

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2003

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

**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.**

**D** Employer identification number

**35-1038653**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

**E** Telephone number

**(260) 422-5657**

City or town, state or country, and ZIP + 4

**FORT WAYNE, IN 46802**

**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

**I** Group Exemption Number ▶ **0928**

**G** Website: ▶ **WWW.DIOCESEFWB.ORG**

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

**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 ▶ **4,456,297.**

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

SCANNED OCT 19 2004

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>200,791.</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>1,502,395.</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>2,056,205.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>3,709,225.</b> noncash \$ <b>50,166.</b> )	<b>1d</b>	<b>3,759,391.</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>555,956.</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>4,731.</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rental income (SEE STATEMENT 1)	<b>6a</b>	<b>8,910.</b>		
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>8,910.</b>		
<b>7</b>	Other investment income (describe)	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>9d</b>			
<b>a</b>	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>59,843.</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<b>22,195.</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>37,648.</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>67,466.</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>4,434,102.</b>		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>4,066,751.</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>439,398.</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>4,506,149.</b>		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-72,047.</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>3,946,026.</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-1,422.</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>3,872,557.</b>		

323001  
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

S-1-2004

**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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
cash \$ _____ noncash \$ _____					
23 Specific assistance to individuals (attach schedule)	23	374,699.	374,699.	STATEMENT 10	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	63,358.	0.	63,358.	0.
26 Other salaries and wages	26	2,197,364.	2,124,383.	72,981.	
27 Pension plan contributions	27				
28 Other employee benefits	28	385,846.	339,056.	46,790.	
29 Payroll taxes	29	167,599.	157,233.	10,366.	
30 Professional fundraising fees	30				
31 Accounting fees	31	27,301.	16,096.	11,205.	
32 Legal fees	32	17,259.	10,176.	7,083.	
33 Supplies	33	93,432.	76,256.	17,176.	
34 Telephone	34	33,889.	28,180.	5,709.	
35 Postage and shipping	35	20,913.	13,301.	7,612.	
36 Occupancy	36	278,193.	240,821.	37,372.	
37 Equipment rental and maintenance	37	139,177.	120,093.	19,084.	
38 Printing and publications	38	19,767.	9,856.	9,911.	
39 Travel	39	76,157.	65,094.	11,063.	
40 Conferences, conventions, and meetings	40	34,072.	28,312.	5,760.	
41 Interest	41	14,262.	10,457.	3,805.	
42 Depreciation, depletion, etc (attach schedule)	42	214,066.	159,469.	54,597.	
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e <b>SEE STATEMENT 4</b>	43e	348,795.	293,269.	55,526.	
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	4,506,149.	4,066,751.	439,398.	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? <b>SEE STATEMENT 5</b>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)</small>
a <b>SEE STATEMENT 6</b>	
(Grants and allocations \$ _____)	1,090,033.
b <b>SEE STATEMENT 7</b>	
(Grants and allocations \$ _____)	923,704.
c <b>SEE STATEMENT 8</b>	
(Grants and allocations \$ _____)	620,531.
d <b>SEE STATEMENT 9</b>	
(Grants and allocations \$ _____)	594,369.
e Other program services (attach schedule) <b>STATEMENT 11</b>	838,114.
f <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>4,066,751.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	157,830.	279,683.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	263,260.	
	b Less allowance for doubtful accounts		
		210,331.	263,260.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
		1,033.	
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	14,172.	12,762.
	54 Investments - securities <b>STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	131,028.
55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		
	56 Investments - other <b>SEE STATEMENT 13</b>	102,343.	5,319.
	57 a Land, buildings, and equipment basis	5,532,423.	
	b Less accumulated depreciation	1,475,985.	
58 Other assets (describe _____)			
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>4,743,253.</b>	<b>4,748,490.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	396,553.	323,565.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable <b>STMT 14</b>	400,674.	552,368.
	65 Other liabilities (describe _____)		
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>797,227.</b>	<b>875,933.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>		
	67 Unrestricted	3,866,664.	3,732,716.
	68 Temporarily restricted	79,362.	139,841.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	<b>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)</b>	<b>3,946,026.</b>	<b>3,872,557.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>4,743,253.</b>	<b>4,748,490.</b>

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.



