PUBLIC DISCLOSURE COPY

Extended to May 16, 2022

Forr	, 990-T	E	Excended to May 16, 2022 Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For cal	endar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021		2020
Depa	artment of the Treasury nal Revenue Service	▶	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	.	Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if		Name of organization (Check box if name changed and see instructions.)		loyer identification number
	address changed.		Catholic Charities of the Archdiocese		
В	Exempt under section	Print	of Chicago		36-2170821
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)
	408(e) 220(e)	Туре	721 N. LaSalle Drive	┙`	•
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		0928
	529(a) 529S		Chicago, IL 60654	F	Check box if
			ok value of all assets at end of year		an amended return.
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	Applica	ble reinsurance entity
<u>H</u>	Check if filing only to	o >	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u></u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
_			d identifying number of the parent corporation.		
			Elida Hernandez Telephone number > 3	312-65	55-7326
Pa	art I Total Uni	relate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	-17,090.
2	Reserved			2	
3	Add lines 1 and 2			3	-17,090.
4			see instructions for limitation rules) Stmt 3 Stmt 4	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	-17,090.
6			ng loss. See instructions	6	0.
7			ss taxable income before specific deduction and section 199A deduction.		4- 000
	Subtract line 6 fro			7	-17,090.
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	4 000
10	Total deductions			10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
D	enter zero			11	0.
P	art II Tax Com	•		Τ.	1 0
1	•		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on	_	
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu		**	5	
6			cility income. See instructions	6	0.
7	i otal. Add lines 3	unroug	n 6 to line 1 or 2, whichever applies	7	U .

LHA For Paperwork Reduction Act Notice, see instructions.

	90-T (2020)		Page 2
Part Part			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020 6a 30,642.		
b	2020 estimated tax payments. Check if section 643(g) election applies 6b		
C	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total > 6g		
7	Total payments. Add lines 6a through 6g	7	30,642.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	30,642.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 30,642. Refunded	11	0.
Part	Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
<u> </u>	explain in Part V		
<u>Part</u>			
rovide	e the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	je and beliet, it is true	в,
lere		y the IRS discuss this	return with
iere	D. J. 1. 1.	preparer shown below	•
		tructions)? X Ye	es No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	Monika Yadav monikayadav 04-18-2022 self- employed	I	1
repa			
Jse (Only Firm's name ▶ Deloitte Tax LLP		
	111 S. Wacker Drive		
	Firm's address Chicago, IL 60606 Phone no. 3		

Form **990-T** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.				
Autor	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).				
	porations required to file an income tax return other than Fo		· · · · · · · · · · · · · · · · · · ·	ps, REMICs	s, and trusts		
must us	se Form 7004 to request an extension of time to file income	e tax retur	ns.				
Туре о	r Name of exempt organization or other filer, see instruc	xpayer identification number (TIN					
print	Catholic Charities of the Archdiocese						
ile by the	of Chicago				36-217082	21	
due date f iling your eturn. Se	or Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.				
nstruction		reign add	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file	a separa	te application for each return)			0 7	
Applica	ation	Return	Application			Return	
s For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
orm 9	90-T (trust other than above) Elida Hernandez	06	Form 8870			12	
. The		Chicac	ro TI 60654-3751				
	books are in the care of \triangleright 721 N. LaSalle Drive - phone No. \triangleright 312-655-7326	CIIICay					
		: 4la a 1 l.a	Fax No.			. —	
	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (. Lu	
box >			ach a list with the names and TINs				
00X >	. If it is for part of the group, check this box	j and alla	ich a list with the hames and This t	Ji ali IIIeIIIDi	ers trie exterision	11 15 101.	
1	request an automatic 6-month extension of time until	Mav 1	.6, 2022 , to f	ile the ever	npt organization	return for	
	ne organization named above. The extension is for the organization			iic tric cxcri	ipt organization	Total II Tol	
	► calendar year or	211124110110	Totali ioi.				
		an	nd endingJUN 30, 2021				
	tax your boginning	, u.,			<u> </u>		
2 If	the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	'n		
	Change in accounting period						
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less				
	ny nonrefundable credits. See instructions.	,	•	3a	\$	0.	
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	stimated tax payments made. Include any prior year overpa	•		3b	\$	21,500.	
_	salance due. Subtract line 3b from line 3a. Include your pa						
u	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3с	\$	0.	
Cautio	n: If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form	8453-EO an	d Form 8879-EC) for payment	
netruct	rions						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Entity

