

Return of Organization Exempt From Income Tax

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 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>315 E. WASHINGTON BLVD.</u> City or town, state or country, and ZIP + 4 <u>FORT WAYNE, IN 46802</u>	D Employer identification number <u>35-1038653</u>
	Please use IRS label or print or type. See Specific Instructions.	E Telephone number <u>(260) 422-5625</u>
	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates _____ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	G Website: <u>WWW.CCFWSB.ORG</u>	I Group Exemption Number <u>0928</u>

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

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

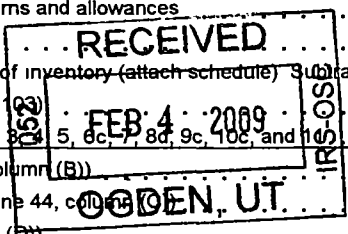
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 6,070,405.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		220,443.	
	c Indirect public support (not included on line 1a)	1c		1,880,335.	
	d Government contributions (grants) (not included on line 1a)	1d		3,425,160.	
	e Total (add lines 1a through 1d) (cash \$ <u>5,525,938.</u> noncash \$ _____)	1e			5,525,938.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			453,226.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			15,730.
	5 Dividends and interest from securities	5			505.
	6 a Gross rents	6a		27,723.	
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			27,723.	
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	NONE	8a			
	6,813.	8b			
	-6,813.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			-6,813.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b) STMT. 7.	9a	41,043.		
	b Less: direct expenses other than fundraising expenses	9b	11,993.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		29,050.	
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 10c)	11			6,240.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11	12			6,051,599.	
Expenses	13 Program services (from line 44, column (B))	13		5,260,975.	
	14 Management and general (from line 44, column (B))	14		492,720.	
	15 Fundraising (from line 44, column (B))	15		80,259.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 13 and 14, column (A)	17			5,833,954.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		217,645.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,573,076.	
	20 Other changes in net assets or fund balances (attach explanation) STMT. 8.	20		-3,365.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21			4,787,356.



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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2007)

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 (See the instructions)

<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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	663,791.	663,791.	STMT 9	
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	144,600.	144,600.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,853,937.	2,623,912.	228,554.	1,471.
27 Pension plan contributions not included on lines 25a, b, and c	57,195.	41,509.	15,686.	
28 Employee benefits not included on lines 25a - 27	330,793.	299,511.	31,062.	220.
29 Payroll taxes	222,947.	206,301.	16,539.	107.
30 Professional fundraising fees				
31 Accounting fees	21,754.	14,641.	4,394.	2,719.
32 Legal fees	10,809.	7,275.	2,183.	1,351.
33 Supplies	156,320.	124,016.	23,078.	9,226.
34 Telephone	50,464.	41,798.	8,377.	289.
35 Postage and shipping	26,879.	16,939.	1,245.	8,695.
36 Occupancy	297,602.	267,240.	29,389.	973.
37 Equipment rental and maintenance	200,081.	175,729.	23,939.	413.
38 Printing and publications	12,509.	5,156.	1,667.	5,686.
39 Travel	94,107.	85,188.	8,658.	261.
40 Conferences, conventions, and meetings	19,675.	14,005.	5,670.	
41 Interest	3,690.	3,690.		
42 Depreciation, depletion, etc (attach schedule)	212,617.	163,933.	48,684.	
43 Other expenses not covered above (itemize)				
a STMT 10	43a 454,184.	361,741.	43,595.	48,848.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,833,954.	5,260,975.	492,720.	80,259.

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? **SEE STATEMENT 11**
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 12

(Grants and allocations \$) If this amount includes foreign grants, check here **829,708.**

b SEE STATEMENT 12

(Grants and allocations \$) If this amount includes foreign grants, check here **2,046,699.**

c SEE STATEMENT 13

(Grants and allocations \$) If this amount includes foreign grants, check here **1,216,009.**

d SEE STATEMENT 13

(Grants and allocations \$) If this amount includes foreign grants, check here **629,776.**

e Other program services (attach schedule) SEE STATEMENT 15
(Grants and allocations \$) If this amount includes foreign grants, check here **538,783.**

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **5,260,975.**

Part IV Balance Sheets (See the instructions.)