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

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<b>Part VI Other Information</b>		<b>Yes</b>	<b>No</b>
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b>	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	<b>77</b>	<b>X</b>
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80 a</b>	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?	<b>80a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <b>▶ DIOCESE OF FORT WAYNE-SOUTH BEND</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a 0.</span>	<b>81a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>
<b>82 a</b>	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?	<b>82a</b>	<b>X</b>
<b>b</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) <span style="float:right">82b N/A</span>	<b>82b</b>	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	<b>84b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 <span style="float:right">N/A</span>	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	<b>85g</b>	
<b>h</b>	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? <span style="float:right">N/A</span>	<b>85h</b>	
<b>86</b>	<b>501(c)(7) organizations.</b> Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>	<b>86b</b>	
<b>87</b>	<b>501(c)(12) organizations.</b> Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>	<b>87b</b>	
<b>88</b>	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	<b>88</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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	<b>89b</b>	<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>90 a</b>	List the states with which a copy of this return is filed <b>▶ INDIANA</b>	<b>90a</b>	<b>96</b>
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2003 <span style="float:right">90b</span>	<b>90b</b>	<b>96</b>
<b>91</b>	The books are in care of <b>▶ ANN E. CAINS</b> Telephone no <b>▶ (260) 422-5625</b>		
Located at <b>▶ 315 E. WASHINGTON, FORT WAYNE, IN</b>		<b>ZIP + 4</b>	<b>▶ 46802</b>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 92</span>	<b>92</b>	<b>N/A</b>

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Form 990 (2003)

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

Form 990 (2003)

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PREGNANCY & ADOPTION					121,561.
b CHILDREN'S SERVICES					108,199.
c IMMIGRATION SERVICES					31,266.
d COUNSELING					137,582.
e OLDER ADULT SERVICES					157,348.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,731.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					8,910.
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					37,648.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a INSURANCE/MEDICAID PMTS					67,466.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,731.	669,980.
105 Total (add line 104, columns (B), (D), and (E))					674,711.

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 34 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 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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 (a), file Form 8870 and Form 4720 (see instructions).

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

Date: 10/11/04      DEBRA S SCHMIDT, EXECUTIVE DIRECTOR

Date:      Type or print name and title

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

**2003**

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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

CATHOLIC CHARITIES OF THE DIOCESE OF

**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 $\blacktriangleright$ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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  $\blacktriangleright$  \_\_\_\_\_
- 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 6 of the instructions)

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule A (Form 990 or 990-EZ) 2003 FORT WAYNE - SOUTH BEND, INC.

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**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,736,069.	3,383,897.	2,305,714.	3,163,396.	12,589,076.
<b>16</b> Membership fees received					
<b>17</b> 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	570,008.	666,590.	2,215,310.	849,158.	4,301,066.
<b>18</b> 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	10,204.	16,797.	11,752.	17,351.	56,104.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	54,988.	57,800.	SEE STATEMENT 19 15,315.	3,977.	132,080.
<b>23</b> Total of lines 15 through 22	4,371,269.	4,125,084.	4,548,091.	4,033,882.	17,078,326.
<b>24</b> Line 23 minus line 17	3,801,261.	3,458,494.	2,332,781.	3,184,724.	12,777,260.
<b>25</b> Enter 1% of line 23	43,713.	41,251.	45,481.	40,339.	
<b>26</b> 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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total 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 %
<b>27</b> 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					
(2002) 0. (2001) 0. (2000) 0. (1999) 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					
(2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add Amounts from column (e) for lines 15 12,589,076. 16 _____ 17 4,301,066. 20 _____ 21 _____					27c 16,890,142.
d Add Line 27a total _____ and line 27b total _____					27d 0.
e Public support (line 27c total minus line 27d total)					27e 16,890,142.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 17,078,326.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.8981%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3285%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

**CATHOLIC CHARITIES OF THE DIOCESE OF**

**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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<b>32d</b>	
<hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

CATHOLIC CHARITIES OF THE DIOCESE OF

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**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 - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	}	41
	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		
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	

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 )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
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 12 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



FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
PARK CENTER FOR MENTAL HEALTH REHABILITATION		1	400.
ERIN'S HOUSE FOR GRIEVING CHILDREN		2	2,520.
VINCENT HOUSE HOMELESS SHELTER		3	5,990.
TOTAL TO FORM 990, PART I, LINE 6A			8,910.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
VARIOUS FUNDRAISING EVENTS	59,843.		59,843.	22,195.	37,648.	
TO FM 990, PART I, LINE 9	59,843.		59,843.	22,195.	37,648.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
NET UNREALIZED LOSS ON INVESTMENTS		-1,422.	
TOTAL TO FORM 990, PART I, LINE 20		-1,422.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PURCHASED SERVICES	96,360.	56,813.	39,547.		
FOOD & BEVERAGES	134,820.	134,820.			
MARKETING/ADVERTISIN	53,525.	48,575.	4,950.		
REFUGEE ADMIN.	40,265.	40,265.			
CLIENT ASSISTANCE	172.		172.		
MEMBERSHIP DUES	13,404.	3,417.	9,987.		