0000

2020

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization Catholic Charities of the Archdiocese of Chicago						B Employer identification number 36-2170821			
<u>c </u>	Unrelated business activity code (see instructions) 525990	D Sequence: 1 of 1							
E [Describe the unrelated trade or business INVESTMENTS								
Pai	t I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expense	es	(C) Net		
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)) (see instructions)	4a		7,720.			7,720.		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		-55.			-55.		
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement) Statement 1	5		-1,088.			-1,088.		
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
<u>13</u>	Total. Combine lines 3 through 12	13		6,577.			6,577.		
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in		or limitatio	ns on ded	uctions) Ded	uction	s must be		
	directly confidenced with the differenced business in	COITIE							
1	Compensation of officers, directors, and trustees (Part X)					1			
2	Salaries and wages					2			
3	Repairs and maintenance					3			
4	Bad debts					4			
5	Interest (attach statement) (see instructions)					5			
6	Taxes and licenses					6	233.		
7	Depreciation (attach Form 4562) (see instructions)			7					
8	Less depreciation claimed in Part III and elsewhere on return			8a		8b			
9	Depletion					9			
10	Contributions to deferred compensation plans					10			
11	Employee benefit programs					11			
12	Excess exempt expenses (Part VIII)					12			
13	Excess readership costs (Part IX)					13			
14	Other deductions (attach statement)		See	Statement	2	14	23,434.		
15	Total deductions. Add lines 1 through 14					15	23,667.		
16	Unrelated business income before net operating loss deduction. Su			•	•				
	column (C)					16	-17,090.		
17	Deduction for net operating loss (see instructions)					17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	3				18	-17,090.		

	l Cost of Goods Sold Enter metal	nod of inventory valuation	>		Page
- 1	Entor mou	iod of inventory valuation		1	
	Purchases				
	Cost of labor				
	Additional section 263A costs (attach statement)				
				I I	
	Other costs (attach statement)				
	Fotal. Add lines 1 through 5				
	nventory at end of year				
	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes X No
rt I\	Oo the rules of section 263A (with respect to property property and Rent Income (From Real Property and				res [A_] No
	Description of property (property street address, city, s	tate, ZIP code). Check it a	a dual-use (see instruc	ctions)	
	<u> </u>				
	B				
	C				
ı	D 🗀	<u> </u>			
		Α	В	С	D
ı	Rent received or accrued				
a I	From personal property (if the percentage of				
ı	rent for personal property is more than 10%				
ı	out not more than 50%)				
)	From real and personal property (if the				
ı	percentage of rent for personal property exceeds				
,	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
,	Add lines 2a and 2b, columns A through D				
	Deductions directly connected with the income n lines 2(a) and 2(b) (attach statement)				
i	n lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En	ter here and on Part I, line	e 6, column (B)	>	(
rt V	n lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se	ter here and on Part I, line			C
rt V	rollines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (statement)	ter here and on Part I, line			C
rt V	n lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (street address, case) Description of debt-financed property (street address, case)	ter here and on Part I, line			0
rt V	n lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of the line	ter here and on Part I, line			0
rt V	n lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (second) Description of debt-financed property (street address, of the columns) B	ter here and on Part I, line			0
rt V	n lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of the line	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
rt V	In lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (statement) Description of debt-financed property (street address, of the line of	ter here and on Part I, line			D
i	In lines 2(a) and 2(b) (attach statement) Fotal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, columns) By Columns Gross income from or allocable to debt-financed	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of the columns of the column	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
rt V	In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (secretary) Description of debt-financed property (street address, of the columns) Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i rt V	In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
rt V	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of Description of debt-financed property (street address, of Description of debt-financed property (street address). Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
rt V	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of Description of debt-financed property (street address) (str	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
rt V	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of Description of debt-financed property (street address, of Description of debt-financed property (street address). Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of Description of debt-financed property (street address) (str	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (state Description of debt-financed property (street address, of Description of debt-financed property (street address, of Description of debt-financed property (street address). Gross income from or allocable to debt-financed property. Deductions directly connected with or allocable to debt-financed property. Straight line depreciation (attach statement). Other deductions (attach statement). Total deductions (add lines 3a and 3b, columns A through D).	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (second) Description of debt-financed property (street address, of the columns income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Determine the deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	eter here and on Part I, line ee instructions) Sity, state, ZIP code). Che	ck if a dual-use (see ir	nstructions)	
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ee instructions) Sity, state, ZIP code). Che	B B	C C	D
i	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	A A Mee instructions) A A Mee instructions A	B B %	C C	D
rt V	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	A A Mee instructions) A A Mee instructions A	B B %	C C	D 0
	Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	A A Mee instructions) A A Mee instructions A	B B %	C C	D

