (a)				
d			after 8/17/06, and not on a historic structure				
	listed in the Nation	al Register		2d			
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization	during the tax		
	year 🕨						
4		where property subject to conservation eas					
5	e e	ion have a written policy regarding the per					
6		provide the conservation easements it	holds? handling of violations, and enforcing conse				
0		nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	I VALION CAS	ements during the year		
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	on easemen	nts during the vear		
	▶\$	3, 1 3,	5		5		
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)	(4)(B)(ii)?			Yes No		
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense st	tatement, a	nd balance sheet, and		
		-	tion's financial statements that describes th	e organizat	ion's accounting for		
Do	conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
Fa		the organization answered "Yes" on Form		er Simia	II A55615.		
10			C 958), not to report in its revenue stateme	nt and hala	noo aboat warka of art		
Ia	0	, , , , , , , , , , , , , , , , , , , ,	hibition, education, or research in furtherance		,		
		note to its financial statements that descri					
b			C 958), to report in its revenue statement a	nd balance	sheet works of art. historical		
-	-		ducation, or research in furtherance of publi				
	relating to these ite				5		
	-			►	\$		
					\$		
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial g	gain, provid	e		
	-	ints required to be reported under SFAS 1					
а					\$		
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	ARCHDIOCESE	OF	

PartIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Schedule D (Form 990) 2016 MILWAUKEE, INC.									. Page 2
clineck all that apply: a b b Scholarly research c Other b Scholarly research c Other Other No cline be scholardy research c Other No No cline be scholardy research c Other No No Provide acciption of the organization scholar that organization answered "Yes" on Form 990, Part X, Ine 21. No No Part V Escholar anound no Form 900, Part X, Ine 21. Is the organization answered "Yes" on Form 990, Part X, Ine 21. No b if "Yes," explain the arrangement in Part XIII and complete the following table: Is the organization answered "Yes" on Form 900, Part X, Ine 21. Is the organization anound on Form 900, Part X, Ine 21. No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Proves No b if Yes," explain the arrangement in Part XIII. Check here if the explanation include an anound on Form 900, Part X, Ine 21. if Other years back (of Tore years back (o	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er S	imila	r Assets	contin	ued)
a Public exhibition d Lcan or exchange programs b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a	signif	icant u	ise of its c	ollection	tems
b Scholary research e Other c Prevention for thure generations e Other 3 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to e solid the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an anount on Form 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization anagenet in Part XIII. 9 If Yes' explain the arrangement in Part XIII. Control or Contror Control Or Contror Control Or Control Or C		(check all that apply):								
c 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 XII. 5 During the year, did the organization solic to receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solic to receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization answered 'Yes' on Form 990, Part X, line 91. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21. 2 Doting balance	а	Public exhibition	d							
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and programs	d	Grants or scholarships		19,420.	106,800		1	36,000.		34,383.
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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) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. 3b X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 10,970. 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other 0 0 0 0	с									
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(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. 3b X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other 0ther 0ther 0ther 0ther	3a		ssion of the organizat	tion that are held ar	id administered for	the o	rganiza	ation	Г	
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 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 (other) (c) Accumulated depreciation 1a Land 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231.		-								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 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 (other) (c) Accumulated depreciation 1a Land 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other 0ther 0ther 0ther 0ther										
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) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 227,935. 224,822. 3,113. d e Other										
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 1a Land 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 234,518. 197,287. 37,231. e Other 0ther 0ther 0ther 0ther	-								30	<u> </u>
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 value1a Land10,970.10,970.b Buildings178,364.112,099.66,265.c Leasehold improvements227,935.224,822.3,113.d Equipment234,518.197,287.37,231.e Other0000	_			vment tunas.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land10,970.10,970.b Buildings178,364.112,099.66,265.c Leasehold improvements227,935.224,822.3,113.d Equipment234,518.197,287.37,231.e Other10101010				Part IV line 11a S	ee Form 990 Part	X line	10			
basis (investment) basis (other) depreciation 1a Land 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231.								od l		
1a Land 10,970. 10,970. b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other 112,009. 10,970. 10,970.		Description of property		• •						value
b Buildings 178,364. 112,099. 66,265. c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other 112,099.	19	Land		,	, ,				10	970
c Leasehold improvements 227,935. 224,822. 3,113. d Equipment 234,518. 197,287. 37,231. e Other						11	2.0	99.		
d Equipment 234,518. 197,287. 37,231. e Other										
e Other										-
					,		, _			<u>, = </u>
				(column (R) line 1)c.)				117	,579.

Schedule D (Form 990) 2016

	INC.		39	-0806321 Page
Part VII Investments - Other Securities.		V line 11h Cos Farme 000	Dart V line 10	
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part I (b) Book value			d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(F) (G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
		V line 11 - Cas Farm 000	Davit V, line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
				d-or-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"		V, line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e <u>15.</u>)		····· ►	
Complete if the organization answered "Yes"	on Form 990 Part IV	V line 11e or 11f See Form	990 Part X line 25	
(a) Description of lightlity	011 0111 000, 1 att 1	(b) Book value	1000, 1 art X, into 20	
(1) Federal income taxes			-	
	אר	6,120.	-	
	714	80,000.		
		00,000.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		06 100		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u> 🕨	86,120.		

