

44 PUBLIC DISCLOSURE ON
Return of Organization Exempt From Federal Income Tax



2019
Form 990
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990

OMB No. 1545-0047
Department of the Treasury
Internal Revenue Service

▶ Report the number of copies of this Form 990 that you have made available to the public on page 10.
▶ See instructions for Form 990 for details and for the latest information.

1 For the calendar year, or other reporting period, ending 12/31/2019

2 Name of the organization
CATHOLIC CHARITIES REGIONAL AGNCY

3 Employer identification number
34-0714222

4 Mailing address (Do not check this box if the organization is a foreign or foreign-related entity. If the organization is a foreign or foreign-related entity, check the box and enter the foreign country, and ZIP or foreign postal code)
**315 WEST BAYNE AVENUE
DUNSTONS, OH 44522**

5 Telephone number
333-766-2100

6 State (or other jurisdiction) where the organization is organized
OH

7 Name and address of the person or persons who are in control of the organization (Do not check this box if the organization is a corporation or other entity that is not an individual)
**MARY G. VOITZE
315 WEST BAYNE AVENUE, DUNSTONS, OH 44522**

8 Is the organization a religious organization?
 Yes No

9 Is the organization a school?
 Yes No

10 Is the organization a hospital or health care provider?
 Yes No

11 Is the organization a testing center?
 Yes No

12 Is the organization a professional sports team?
 Yes No

13 Is the organization a political organization?
 Yes No

14 Is the organization a trust?
 Yes No

15 Is the organization a common law partnership?
 Yes No

16 Is the organization a limited liability partnership?
 Yes No

17 Is the organization a partnership?
 Yes No

18 Is the organization a trust or other fiduciary?
 Yes No

19 Is the organization a corporation?
 Yes No

20 Is the organization a partnership?
 Yes No

Part I Summary

1. Total revenue (Do not check this box if the organization is a trust or other fiduciary. To provide services to people in need, advocate for justice, and help people to do the right thing.)			
2. Total assets (Do not check this box if the organization is a trust or other fiduciary. Do not include assets held in trust for or on behalf of other persons.)			
3. Number of voting members of the governing body (Part III, line 1a)			
4. Number of independent voting members of the governing body (Part III, line 1b)			
5. Total number of individuals employed calendar year (Part III, line 1c)			
6. Total number of volunteers (calendar year)			
7a. Total unrelated business income from Part III, column (C), line 12			
7b. Net unrelated business taxable income from Form 990-T, line 28			
8. Expenses	Contributions and grants (Part III, line 14)	1,752,300	1,752,300
	Program services (Part III, line 15)	1,014,260	1,014,260
	Supporting services (Part III, column (A), lines 16, 17, and 18)	1,112,100	1,112,100
	Other expenses (Part III, column (A), lines 19, 20, 21, 22, 23, and 24)	1,457,347	1,457,347
	Total expenses, do not check this box if you are reporting on the column (A), line 12	5,336,007	5,336,007
	State and federal income tax (Part III, column (A), line 12)	321,700	321,700
	Benefits paid to or for members (Part III, column (A), line 9)		
	Salaries, other compensation, expense benefits (Part III, column (A), line 9)	1,163,599	1,163,599
	Professional fundraising fee (Part III, column (A), line 17a)		
	Total fundraising expenses (Part III, column (A), line 17)	48,774	48,774
Other expenses (Part III, column (A), lines 19, 20, 21, 22, 23, and 24)	1,014,260	1,014,260	
Total expenses from Form 990-T (line 28) (Part III, column (A), line 12)	-1,752,300	-1,752,300	
Net assets (Part III, line 12)	611,700	611,700	
Total assets (Part III, line 12)	611,700	611,700	
Total liabilities (Part III, line 12)	611,700	611,700	

Part II Signature Block

I am the president of the organization. I believe that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and all accompanying documents are true, correct, and complete. I understand that anyone who furnishes false or misleading information on this return or who omits material or information requested on the return may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest).

9 Signature of officer, director, or trustee (Do not check this box if the signatory is a preparer or other paid preparer)

10 Signature of preparer (Do not check this box if the preparer is the officer, director, or trustee of the organization)

11 Signature of preparer (Do not check this box if the preparer is the officer, director, or trustee of the organization)

12 Signature of preparer (Do not check this box if the preparer is the officer, director, or trustee of the organization)

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