Pac	10
ıac	10

Schedu	ıle A (Form 990-T) 2020 VI İnterest, Ann ı	iitioo Da	avaltica, and Da	nto from	n Control	lod Or	aonization	,		. \		Page 3
Part	vi interest, Annu	illies, Ro	yanies, and Re	ints from	n Control		<u> </u>	, , ,	e instruct			
								Controlled Organizations				
	1. Name of controlle	d	2. Employer		unrelated		al of specified		rt of colur included			luctions directly
	organization		identification		ne (loss)	payn	nents made		olling orga			nnected with
			number	(see ins	structions)			tion's	gross inc	ome	incon	ne in column 5
(1)												
(2)												
(3)												
(4)												
			No	 	Controlled O		ions					
7	. Taxable Income	1.8	Net unrelated	9. To	otal of specif	ied	10. Part o			11.	Deduc	tions directly
			icome (loss)	pa	yments mad	е	that is inc					cted with
		(see	e instructions)					incom		ind	come ir	n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					nns 6 and 11.
							Enter here		,			and on Part I,
							line 8, c	Joiuitiit	(A)	'	iii le o, c	column (B)
Totals						>			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)			
	1. Desc	cription of i	income		2. Amou		3. Deduction		4. Set-		F	otal deductions
					incon	ne	directly connicated (attach states		(attach st	atemer	19 1 -	nd set-asides dd cols 3 and 4)
							(attach state)	Herri)			(4)	
(1)												
(2)												
(3)												
(4)												
					Add amou							dd amounts in olumn 5. Enter
					here and o							re and on Part I,
					line 9, colu						lin	ie 9, column (B)
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A) .		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete					
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2020

Scheo	ule A (Form 990-T) 2020 IX Advertising Income				Page
1	Name(s) of periodical(s). Check box if reporting A	ng two or more periodicals or	a consolidated basi	S.	
	c 🔲				
	D				
Enter	amounts for each periodical listed above in the	_			
•	One and addition to a second	A	В	С	D
2	Gross advertising income Add columns A through D. Enter here and on				I0
а	Add columns A through D. Enter here and on	Part I, line 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on		·	<u> </u>	0
	Ğ				
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
5	lines 5 through 7, and enter zero on line 8 Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	·	<u> </u>	<u> </u>	
а	Add line 8, columns A through D. Enter the g				0
Part	X Compensation of Officers, Dir	rectors, and Trustees	(see instructions)		
		•		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3) (4)				%	
(4)				/ %	
Tota	. Enter here and on Part II, line 1			.	0
Part	, , , , , , , , , , , , , , , , , , , ,			·····	
	11	oo mondononoj			

