** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

C Name of organization: CATHOLIC CHARITIES REGIONAL AGENCY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 319 WEST RAVEN AVENUE

City or town, state or province, country, and ZIP or foreign postal code: YOUNGSTOWN, OH 44503

D Employer identification number: 34-0714320

E Telephone number: 330-744-3369

G Gross receipts $ 1,518,535.

F Name and address of principal officer: NANCY G. VOYNOV, 319 WEST RAVEN AVENUE, YOUNGSTOWN, OH 44503

H(a) Is this a group return for subordinates? Yes ☒ No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶ 0520

I Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CCRESCORG.ORG

K Type of organization: ☒ Corporation Trust Association Other ▶

L Year of formation: 1970

M State of legal domicile: OH

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Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICE TO PEOPLE IN NEED, ADVOCATE FOR JUSTICE, AND CALL PEOPLE TO DO THE SAME.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	35
6	Total number of volunteers (estimate if necessary)	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
b	Net unrelated business taxable income from Form 990-T, Part I, Line 11	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,000,000.	1,000,000.
	9 Program service revenue (Part VIII, line 2g)	514,514.	504,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,214.	4,535.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,480.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,520,208.	1,508,535.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	417,417.	1,508,834.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,287,413.	1,295,833.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,653.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,213.	411,563.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,119,043.	3,216,230.
	19 Revenue less expenses. Subtract line 18 from line 12	-598,835.	-707,695.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,414,352.	1,016,337.
	21 Total liabilities (Part X, line 26)	414,353.	411,803.
	22 Net assets or fund balances. Subtract line 21 from line 20	999,999.	604,534.

Part II Signature Block

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

COPY

Sign Here

▶ Signature of officer — Date

▶ NANCY G. VOYNOV, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DANA PATTERSON — Preparer's signature — Date — Check ☐ if self-employed — PTIN P01278328

Firm's name ▶ RAUCHNY + ROVIGNY LLC — Firm's EIN ▶ 34-0471328

Firm's address ▶ 4714 MUNSON STRAWP RD, SUITE 402, CANTON, OH 44718-3514 — Phone no. (330) 966-8400

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No