Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2003

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CATHOLIC CHARITIES OF THE DIOCESE OF
FORT WAYNE - SOUTH BEND, INC.

Number and street (or P O box if mail is not delivered to street address): 315 E. WASHINGTON
Room/suite:

City or town, state or country, and ZIP + 4: FORT WAYNE, IN 46802

D Employer identification number: 35-1038653

E Telephone number: (260)422-5657

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

G Web site ▶WWW.DIOCESEFWSB.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Enter 4-digit GEN ▶ 0928

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,334,890.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	236,697.	
	b	Indirect public support	1b	1,820,645.	
	c	Government contributions (grants)	1c	1,677,694.	
	d	**Total** (add lines 1a through 1c) (cash $ 3,730,011. noncash $ 5,025.)			1d 3,735,036.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 517,079.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 10,204.
	6 a	Gross rents SEE STATEMENT 1	6a	17,190.	
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 17,190.
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sale of assets other than inventory: (A) Securities / (B) Other	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	55,347.	
	b	Less direct expenses other than fundraising expenses	9b	17,583.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2			9c 37,764.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 34.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 4,317,307.
Expenses	13	Program services (from line 44, column (B))			13 3,692,276.
	14	Management and general (from line 44, column (C))			14 467,514.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 4,159,790.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 157,517.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 3,783,926.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20 4,583.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 3,946,026.

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01-22-03 LHA **For Paperwork Reduction Act Notice, see the separate instructions** Form **990** (2002)

23

CATHOLIC CHARITIES OF THE DIOCESE OF
FORT WAYNE - SOUTH BEND, INC. 35-1038653

Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ ______ noncash $ ______	22				
23 Specific assistance to individuals (attach schedule)	23	204,188.	204,188.	STATEMENT 10	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	53,809.	0.	53,809.	0.
26 Other salaries and wages	26	2,047,208.	1,956,667.	90,541.	
27 Pension plan contributions	27				
28 Other employee benefits	28	351,014.	315,912.	35,102.	
29 Payroll taxes	29	155,417.	142,742.	12,675.	
30 Professional fundraising fees	30				
31 Accounting fees	31	30,365.	15,996.	14,369.	
32 Legal fees	32	21,912.	11,543.	10,369.	
33 Supplies	33	164,846.	143,528.	21,318.	
34 Telephone	34	40,131.	35,668.	4,463.	
35 Postage and shipping	35	16,892.	12,632.	4,260.	
36 Occupancy	36	268,315.	233,933.	34,382.	
37 Equipment rental and maintenance	37	73,018.	54,309.	18,709.	
38 Printing and publications	38	20,861.	3,905.	16,956.	
39 Travel	39	83,174.	72,844.	10,330.	
40 Conferences, conventions, and meetings	40	31,169.	10,998.	20,171.	
41 Interest	41	12,188.	12,188.		
42 Depreciation, depletion, etc (attach schedule)	42	228,786.	166,294.	62,492.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 4	43e	356,497.	298,929.	57,568.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	4,159,790.	3,692,276.	467,514.	0.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6 (Grants and allocations $)	588,908.
b SEE STATEMENT 7 (Grants and allocations $)	1,041,515.
c SEE STATEMENT 8 (Grants and allocations $)	474,519.
d SEE STATEMENT 9 (Grants and allocations $)	483,254.
e Other program services (attach schedule) STATEMENT 11 (Grants and allocations $)	1,104,080.
f **Total of Program Service Expenses** (should equal line 44, column (B) Program services) ▶	3,692,276.