Form 990-T (A) Income (Loss) from Partnerships	Statement 1
Description	Net Income or (Loss)
LANDMARK EQUITY PARTNERS XV, LP - Ordinary Business Income (loss)	22,868.
LANDMARK EQUITY PARTNERS XV, LP - Net Rental Real Estate Income	212.
LANDMARK EQUITY PARTNERS XV, LP - Other Net Rental Income (loss)	-1.
LANDMARK EQUITY PARTNERS XV, LP - Interest Income LANDMARK EQUITY PARTNERS XV, LP - Dividend Income	866. 4,785.
LANDMARK EQUITY PARTNERS XV, LP - Royalties	93.
LANDMARK EQUITY PARTNERS XV, LP - Other income (loss) LANDMARK EQUITY PARTNERS XVI, LP - Ordinary Business	-18,662.
Income (loss) LANDMARK EQUITY PARTNERS XVI, LP - Net Rental Real Estate	-9,704.
Income	-83
LANDMARK EQUITY PARTNERS XVI, LP - Other Net Rental Income (loss)	338
LANDMARK EQUITY PARTNERS XVI, LP - Interest Income LANDMARK EQUITY PARTNERS XVI, LP - Dividend Income	1,244 22,205
LANDMARK EQUITY PARTNERS XVI, LP - Royalties LANDMARK EQUITY PARTNERS XVI, LP - Other income (loss)	159 -25,397
BLACKSTONE SGP CAPITAL PARTNERS (CAYMAN) IV LP - Ordinary	
Business Income (1 ACADIAN GLOBAL MANAGED VOLATILITY EQUITY FUND, LLC -	-12
Ordinary Business Incom	1.
Total Included on Schedule A, Part I, line 5	-1,088

SCHEDULE O (Form 1120)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Name

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

Catholic Charities of the Archdiocese of Chicago 36-2170821 Part I Apportionment Plan Information Type of controlled group: a X Parent-subsidiary group ___ Brother-sister group Combined group **d** Life insurance companies only 2 This corporation has been a member of this group: **a** X For the entire year. ____ From _________ , until _________ . 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, and for all succeeding tax years. **b** Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending ___ c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. d Last Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _______, and for all succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. Required for the component members of the group. 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending , and for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. (i) The statute of limitations for this year will expire on _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until **b** X No. The members may not adopt or amend an apportionment plan. If the corporation has a short tax year that does not include December 31, check the box. See instructions.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule 0 (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)							
		Apportionment					
(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other			
1 Catholic Charities of the Archdiocese of Chicago	36-2170821	21-06					
2 MISSION OF OUR LADY OF MERCY	36-2171726	21-06					
CATHOLIC BISHOP OF CHICAGO	36-2170826	21-06					
4 MISERICORDIA HOME	36-2170153	21-06					
5							
6							
7							
8							
9							
10							
Total				Oakadala O (F	over 1100\/Day 10 0018\		

Schedule O (Form 1120) (Rev. 12-2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name Catholic Charities of the Archdiocese of Chicago 36-2170821 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I. line 2. column (a) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on -354. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 -354. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 8,074. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 8,074. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 7,720. 7,720. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Catholic Charities of the Archdiocese

of Chicago

Social security number or taxpayer identification no.

36-2170821

Before you check Box A, B, or C be statement will have the same inform	nation as Form 109	you received any 99-B. Either will	/ Form(s) 1099-B o show whether you	or substitute staten r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	lbstitute RS by your
broker and may even tell you which Part I Short-Term. Transact	box to check.					\ <u></u>	
transactions, see page 2. Note: You may aggregate a	all short-term transac	ctions reported on	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	S and for which no ac	
codes are required. Enter the							
You must check Box A, B, or C below. If you have more short-term transactions than we							each applicable box.
(A) Short-term transactions re	•	•	•	•	Note ab	ove)	
(B) Short-term transactions re				eported to the IRS			
X (C) Short-term transactions n	ot reported to you	on Form 1099-	В	,			
1 (a)	(b)	(c)	_ (d)	(e)		nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Suiss priss)	Note below and). See instructions.	from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
LANDMARK EQUITY PARTNERS							
XV, LP							1,095.
LANDMARK EQUITY PARTNERS							
XVI, LP							<1,449.>
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each t	otal here and inclu	ude on your					
Schedule D, line 1b (if Box A ab	oove is checked),	line 2 (if Box B					
above is checked) or line 3 (if I	Rox C ahove is ch	necked)					<354.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Catholic Charities of the Archdiocese