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	169,679	571,108
	46 Savings and temporary cash investments	100,000	133,842
	47a Accounts receivable	487,051	
	47b Less allowance for doubtful accounts		487,051
	48a Pledges receivable		
	48b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
	50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	51b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	8,897	20,550
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	529,409	496,585
	54b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a Investments - land, buildings, and equipment basis		
	55b Less: accumulated depreciation (attach schedule)		
	56 Investments - other (attach schedule)		
	57a Land, buildings, and equipment basis	5,545,551	
57b Less: accumulated depreciation (attach schedule)	2,119,165	3,426,386	
58 Other assets, including program-related investments (describe)			
59 Total assets (must equal line 74) Add lines 45 through 58	4,991,073	5,135,522	
Liabilities	60 Accounts payable and accrued expenses	306,211	279,652
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule)		
	64b Mortgages and other notes payable (attach schedule) \$TMT 17	111,786	68,514
	65 Other liabilities (describe)		
66 Total liabilities. Add lines 60 through 65	417,997	348,166	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	4,533,626	4,623,534
	68 Temporarily restricted	39,450	163,822
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	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		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,573,076	4,787,356	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,991,073	5,135,522	

Part VI Other Information (continued)

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) 82b 57,526.
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 N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 a 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs 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 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed IN
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 95
91 a The books are in care of TOYI M. ERVIN Telephone no 260-422-5625
Located at 315 E. WASHINGTON BLVD. FORT WAYNE, IN ZIP + 4 46802
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ _____
 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 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PREGNANCY AND ADOPTION					90,690.
b CHILDREN'S SERVICES					62,128.
c IMMIGRATION					52,095.
d COUNSELING					24,288.
e OLDER ADULT SERVICE					220,592.
f Medicare/Medicaid payments					3,433.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,730.	
96 Dividends and interest from securities			14	505.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	27,723.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-6,813.	
101 Net income or (loss) from special events					29,050.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b REIMBURSEMENTS					6,240.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				37,145.	488,516.
105 Total (add line 104, columns (B), (D), and (E))					525,661.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
▼	STMT 25

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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

Signature of officer: *[Signature]* Date: January 29, 2009

Type or print name and title: Debra J. Schmidt, Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 12/04/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP
3815 RIVER CROSSING PKWY, SUITE 300
INDIANAPOLIS, IN 46240-0977

Preparer's SSN or PTIN (See Gen. Inst. X): EN Phone no.: 317-569-8989

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 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

2007

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
SEE STATEMENT 26				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A 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 ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

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

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-2e. Property, lending, and services; 3a-3d. Grants, annuity, easements, and credit services; 4a-4c. Donor advised funds and distributions; d-f. Donor advised funds summary.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; 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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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

(2006) _____ (2005) 440,605. (2004) _____ (2003) _____

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 11b, 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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total, and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test. Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(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? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31	

32	Does the organization maintain the following.	32a	
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)			

34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for all electing organizations.

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 13 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2007, 2006, 2005, 2004) and Total, and rows for various expenditure categories (45-50).

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table for reporting lobbying activity with columns Yes, No, and Amount, and rows a-i describing different types of lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a 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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
PARK CENTER FOR MENT	14,840.			14,840.
ERIN'S HOUSE FOR GRI	183.			183.
VINCENT HOUSE HOMELE	8,000.			8,000.
DUPONT PHYSICAL THER	4,000.			4,000.
FOSTER PARENTS	700.			700.
	-----	-----	-----	-----
TOTALS	27,723.			27,723.
	=====	=====	=====	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
POT-OF-GOLD	17,500.	10,478.	7,022.
OTHER SPECIAL EVENTS	23,543.	1,515.	22,028.
TOTALS	41,043.	11,993.	29,050.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	-3,365.

TOTAL	-3,365.
	=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

DESCRIPTION

PROGRAM
SERVICES

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 PER YEAR, AND ARE ENCOURAGED TO GO TO THEIR TOWNSHIP TRUSTEE PRIOR TO CONTACTING CATHOLIC CHARITIES.