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	\mathbf{THE}	ARCHDIOCESE	OF

Sche	dule D (Form 990) 2016 MILWAUKEE , INC .		39-0806321 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. TXIII Supplemental Information.	<u>8.)</u>	

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 V, LINE 4:

THE ENDOWMENT FUNDS ARE DONOR RESTRICTED, TO BE USED FOR THE BENEFIT OF

CHILDREN, PERSONS WITH DISABILITIES, CRISIS PREGNANCIES AND THE ELDERLY

WHO ARE IN NEED.

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1545-0047				
(Form 990)		Go	vernments, an ete if the organization	nd Individual	ls in the Ŭni	ted States			2016				
Department of the Treasury Internal Revenue Service		-	on about Schedule I	Attach to For	m 990.		0		Open to Public Inspection				
Name of the organizat	ion CATHOLIC MILWAUKEE	CHARITIES	OF THE ARC			<u>www.iis.goviioiiiiss</u>	0.		ntification numb 9 – 0 8 0 6 3 2 1				
Part I General Ir	nformation on Grants a												
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti						
criteria used to a	award the grants or assis	stance?						X	Yes	No			
2 Describe in Part	IV the organization's pro												
	nd Other Assistance to hat received more than \$					anization answered "Y	'es" on Form 990, Par	t IV, line 21, for a	any				
1 (a) Name and ad	ddress of organization vernment	(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		oose of grant ssistance				
2 Enter total numb	per of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•	l	•	>					
3 Enter total numb	per of other organization	s listed in the line 1	table	·····				>					
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule	l (Form 990) (20)16)			

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

Schedule I (Form 990) (2016)

MILWAUKEE, INC.

39-0806321

Page 2

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
RENT ASSISTANCE	5	5,838.	0.		
MEALS/FOOD ASSISTANCE	76	40,033.	٥.		
MATCH GRANT PASS-THROUGH	245	272,765.	0.		
R&P GRANT PASS-THROUGH	780	895,180.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	I dditional information.	
PART I, LINE 2:					
THE AGENCY MONITORS THE USE OF GRAD	NT FUNDS	THROUGH A	SERIES OF	INTERNAL	
CONTROLS DESIGNED TO ENSURE COMPLIZ	ANCE WITH	ALL TERMS	OF THE GR	ANT. THERE	

ARE MULTIPLE LEVELS OF REVIEW AT BOTH THE PROGRAMMATIC AND ADMINISTRATIVE

LEVELS WITHIN THE AGENCY TO ENSURE GRANT FUNDS ARE USED FOR COSTS THAT ARE

ALLOWABLE, NECESSARY AND REASONABLE. ADDITIONALLY, OUTSIDE, INDEPENDENT

AUDITORS PERFORM AN ANNUAL SINGLE AUDIT ON PROGRAMS RECEIVING GRANTS IN

<u>EXCESS OF \$750,0</u>00.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



CATHOLIC CHARITIES OF THE ARCHDIOCESE OF 39-0806321

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INC.

REFUGEES.

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

MILWAUKEE,

OTHER PROGRAMS INSPIRED BY CATHOLIC SOCIAL TEACHINGS, HELP TO BUILD A

JUST AND CARING COMMUNITY BY PROVIDING SOCIAL SERVICES TO THOSE IN

THESE INCLUDE LEGAL SERVICES FOR IMMIGRANTS, IN-HOME SUPPORT NEED.

SERVICES, ADOPTION AND CHILD WELFARE, AND CASE MANAGEMENT AND OUTREACH

SERVICES.

EXPENSES \$ 1,812,525. INCLUDING GRANTS OF \$ 0. REVENUE \$ 606,653.

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

THE BOARD OF TRUSTEES HAVE APPROVED THE BYLAWS OF THE ORGANIZATION WHICH

INCLUDE THE FORMATION OF AN "EXECUTIVE COMMITTEE". MEMBERS OF THIS

COMMITTEE INCLUDE THE 1ST VICE PRESIDENT AND BOARD CHAIR, THE 2ND VICE

PRESIDENT AND VICE-CHAIR, THE TREASURER AND THE SECRETARY. "SUCH EXECUTIVE

COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD OF TRUSTEES

WHICH MAY BE LAWFULLY DELEGATED IN THE MANAGEMENT OF THE BUSINESS AND

AFFAIRS OF THIS CORPORATION WHILE THE BOARD IS OUT OF SESSION, AND ALL

ACTION BY THE SAID EXECUTIVE COMMITTEE SHALL BE SUBJECT TO THE APPROVAL OF

THE BOARD OF TRUSTEES WHEN IT IS CONVENES." ARTICLE IV---- 6.1 (A)

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

FORM 990 IS PRESENTED BY THE EXECUTIVE DIRECTOR TO THE BOARD OF TRUSTEE

EXECUTIVE COMMITTEE FOR THEIR REVIEW BEFORE FILING.