of Chicago

Social security number or taxpayer identification no.

36-2170821

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitu	ute
statemént will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by	your /
broker and may even tell you which box to check.	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions not reported to you on Form 1099-B

	(a) escription of property ample: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LANDMAI	RK EQUITY PARTNERS							
XV, LP								19,712.
LANDMA	RK EQUITY PARTNERS							
XVI, LI	P							<11,638.>
negat	s. Add the amounts in colu- tive amounts). Enter each to dule D, line 8b (if Box D ab	otal here and inclu	ude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (q) in the separate instructions for how to figure the amount of the adjustment.

8,074.

above is checked), or line 10 (if Box F above is checked)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name Catholic Charities of the Archdiocese of Chicago 36-2170821 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I. line 2. column (a) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on -354. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 -354. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 8,074. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 8,074. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 7,720. 7,720. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Catholic Charities of the Archdiocese

of Chicago

Social security number or taxpayer identification no.

36-2170821

Before you check Box A, B, or C be statement will have the same inform	nation as Form 109	you received any 99-B. Either will	/ Form(s) 1099-B o show whether you	or substitute staten r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	lbstitute RS by your
broker and may even tell you which Part I Short-Term. Transact	box to check.					\ <u></u>	
transactions, see page 2. Note: You may aggregate a	all short-term transac	ctions reported on	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	S and for which no ac	
You must check Box A, B, or C below.							
If you have more short-term transactions than w							each applicable box.
(A) Short-term transactions re	•	•	•	•	Note ab	ove)	
(B) Short-term transactions re				eported to the IRS			
X (C) Short-term transactions n	ot reported to you	on Form 1099-	В	,	,		
1 (a)	(b)	(c)	_ (d)	(e)		nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Suiss priss)	Note below and). See instructions.	from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
LANDMARK EQUITY PARTNERS							
XV, LP							1,095.
LANDMARK EQUITY PARTNERS							
XVI, LP							<1,449.>
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	otal here and inclu	ude on your					
Schedule D, line 1b (if Box A ab	oove is checked),	line 2 (if Box B					
above is checked) or line 3 (if I	Rox C ahove is ch	necked)					<354.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Catholic Charities of the Archdiocese

of Chicago

Social security number or taxpayer identification no.

36-2170821

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitu	ute
statemént will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by	your /
broker and may even tell you which box to check.	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions not reported to you on Form 1099-B

	(a) escription of property ample: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LANDMA	RK EQUITY PARTNERS							
XV, LP								19,712.
LANDMA	RK EQUITY PARTNERS							
XVI, LI	P							<11,638.>
negat	s. Add the amounts in colu- tive amounts). Enter each to dule D, line 8b (if Box D ab	otal here and inclu	ude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (q) in the separate instructions for how to figure the amount of the adjustment.

8,074.

above is checked), or line 10 (if Box F above is checked)

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184 **2020**

Attachment 27

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return
Catholic Charities of the Archdiocese
of Chicago