663,791.

TOTALS

663,791.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
FOOD AND BEVERAGES	110,875.	110,875.	NONE	NONE
GENERAL INSURANCE	21,924.	21,607.	314.	3.
REFUGEE ADMINISTRATION - IN	29,165.	29,165.	NONE	NONE
ADVERTISING AND MARKETING	92,011.	51,410.	9,666.	30,935.
MEMBERSHIP DUES	12,166.	10,492.	1,674.	NONE
RECOGNITION	18,062.	15,340.	2,722.	NONE
PROVISION FOR BAD DEBTS	26,402.	26,402.	NONE	NONE
OTHER PROFESSIONAL SERVICES	143,302.	96,450.	28,942.	17,910.
OTHER EXPENSES	277.	NONE	277.	NONE
TOTALS	454,184.	361,741.	43,595.	48,848.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

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 STRUGGLE TO BRING ABOUT CHANGE IN THE SYSTEMS THAT CAUSE HUMAN
 SUFFERING * THAT TO SERVE OTHERS IS TO SERVE CHRIST.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

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.

PROGRAM SERVICE ACCOMPLISHMENT B

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 A TITLE V/SCSEP PROGRAM DESIGNED TO ENABLE PERSONS 55 AND OLDER AND LIVING IN A HOUSEHOLD WITH INCOME OF NO MORE THAN 125 PERCENT OF THE FEDERAL POVERTY LEVEL 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

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

NOT-FOR-PROFIT AGENCIES, HOSPITALS, NURSING HOMES,
LIBRARIES, SCHOOLS, AND ASSISTING WITH EMERGENCY MANAGEMENT
AGENCIES.

PROGRAM SERVICE ACCOMPLISHMENT C

IMMIGRATION - THE FORT WAYNE AND SOUTH BEND OFFICES ARE 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.

REFUGEE RESETTLEMENT AND JOB PLACEMENT - THIS PROGRAM PROVIDES ASSISTANCE TO PERSONS COMING TO THE UNITED STATES UNDER REFUGEE STATUS AS GRANTED BY THE U.S. DEPARTMENT OF STATE. CATHOLIC CHARITIES WORKS IN COOPERATION WITH THE US CONFERENCE OF CATHOLIC BISHOPS TO PROVIDE RESETTLEMENT SERVICES. THE SERVICES INCLUDE: PRE-ARRIVAL PROCESSING, ARRIVAL SERVICES, REFERRALS FOR ENGLISH AS A SECOND LANGUAGE CLASS, ASSISTANCE WITH SCHOOL ENROLLMENT FOR THE CHILDREN AND OTHER EDUCATION SERVICES AS NEEDED. THE AGENCY HAS A CONTRACT WITH THE STATE OF INDIANA TO PROVIDE JOB TRAINING AND PLACEMENT SERVICES FOR ALL REFUGEES COMING TO THE STATE.

SERVICES ARE PROVIDED TO THOSE REFUGEES RESETTLED BY THE AGENCY AND THOSE RESETTLED BY OTHER VOLUNTARY AGENCIES WITHIN FIVE YEARS OF ARRIVAL TO THE U.S. THIS SERVICE IS ALSO OFFERED TO THOSE WHO HAVE BEEN GRANTED ASYLUM. THE U.S. SERVICES INCLUDE: JOB READINESS ASSESSMENT, ASSISTANCE WITH RESUME WRITING AND THE INTERVIEW PROCESS, JOB RECRUITMENT, JOB PLACEMENT, JOB RETENTION, JOB TRAINING, AND JOB REFERRALS.