Part IV **Balance Sheets**

		Note *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			76,171.	45	157,830.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	210,331.			
	b	Less allowance for doubtful accounts	47b		333,458.	47c	210,331.
	48 a	Pledges receivable	48a	1,033.			
	b	Less allowance for doubtful accounts	48b		306,567.	48c	1,033.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			14,498.	53	14,172.
	54	Investments - securities ▶ ☐ Cost ☐ FMV				54	
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other SEE STATEMENT 12			119,760.	56	102,343.
	57 a	Land, buildings, and equipment basis	57a	5,540,704.			
	b	Less accumulated depreciation	57b	1,283,160.	4,022,756.	57c	4,257,544.
	58	Other assets (describe ▶)				58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			4,873,210.	59	4,743,253.
Liabilities	60	Accounts payable and accrued expenses			645,338.	60	396,553.
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 13			443,946.	64b	400,674.
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			1,089,284.	66	797,227.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			3,720,538.	67	3,866,664.
	68	Temporarily restricted			63,388.	68	79,362.
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			3,783,926.	73	3,946,026.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			4,873,210.	74	4,743,253.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements ▶		a	4,339,472.
b	Amounts included on line a but not on line 12, Form 990			
(1)	Net unrealized gains on investments	$ 4,583.		
(2)	Donated services and use of facilities	$		
(3)	Recoveries of prior year grants	$		
(4)	Other (specify) STMT 14	$ 17,582.		
	Add amounts on lines (1) through (4) ▶		b	22,165.
c	Line a minus line b ▶		c	4,317,307.
d	Amounts included on line 12, Form 990 but not on line a			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify)	$		
	Add amounts on lines (1) and (2) ▶		d	0.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶		e	4,317,307.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶		a	4,177,373.
b	Amounts included on line a but not on line 17, Form 990			
(1)	Donated services and use of facilities	$		
(2)	Prior year adjustments reported on line 20, Form 990	$		
(3)	Losses reported on line 20, Form 990	$		
(4)	Other (specify) STMT 15	$ 17,583.		
	Add amounts on lines (1) through (4) ▶		b	17,583.
c	Line a minus line b ▶		c	4,159,790.
d	Amounts included on line 17, Form 990 but not on line a			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify)	$		
	Add amounts on lines (1) and (2) ▶		d	0.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶		e	4,159,790.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 16		53,809.	2,208.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ ☐ Yes ☒ No

Part VI	Other Information			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ DIOCESE OF FORT WAYNE-SOUTH BEND and check whether it is ☒ exempt or ☐ nonexempt				
81 a	Enter direct or indirect political expenditures See line 81 instructions	0.	81a		
b	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	N/A	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	N/A	85c		
d	Section 162(e) lobbying and political expenditures	N/A	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12	N/A	86a		
b	Gross receipts, included on line 12, for public use of club facilities	N/A	86b		
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders	N/A	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ INDIANA				
b	Number of employees employed in the pay period that includes March 12, 2002	100	90b		

91 The books are in care of ▶ ANN E. CAINS Telephone no ▶ (260) 422-5625

Located at ▶ 315 E. WASHINGTON, FT. WAYNE, IN ZIP + 4 ▶ 46802

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PREGANCY & ADOPTION					108,649.
b CHILDRENS SERVICES					109,012.
c REFUGEE IMMIGRATION					19,334.
d COUNSELING					163,204.
e OLDER ADULTS					116,880.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	10,204.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					17,190.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			02	37,764.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a CASE MANAGEMENT					34.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		47,968.	534,303.
105 Total (add line 104, columns (B), (D), and (E)) ▶					582,271.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

[redacted]

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
ll information of which preparer has any knowledge.

11/13/03 ▶ DEBRA J SCHMIDT, EXECUTIVE DIRECTOR

Date Type or print name and title

Date Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC.

Employer identification number 35 1038653

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
GIBSON LEWIS LLC 1001 W, 11TH STREET, MISHAWAKA, IN	CONTRACTOR-BLDG RENOVATIONS	379,127.
Total number of others receiving over $50,000 for professional services ▶	0	

223101/01-22-03 LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ** **Schedule A (Form 990 or 990-EZ) 2002**

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,383,897.	2,305,715.	3,163,396.	3,543,846.	12,396,854.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	666,590.	2,215,310.	849,158.	617,662.	4,348,720.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,797.	11,752.	17,351.	23,804.	69,704.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	57,800.	15,315.	SEE STATEMENT 18 3,977.	15,140.	92,232.
23 Total of lines 15 through 22	4,125,084.	4,548,092.	4,033,882.	4,200,452.	16,907,510.
24 Line 23 minus line 17	3,458,494.	2,332,782.	3,184,724.	3,582,790.	12,558,790.
25 Enter 1% of line 23	41,251.	45,481.	40,339.	42,005.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the sum of all these excess amounts ▶	26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	N/A
d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶	26d	N/A
e Public support (line 26c minus line 26d total) ▶	26e	N/A
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	N/A %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2001) 0. (2000) 1,500. (1999) 2,500. (1998) 0.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2001) 0. (2000) 0. (1999) 0. (1998) 0.

c Add Amounts from column (e) for lines 15 12,396,854. 16 ______ 17 4,348,720. 20 ______ 21 ______ ▶	27c	16,745,574.
d Add Line 27a total 4,000. and line 27b total 0. ▶	27d	4,000.
e Public support (line 27c total minus line 27d total) ▶	27e	16,741,574.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 16,907,510.		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	99.0186%
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	.4123%

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2002

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500 000	20% of the amount on line 40
Over $500 000 but not over $1,000 000	$100 000 plus 15% of the excess over $500 000
Over $1,000,000 but not over $1 500 000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17 000 000	$225,000 plus 5% of the excess over $1,500 000
Over $17,000,000	$1 000 000

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes" complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