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) 2 (a) Description (b) Date acquired (mo., day, yr.) (d) Gross sales pick allowed or allowed or septice of sproperty in the property Held More Than 1 Year (d) Gross sales pick allowed or sequence of sale and of ground in the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252,		nter the gross proceeds from sales or r substitute statement) that you are in	ocludina on line 2	10 or 20	* *			1	
(g) Can or (loss) Subtract (from the subtraction of property (g) Can or (loss) Subtract (from the subtract of property of price of subtract (from the subtract of subtract (from the subtract of price of subtract (from the subtract of subtract (from the subtract of price of subtract (from the subtract of subtract (from the sub		rt I Sales or Exchanges of	Property Use	ed in a Trade				sions	From Other
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9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 10 Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the		the Schedule Diffied with your return	i aliu skip ililes o	, 9, 11, and 12 i	Delow.				T
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a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the	18	*							
		a and b below. For individual returns	s, complete lines	a and b below.		•			
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used	а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
as an employee.) Identify as from "Form 4797, line 18a." See instructions		as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructi	ons			18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1	b						I		
(Form 1040), Part I, line 4 18b		(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of	of Property Un	der Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
9 (a) Description of section 1245, 1250, 1	252, 1254, or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α							
В							
C							
D		Γ	1				
These columns relate to the propertie		D	D	_	B	_	D D
lines 19A through 19D.	_	Property A	Property	В	Property	C	Property D
O Gross sales price (Note: See line 1 before o							
1 Cost or other basis plus expense of sale							
2 Depreciation (or depletion) allowed or a							
Adjusted basis. Subtract line 22 from line							
4 Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:	line 00						
a Depreciation allowed or allowable from							
b Enter the smaller of line 24 or 25a6 If section 1250 property: If straight line							
was used, enter -0- on line 26g, except for a subject to section 291.							
a Additional depreciation after 1975. See instru	uctions 26a						
b Applicable percentage multiplied by the of line 24 or line 26a. See instructions	smaller 26b						
c Subtract line 26a from line 24. If resider property or line 24 isn't more than line lines 26d and 26e	26a, skip						
d Additional depreciation after 1969 and before							
e Enter the smaller of line 26c or 26d	26e						
6 Ocation 201 consent (company)							
f Section 291 amount (corporations only)							
g Add lines 26b, 26e, and 26f							
dispose of farmland or if this form is being on a partnership.	completed for						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentage							
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, exfor development of mines and other natural mining exploration costs, and depletion. See	deposits,						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments exc from income under section 126. See insection 126.							
b Enter the smaller of line 24 or 29a. See in							
	•	- A H	- l' 00l- l f				
Summary of Part III Gains. Complet	te property column	is A through D through	1 line 29b before	going	to line 30.		
O Total gains for all properties. Add properties	erty columns A thro	ough D, line 24				30	
1 Add property columns A through D, line		•				31	
2 Subtract line 31 from line 30. Enter the	portion from casua	alty or theft on Form 4	684, line 33. Ente	er the p	portion		
from other than casualty or theft on For	m 4797, line 6			<u></u>		32	
Part IV Recapture Amounts Und	ter Sections 1	79 and 280F(b)(2)	When Busin	ess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	1	(b) Section 280F(b)(2)
Section 170 expense deduction or des	reciation allowable	in prior years		33			2001 (8)(2)
Section 179 expense deduction or depRecomputed depreciation. See instruct				34			
Recomputed depreciation: See instruct Recapture amount. Subtract line 34 fro		instructions for where		35			

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184 **2020**

Attachment 27

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return
Catholic Charities of the Archdiocese
of Chicago