RECOGNITION	10,249.	9,379.	870.
TOTAL TO FM 990, LN 43	348,795.	293,269.	55,526.

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

EXPLANATION

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 TO 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 STUGGLE TO BRING ABOUT CHANGE IN THE SYSTEMS THAT 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

CHILDREN'S SERVICES-CIRCLE OF MERCY OFFERS QUALITY CHILD CARE TO LOW AND MODERATE INCOME PARENTS SO THAT THEY WILL KNOW THEIR CHILDREN ARE SAFE WHILE THEY WORK OR ATTEND SCHOOL. CHILDREN'S COTTAGE OFFERS A VARIETY OF PROGRAMS: INFANTS AND TODDLERS - PROVIDES EXPERIENCES FOR CHILDREN SIX WEEKS TO 24 MONTHS TO BE IN A LOVING, WARM ENVIRONMENT THAT PROMOTES A SENSE OF SECURITY AND TRUST. THE INFANTS, TODDLERS AND TWOS HAVE THEIR OWN PLAY GROUND TO DEVELOP MOTOR SKILLS. PRESCHOOL PROGRAM - IS FOR AGES TWO TO FIVE. THE CHILDREN ARE CHALLENGED TO LEARN ABOUT THEMSELVES AND THE WORLD AROUND THEM THROUGH THE USE OF LEARNING CENTERS. STAFF PROVIDES THE ATMOSPHERE TO ENHANCE PHYSICAL, INTELLECTUAL, EMOTIONAL, AND SOCIAL SKILLS THAT PREPARE THE CHILD FOR THE FUTURE. SCHOOL AGE PROGRAM - RUNS THROUGHOUT THE SUMMER AND PROVIDES BEFORE AND AFTER SCHOOL CARE FOR CHILDREN AGES SIX TO TWELVE. STAFF PROVIDES A WIDE VARIETY OF EXPERIENCES FOR THE CHILDREN THROUGH LEARNING CENTERS, HANDS-ON PROJECTS AND FIELD TRIPS. HEAD START - IS A FEDERAL PROGRAM FOR PRESCHOOL CHILDREN (AGES 3-5) FROM LOW-INCOME FAMILIES. CHILDREN PARTICIPATE IN A VARIETY OF EDUCATION ACTIVITIES AND RECEIVE FREE MEDICAL

AND DENTAL CARE. WE ARE A FULL DAY, FULL YEAR HEAD START. PARENTS AS TEACHERS - THE 'PAT' PROGRAM HELPS PARENTS BUILD SKILLS WHICH CAN HELP THEM MAKE THE MOST OF THE CRUCIAL LEARNING YEARS. THIS PROGRAM DEALS WITH ALL ASPECTS OF CHILD DEVELOPMENT FROM BIRTH TO AGE SIX.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,090,033.

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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      7

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DESCRIPTION OF PROGRAM SERVICE TWO

OLDER ADULTS-VILLA OF THE WOODS IS AN OLDER RESIDENTIAL LIVING FACILITY. STAFF PROVIDES AROUND-THE-CLOCK SECURITY AND ASSISTANCE TO OLDER ADULTS FOR THEM TO MAINTAIN THEIR INDIVIDUAL LIFESTYLES AND INDEPENDENCE. SERVICES INCLUDE MEALS, DAILY ACTIVITIES, HOUSEKEEPING, AND LAUNDRY. SENIOR AIDE PROGRAM - IS DESIGNED TO ENABLE OLDER PERSONS TO ACHIEVE GAINFUL EMPLOYMENT AND PERSONAL DEVELOPMENT THROUGH COMMUNITY SERVICE. THE SKILLS SENIORS GAIN IN THE TRAINING PROGRAM ARE AN INVALUABLE ASSET IN SEEKING EMPLOYMENT IN THE LOCAL COMMUNITY. RSVP - IS THE RETIRED SENIOR VOLUNTEER PROGRAM. RSVP RECRUITS AND PLACES ADULTS AGED 55 AND OVER IN NOT-FOR-PROFIT AGENCIES, HOSPITALS, NURSING HOMES, LIBRARIES, SCHOOLS, AND ASSISTING WITH EMERGENCY MANAGEMENT AGENCIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		923,704.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