223151 01 22-03

Schedule A (Form 990 or 990-EZ) 2002

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
TRANSITION HOME FOR MENTAL HEALTH THERAPY, FORT WAYNE, IN	1	1,200.
OFFICE SPACE TO ELK. COMM. SCHOOLS, ELKHART, IN	2	8,500.
OFFICE SPACE TO ERIN'S HOUSE FOR GRIEVING CHILDREN, FORT WAYNE, IN	3	2,520.
OFFICE SPACE TO VINCENT HOUSE FOR HOMELESS PROGRAM, ELKHART, IN	4	4,970.
TOTAL TO FORM 990, PART I, LINE 6A		17,190.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	55,347.		55,347.	17,583.	37,764.
TO FM 990, PART I, LINE 9	55,347.		55,347.	17,583.	37,764.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	4,583.
TOTAL TO FORM 990, PART I, LINE 20	4,583.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
GENERAL INSURANCE	14,007.	12,973.	1,034.	
REFUGEE ADMINISTRATION	44,835.	44,835.		
MARKETING & ADVERTISING	57,091.	52,406.	4,685.	
MEMBERSHIP DUES	15,596.	1,875.	13,721.	
RECOGNITION	13,009.	11,560.	1,449.	
PURCHASED SERVICES	77,510.	40,831.	36,679.	
FOOD	134,449.	134,449.		
TOTAL TO FM 990, LN 43	356,497.	298,929.	57,568.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

MISSION STATEMENT - CATHOLIC CHARITIES CELEBRATES THE SPIRIT OF JESUS AND FOSTERS PERSONAL DIGNITY BY SERVING THE NEEDS OF OUR NEIGHBORS. WE BELIEVE
* THAT A CHILD SHOULD GROW UP IN A LOVING AND NURTURING ENVIRONMENT
* THAT FAMILIES ARE THE CORNERSTONE OF OUR SOCIETY AND THEY NEED HELP TO FULFILL THEIR RESPONSIBILITIES TO PROVIDE CARE AND INSTILL VALUES.
* IN HELP AND COMPASSION FOR THE POOR AND IMPOVERISHED
* THAT THE ELDERLY SHOULD BE ABLE TO LIVE WITH DIGNITY
* IN THE STRUGGLE TO BRING ABOUT CHANGE IN THE SYSTEMS THA CAUSE HUMAN SUFFERING
* THAT TO SERVE OTHERS IS TO SERVE CHRIST

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

PREGNANCY AND ADOPTION PROGRAM - THE HEART OF THIS PROGRAM IS CONCERN FOR THE FAMILY STRUGGLING WITH AN UNTIMELY PREGNANCY AND CONCERN FOR THE FAMILY THAT HAS INFERTILITY. CATHOLIC CHARITIES PROVIDES SERVICES TO BIRTHPARENTS, ADOPTIVE PARENTS AND ADOPTEES. A SPECIAL NEEDS ADOPTION PROGRAM IS ALSO AVAILABLE WHICH INCLUDES HOME STUDIES AND TRAINING.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		588,908.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

CHILDRENS SERVICES - CATHOLIC CHARITIES OPERATES TWO STATE LICENSED DAY CARE FACILITIES TO PROVIDE QUALITY CHILD CARE TO LOW AND MODERATE INCOME PARENTS SO THAT THEY WILL KNOW THEIR CHILDREN ARE SAFE WHILE THEY WORK OR ATTEND SCHOOL. CIRCLE OF MERCY IS LOCATED IN SOUTH BEND, IN AND CHILDREN'S COTTAGE IS LOCATED IN FORT WAYNE, IN.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		1,041,515.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

CASE MANAGEMENT BRIEF SERVICES - THIS PROGRAM IS DESIGNED TO ASSIST PEOPLE AT A TIME OF CRISIS. AFTER NEEDS ARE ASSESSED THE CASE MANAGER WILL REFER RESOURCES TO BEST ADDRESS NEEDS AND POSSIBLY PROVIDE FINANCIAL AND MATERIAL ASSISTANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		474,519.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE FOUR

REFUGEE IMMIGRATION - CATHOLIC CHARITIES WORKS IN PARTNERSHIP WITH THE U.S. CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REGUGEE SERVICES, USING THE GUIDELINES FROM THE US DEPT. OF STATE AND THE US DEPT. OF HEALTH AND HUMAN SERVICES/OFFICE OF REFUGEE RESETTLEMENT, TO ASSIST REFUGES WITH RESETTLEMENT IN THE UNITED STATES. INCLUDED IN THE PROCESS IS SETTING UP HOUSING, APPOINTMENTS, SCHOOL ENROLLMENT, AND JOB PLACEMENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		483,254.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 10

DESCRIPTION	AMOUNT
INDIVIDUALS CAN RECEIVE CHARITABLE ASSISTANCE SUCH AS FINANCIAL, MEDICAL, CLOTHING, AND HOUSING IF THEY DEMONSTRATE A PSYCHOSOCIAL AND FINANCIAL NEED.	204,188.
TOTAL TO FORM 990, PART II, LINE 23	204,188.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 11

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COUNCELING SERVICES - MARITAL & FAMILY RELATIONSHIPS, DEPRESSION AND AGING.		511,364.
OLDER ADULTS - VILLA OF THE WOODS OLDER ADULT RESIDENTIAL LIVING FACILITY		592,716.
TOTAL TO FORM 990, PART III, LINE E		1,104,080.