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) 2 (a) Description (b) Date acquired (mo., day, yr.) (d) Gross sales pick allowed or allowed or septice of sproperty in the property Held More Than 1 Year (d) Gross sales pick allowed or sequence of sale and of ground in the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and the sequence of sale and sales from Form 124 (mo., day, yr.) (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 4684, line 39 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales pick and sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252, line 26 or 37 (d) Gross sales from Form 6252,		nter the gross proceeds from sales or r substitute statement) that you are in	ocludina on line 2	10 or 20	* *			1	
(g) Can or (loss) Subtract (from the subtraction of property (g) Can or (loss) Subtract (from the subtract of property of price of subtract (from the subtract of subtract (from the subtract of price of subtract (from the subtract of subtract (from the subtract of price of subtract (from the subtract of subtract (from the sub		rt I Sales or Exchanges of	Property Use	ed in a Trade				sions	From Other
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4 Section 1231 gain from installment sales from Form 8252, line 26 or 37 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 11205, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 10 Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4884, line 35 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 18 For all except individual returns, complete lines a and b below. For individual returns, complete lines a and b below. For individual returns, complete lines a and b below.									
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		a and b below. For individual returns	s, complete lines	a and b below.		•			
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used	а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
as an employee.) Identify as from "Form 4797, line 18a." See instructions		as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructi	ons			18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1	b						I		
(Form 1040), Part I, line 4 18b		(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of	of Property Un	der Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
9 (a) Description of section 1245, 1250, 1	252, 1254, or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α							
В							
C							
D		Γ	1				
These columns relate to the propertie		D	D	_		_	D D
lines 19A through 19D.	_	Property A	Property	В	Property	C	Property D
O Gross sales price (Note: See line 1 before o							
1 Cost or other basis plus expense of sale							
2 Depreciation (or depletion) allowed or a							
Adjusted basis. Subtract line 22 from line							
4 Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:	line 00						
a Depreciation allowed or allowable from							
b Enter the smaller of line 24 or 25a6 If section 1250 property: If straight line							
was used, enter -0- on line 26g, except for a subject to section 291.							
a Additional depreciation after 1975. See instru	uctions 26a						
b Applicable percentage multiplied by the of line 24 or line 26a. See instructions	smaller 26b						
c Subtract line 26a from line 24. If resider property or line 24 isn't more than line lines 26d and 26e	26a, skip						
d Additional depreciation after 1969 and before							
e Enter the smaller of line 26c or 26d	26e						
6 Ocation 201 consent (company)							
f Section 291 amount (corporations only)							
g Add lines 26b, 26e, and 26f							
dispose of farmland or if this form is being on a partnership.	completed for						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentage							
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, exfor development of mines and other natural mining exploration costs, and depletion. See	deposits,						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments exc from income under section 126. See insection 126.							
b Enter the smaller of line 24 or 29a. See in							
	•	- A H	- l' 00l- l f				
Summary of Part III Gains. Complet	te property column	is A through D through	1 line 29b before	going	to line 30.		
O Total gains for all properties. Add properties	erty columns A thro	ough D, line 24				30	
1 Add property columns A through D, line		•				31	
2 Subtract line 31 from line 30. Enter the	portion from casua	alty or theft on Form 4	684, line 33. Ente	er the p	portion		
from other than casualty or theft on For	m 4797, line 6			<u></u>		32	
Part IV Recapture Amounts Und	ter Sections 1	79 and 280F(b)(2)	When Busin	ess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	1	(b) Section 280F(b)(2)
Section 170 expense deduction or des	reciation allowable	in prior years		33			2001 (8)(2)
Section 179 expense deduction or depRecomputed depreciation. See instruct				34			
Recomputed depreciation: See instruct Recapture amount. Subtract line 34 fro		instructions for where		35			

Form 990-T (A)	Other Deductions	Statement 2
Description		Amount
TAX PREPARATION FEES		23,434.
Total to Schedule A, Part	II, line 14	23,434.

Form 990-T	Contributions	Statement 3
Description/Kind of Property	Method Used to Determine FMV	Amount
CHARITABLE DEDUCTIONS FROM SCHEDULE K-1s	N/A	98.
Total to Form 990-T, Page 1, 1:	ine 4	98.

Form 990-T	Contributions Summary	1	Statement 4
	ntributions Subject to 100% Limit ntributions Subject to 25% Limit		
Carryover of For Tax Yea	r 2016 r 2017 r 2018		
Total Carryov Total Current	ver Year 10% Contributions	98	
	outions Available ne Limitation as Adjusted	173 0	
	ibutions Contributions Contributions	173 0 173	
Allowable Cor	ntributions Deduction		0
Total Contrib	oution Deduction	_	0