REFUGEE IMMIGRATION-THE FORT WAYNE OFFICE IS ACCREDITED BY THE U.S. BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES (BCIS) AND IS A MEMBER OF THE CATHOLIC LEGAL IMMIGRATION NETWORK, INC. (CLINIC). STAFF RECEIVES REGULAR TRAINING ON IMMIGRATION TOPICS AND HAVE RECEIVED PARTIAL RECOGNITION BY THE BCIS AS HAVING EXTENSIVE EXPERIENCE IN THE AREA OF IMMIGRATION. THE AGENCY HAS THE ABILITY TO PROVIDE SERVICES IN FOURTEEN DIFFERENT LANGUAGES. SERVICES PROVIDED INCLUDE: ADJUSTMENT OF STATUS, FAMILY PETITIONS, CITIZENSHIP, EMPLOYMENT AUTHORIZATION (IF ELIGIBLE), TEMPORARY PROTECTED STATUS, AFFADAVIT OF SUPPORT, TRAVEL DOCUMENT/RE-ENTRY PERMIT, FIANCE PETITION, NON-IMMIGRANT VISA - K AND V, AND TRANSLATIONS FROM SPANISH TO ENGLISH.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C		620,531.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE FOUR

PREGNANCY & ADOPTION-CATHOLIC CHARITIES PROVIDES A WIDE RANGE OF SERVICES INCLUDING AGENCY PLACEMENT, PRIVATE ASSESSMENT, ASSESSMENTS FOR RELATIVE OR STEP-PARENT ADOPTION, INTERNATIONAL PLACEMENT, HOME STUDIES, COUNSELING AND CUSTODY STUDIES. FOSTER PARENT TRAINING IS ALSO OFFERED AND FOSTER CARE LIAISON SERVICES PROVIDES SUPPORT, GUIDANCE, INFORMATION AND ADVOCACY FOR DIVISION OF FAMILY AND CHILDREN LICENSED FOSTER PARENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		594,369.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 10

DESCRIPTION	AMOUNT
LIMITED FUNDING IS AVAILABLE TO INDIVIDUALS TO ASSIST WITH EXPENSES RELATED TO HOUSING, UTILITIES, AND SOME MEDICAL EXPENSES. PHOTO IDENTIFICATION, PROOF OF INCOME AND COPIES OF CURRENT UTILITY BILLS, LEASE AGREEMENTS, AND OTHER DOCUMENTATION MAY BE REQUIRED. HOUSEHOLD INCOMES MUST BE AT OR BELOW 125% OF POVERTY TO BE ELIGIBLE. CLIENTS ARE ONLY ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE ONCE EVERY THREE MONTHS, AND ARE ENCOURAGED TO GO TO THEIR TOWNSHIP TRUSTEE PRIOR TO CONTACTING CATHOLIC CHARITIES.	374,699.
TOTAL TO FORM 990, PART II, LINE 23	374,699.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 11

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CASE MANAGEMENT		464,524.
COUNSELING		373,590.
TOTAL TO FORM 990, PART III, LINE E		838,114.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
FIXED INCOME				30,788.	30,788.
INTERNATIONAL				12,820.	12,820.
LARGE CAP				31,446.	31,446.
LIQUIDATION FUND				574.	574.
MID/LARGE CAP				12,328.	12,328.
SMALL CAP				25,723.	25,723.
OTHER STOCKS			3,664.	13,685.	13,685.
TO 990, LN 54 COL B			3,664.	127,364.	131,028.

FORM 990 OTHER INVESTMENTS STATEMENT 13

DESCRIPTION	VALUATION METHOD	AMOUNT
CATHOLIC CHARITIES ENDOWMENT	MARKET VALUE	5,319.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,319.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 14

LENDER'S NAME TERMS OF REPAYMENT

DIOCESE OF FORT  
WAYNE-SOUTH BEND

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

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
UNSECURED	IMPROVEMENTS

RELATIONSHIP OF LENDER

PARENT

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	357,402.