Schedule O (Form 990 or 9	Page 2	
Name of the organization	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.	Employer identification number 39-0806321

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

AS A CONDITION OF EMPLOYMENT, STAFF ARE REQUIRED TO DISCLOSE OPPORTUNITIES

THEY HAVE WITH OTHER ORGANIZATIONS.

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

THE CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER COMPENSATION

PROCESS IS CONDUCTED BY THE BOARD OF TRUSTEE EXECUTIVE COMMITTEE. THIS

PROCESS INVOLVES AN ANNUAL PERFORMANCE AND COMPENSATION REVIEW.

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

FORM 990 IS MADE AVAILABLE BY DIRECT REQUEST. THE MOST RECENT AUDITED

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF

INTEREST POLICY, ARE AVAILABLE TO THE PUBLIC UPON DIRECT REQUEST TO THE

AGENCY.

FORM 990, PART XII, LINE 2C:

NO CHANGES HAVE BEEN MADE TO THE PRIOR YEAR.

SCHEDULE R (Form 990) 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.									201	6		
Department of the 1 Internal Revenue Se	Treasury	► Infe	ormation about Schedule R (Form 9		t www.irs.gov/for	m990				Open to Po Inspecti	on	
Name of the o		CATHOLIC CHAR MILWAUKEE, IN	ITIES OF THE ARCHDI	OCESE OF					Employer identification number 39-0806321			
Part I Ide	entification of Di	isregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	ome End	(e) End-of-year ass			(f) rect controlling entity			
			-									
	entification of Reganizations during		ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34 b	ecause it ha	d one or n	nore related	d tax-exe	mpt		
	(a Name, addre of related o	ess, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if s 501(c)(ection	(f) Direct controlling entity		g (g) Section 512(b)(13) controlled entity? Yes No		
	LAKE DRIVE	DATION - 39-1231223	SUPPORT CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE	WISCONSIN	501(C)(3)	LINE 12A	СН	THOLIC ARITIES C CHDIOCESE		x		
			_									
			_									
			_									

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

Schedule R (Form 990) 2016 MILWAUKEE, INC.

39-0806321 Page 2

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

		-					1				
(a)	(a) (b) (c)		(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			ortionate itions?	Code V-UBI amount in box 20 of Schedule	Code V-UBI mount in box 0 of Schedule	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left \right $	<u> </u>
										+	
	1		1	1		1		L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
	1								

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.

Schedule R (Form 990) 2016 $$ $$ $$ $$ $$	Ι]
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC CHARITIES FOUNDATION	ĸ	85,800.	FMV
(2)			
(3)			
<u>(</u> 4)			
<u>(5)</u>			
<u>(</u> 6)			

Schedule R (Form 990) 2016 MILWAUKEE, INC.

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

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

(2)				(2)	(4)	(c)	(h)	<u>, </u>	(i)	(3)	(k)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f) ec. Share of	(g) Share of	(h)	l nor-	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	(related, unrelated,	partners s 501(c)(3) total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managin	
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?		partner'	
		oodinityy	Sections 512-514)	Yes N	0 11001110	400010	Yes	No	(FUITH 1005)	Yes No	<u> </u>
											+
							\vdash				+

Schedule R (Form 990) 2016

CATHOLIC	CHARITIES	OF	THE	ARCHDIOCESE	\mathbf{OF}
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Schedule R (Form 990) 2016 MILWAUKEE, INC. Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CATHOLIC CHARITIES FOUNDATION

DIRECT CONTROLLING ENTITY: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

MILWAUKEE

9970 FO	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization	ļ	OMB No. 1545-1878					
Form 8879-EO	For calendar year 2016, or fiscal year beginning, 2016, and ending	20	0040					
	Do not send to the IRS. Keep for your records.		2016					
Department of the Treasury Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form88	379eo.						
Name of exempt organization	•	Employer i	dentification number					
	ITIES OF THE ARCHDIOCESE OF							
MILWAUKEE, IN	2.	39-08	806321					
Name and title of officer								
RICARDO CISNE CHIEF OPERATI								
	Return and Return Information (Whole Dollars Only)							
	rn for which you are using this Form 8879 EO and enter the applicable amount, if any, fro	m the retur	n. If you check the box					
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave li	ne 1b, 2b, 3b, 4b, or 5b,					
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,185,146.					
2a Form 990-EZ check he		2b						
3a Form 1120-POL check	· · · · · · · · · · · · · · · · · · ·							
4a Form 990-PF check he								
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b						
Part II Declarat	ion and Signature Authorization of Officer							
(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							
X I authorize BA	KER TILLY VIRCHOW KRAUSE, LLP	to enter m	y PIN 12345					
	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 🕨 🔭	*** THIS IS NOT A FILEABLE COPY *** Date							
Part III Certifica	tion and Authentication							
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification							
number (EFIN) followed by	your five-digit self-selected PIN. 39341753202 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 <i>e-file</i> Providers for Business Returns.								

ERO's signature **TROY MARINE**, CPA

Date 🕨	05/	09/17

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