FORM 990 OTHER INVESTMENTS STATEMENT 12

DESCRIPTION	VALUATION METHOD	AMOUNT
TREASURY NOTES	MARKET VALUE	102,343.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		102,343.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 13

LENDER'S NAME	TERMS OF REPAYMENT
DIOCESE OF FT. WAYNE-SOUTH BEND	10 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/01/00	01/01/10	552,127.	4.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	IMPROVEMENTS

RELATIONSHIP OF LENDER

PARENT

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	400,674.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		400,674.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	17,582.
TOTAL TO FORM 990, PART IV-A	17,582.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	17,583.
TOTAL TO FORM 990, PART IV-B	17,583.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBRA J. SCHMIDT 315 E. WASHINGTON FORT WAYNE, IN 46802	EXECUTIVE DIRECTOR 40	53,809.	2,208.	0.
JOHN M. D'ARCEY 315 E. WASHINGTON FORT WAYNE, IN 46802	CHAIRMAN OF THE BOARD 1	0.	0.	0.
JONATHAN HOUSAND 315 E. WASHINGTON FORT WAYNE, IN 46802	BOARD PRESIDENT 1	0.	0.	0.
JAMES KITCHENS 315 E. WASHINGTON FORT WAYNE, IN 46802	VICE PRESIDENT 1	0.	0.	0.
PEGGY HIPSKIND 315 E. WASHINGTON FORT WAYNE, IN 46802	SECRETARY 1	0.	0.	0.
CINDY WIRTNER 315 E. WASHINGTON FORT WAYNE, IN 46802	TREASURER 1	0.	0.	0.
DOUGLAS D. ANDERSON 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
DENNIS W. BEVILLE 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
FRANK CUNNINGHAM 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
HERB HERNANDEZ 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
JERRY KRALIS 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.

J. WILLIAM LESTER 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
ANGIE O'NEILL 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
JOSEPH RYAN 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
DONALD SCHENKEL 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
JOSEPH ZICKGRAF 315 E. WASHINGTON FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		53,809.	2,208.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INCOME RECEIVED FOR SERVICES TO FAMILIES STRUGGLING WITH UNTIMELY PREGNANCY, INFERTILITY & ADOPTION.
93B	INCOME RECEIVED FROM QUALITY CHILD CARE TO LOW AND MODERATE INCOME SO THAT THEY MAY WORK AND ATTEND SCHOOL.
93C	INCOME RECEIVED FOR IMMIGRATION SERVICES SUCH AS CITIZENSHIP, EMPLOYMENT, TRASLATION SERVICES, VISAS, ETC.
93D	INCOME RECEIVED FOR VARIOUS THERAPIES SUCH AS MARITAL & FAMILY RELATIONSHIPS, DEPRESSION AND AGING. FEES ARE DETERMINED BY FAMILY SIZE AND INCOME.
93E	INCOME RECEIVED FOR VILLA OF THE WOODS RESIDENTIAL LIVING FACILITY FOR OLDER ADULTS.
103A	INCOME RECEIVED FROM HOME BASED PROGRAM CLASSES. FEES ARE BASED ON A SLIDING SCALE (ABILITY TO PAY).

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	57,800.	15,315.	3,977.	15,140.
TOTAL TO SCHEDULE A, LINE 22	57,800.	15,315.	3,977.	15,140.

Catholic Charities EIN# **35-1038653**

Form 990, Return of Organization Exempt From Income Tax

06/30/03

Part IV, Lines 57a and 57b

	Cost	Accumulated Depreciation
Buildings & Leasehold Improvements	5,080,624	1,004,192
Office furniture & Equipment	242,331	182,320
Transportation Equipment	21,600	21,600
Program Equipment	196,149	75,048
	5,540,704	1,283,160

Part IV, Balance Sheets

Line 57a, Land Buildings and Equipment, basis	5,540,704
Line 57b, Less accumulated depreciation	(1,283,160)
Line 57c, End of Year Balance	4,257,544

Part II, Statement of Functional Expenses

Line 42, Depreciation, Depletion, etc	228,786