LENDER'S NAME TERMS OF REPAYMENT

DIOCESE OF FORT  
WAYNE-SOUTH BEND

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		194,966.	4.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
UNSECURED	MEDICAL INSURANCE

RELATIONSHIP OF LENDER

PARENT

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	194,966.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	552,368.
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FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	22,195.
NET UNREALIZED LOSS ON INVESTMENTS	-1,422.
TOTAL TO FORM 990, PART IV-A	20,773.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	22,195.
TOTAL TO FORM 990, PART IV-B	22,195.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MOST REVEREND JOHN M. D'ARCY 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	CHAIRMAN OF THE BOARD 1	0.	0.	0.
MR. JAMES KITCHENS 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	PRESIDENT 1	0.	0.	0.
MS. ANGIE O'NEILL 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	VICE-PRESIDENT 1	0.	0.	0.
DEACON JOSEPH ZICKGRAF 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	SECRETARY 1	0.	0.	0.
MRS. CINDY WIRTNER 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	TREASURER 1	0.	0.	0.

CATHOLIC CHARITIES OF THE DIOCESE OF FOR

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MR. DOUGLAS D. ANDERSON 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MR. FRANK CUNNINGHAM 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MG. HERB HERNANDEZ 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MR. JONATHAN HOUSAND 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MR. JERRY KRALIS 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MSGR. J. WILLIAM LESTER 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
REV. ROBERT PELTON 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
MR. JOSEPH RYAN 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	MEMBER 1	0.	0.	0.
MR. DONAL SCHENKEL 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
WILLIAM J. SHUSTOWSKI, JR. 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
STEPHEN R. SMITH 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
BARBARA M. SZWEDA 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1	0.	0.	0.
DEBRA J. SCHMIDT 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	EXECUTIVE DIRECTOR 40	63,358.	2,306.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>63,358.</u>	<u>2,306.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 18

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PREGNANCY & ADOPTION SERVICES - REVENUES DERIVED FROM SERVICES WHICH INCLUDE AGENCY PLACEMENT, PRIVATE ASSESSMENT, HOME STUDIES, COUNSELING AS WELL AS A VARIETY OF OTHER SERVICES RELATING TO PREGNANCY AND ADOPTION.
93B	CHILDRENS SERVICES - REVENUE DRIVED FROM CIRCLE OF MERCY DAY CARE AND CHILDREN'S COTTAGE INFANTS AND TODDLERS PROGRAMS.
93C	IMMIGRATION SERVICES - REVENUES FOR IMMIGRATION ASSISTANCE SUCH AS ADJUSTMENT OF STATUS, FAMILY PETITIONS, CITIZENSHIP, EMPLOYMENT AUTHORIZATION, TEMPORARY PROTECTED STATUS, TRAVEL DOCUMENTS, ETC.
93D	COUNSELING - LICENSED MASTER'S LEVEL COUNSELORS STAFF THE CATHOLIC CHARITIES PROFESSIONAL COUNSELING CENTER IN FORT WAYNE AND SOUTH BEND. THERAPISTS WORK WITH CLIENTS ON A VARIETY OF ISSUES SUCH AS MARITAL AND FAMILY RELATIONSHIPS, DEPRESSION AND AGING. FEES ARE DETERMINED BY FAMILY SIZE AND FAMILY INCOME.
94E	OLDER ADULTS - REVENUES FROM VILLA OF THE WOODS RESIDENTIAL LIVING FACILITY AND TH SENIOR AIDE AND RSVP PROGRAMS.
103A	THIRD PARTY PAYMENTS - INSURANCE AND MEDICAID PAYMENTS MADE ON BEHALF OF CATHOLIC CHARITIES' CLIENTS.

SCHEDULE A

OTHER INCOME

STATEMENT 19

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	54,988.	57,800.	15,315.	3,977.
TOTAL TO SCHEDULE A, LINE 22	54,988.	57,800.	15,315.	3,977.

Catholic Charities  
Form 990, Return of Organization Exempt From Income Tax  
Fiscal year ended 6/30/04 - Form 990 2003

EIN#: 35-1038653

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*Part IV, Lines 57a and 57b*

	<u>Cost</u>	<u>Accumulated Depreciation</u>
Buildings & Leasehold Improvements	5,084,781	1,176,796
Office furniture & Equipment	248,038	202,022
Transportation Equipment	21,600	21,600
Program Equipment	178,004	75,567
	<u>5,532,423</u>	<u>1,475,985</u>

*Part IV, Balance Sheets*

Line 57a, Land Buildings and Equipment, basis	5,532,423
Line 57b, Less: accumulated depreciation	<u>(1,475,985)</u>
Line 57c, End of Year Balance	<u>4,056,438</u>

*Part II, Statement of Functional Expenses*

Line 42, Depreciation, Depletion, etc.	214,066
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