PROGRAM SERVICE ACCOMPLISHMENT D

PREGNANCY & ADOPTION - CATHOLIC CHARITIES PROVIDES A WIDE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

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 DEPARTMENT OF CHILD SERVICES (DCS) LICENSED FOSTER PARENTS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
<p>CASE MANAGEMENT/BRIEF SERVICES- SERVICES ARE PROVIDED TO PEOPLE WHO NEED HELP MEETING BASIC NEEDS: FOOD, CLOTHING, SHELTER, MEDICAL ASSISTANCE, AND UTILITIES. AS PART OF THE AGENCY'S PROGRAM, A BRIEF ASSESSMENT IS COMPLETED. REFERRALS ARE MADE TO OTHER AGENCIES WHEN APPROPRIATE.</p> <p>COUNSELING-THE AGENCY HAS A CONTRACT WITH 10 PAROCHIAL SCHOOLS TO PROVIDE COUNSELING AND SUPPORT SERVICES FOR CHILDREN AND THEIR FAMILIES. SERVICES INCLUDE HELPING CHILDREN ADJUST TO SCHOOL, AND COLLABORATING WITH TEACHERS AND OTHER SCHOOL PERSONNEL. COUNSELORS WORK WITH PARENTS TO CONTACT OUTSIDE AGENCIES WHEN REFERRALS ARE CONSIDERED TO BE A NECESSARY ADDITION TO SCHOOL-BASED SERVICES.</p>	427,312.	111,471.
TOTALS	538,783.	

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
FUNDS INVESTED WITH DIOCESE	496,585.	FMV
TOTALS	496,585.	

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
 =====

LENDER: DIOCESE OF FORT WAYNE - SOUTH BEND
 ORIGINAL AMOUNT: 552,127.
 INTEREST RATE: 4.000000
 DATE OF NOTE: 01/01/2000
 MATURITY DATE: 01/01/2010
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: IMPROVEMENTS
 DESCRIPTION AND FMV CASH
 OF CONSIDERATION: FMV OF CONSIDERATION = \$0

BEGINNING BALANCE DUE	111,786.
ENDING BALANCE DUE	68,514.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	111,786.
---	----------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	68,514.
--	---------

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSE

11,993.

TOTAL

11,993.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSE

11,993.

TOTAL

11,993.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MOST REVEREND JOHN M. D'ARCY 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	CHAIRMAN OF THE BOARD 1.00	NONE	NONE	NONE
MSGR. J. WILLIAM LESTER 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	MEMBER 1.00	NONE	NONE	NONE
JOSEPH RYAN 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	MEMBER 1.00	NONE	NONE	NONE
BARBARA O'DEA 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	PRESIDENT 1.00	NONE	NONE	NONE
KATHY DENICE 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	VICE-PRESIDENT 1.00	NONE	NONE	NONE
STEPHEN R. SMITH 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	TREASURER 1.00	NONE	NONE	NONE
JAMES KITCHENS	SECRETARY 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802				
DOUGLAS D. ANDERSON 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
JONATHAN HOUSAND 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
WILLIAM J. SHUSTOWSKI, JR. 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
SUZI LIGHT 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
REV. CHRISTOPHER COX 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
DEBRA J. SCHMIDT 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	EXECUTIVE DIRECTOR 40.00	79,327.	10,121.	810.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANDREA L. HALL 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	DIRECTOR 1.00	NONE	NONE	NONE
DEBORAH K. KRABACH 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	OPERATION DIRECTOR THRU 12/07 40.00	25,500.	4,353.	NONE
TOYI M. ERVIN 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	OPERATION DIRECTOR 40.00	24,231.	258.	NONE
GRAND TOTALS		129,058.	14,732.	810.

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: MOST REVEREND JOHN M. D'ARCY
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: MSGR. J. WILLIAM LESTER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: JOSEPH RYAN
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: KATHY DENICE
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: JAMES KITCHENS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MOST REVEREND JOHN M. D'ARCY DIOCESE OF FORT WAYNE - SOUTH BEND COMMON CONTROL	35-0876373	16,800.	NONE	NONE
MSGR. J. WILLIAM LESTER DIOCESE OF FORT WAYNE - SOUTH BEND COMMON CONTROL	35-0876373	16,800.	NONE	NONE
JOSEPH RYAN DIOCESE OF FORT WAYNE - SOUTH BEND COMMON CONTROL	35-0876373	67,338.	NONE	NONE
KATHY DENICE DIOCESE OF FORT WAYNE - SOUTH BEND COMMON CONTROL	35-0876373	29,870.	NONE	NONE
JAMES KITCHENS DIOCESE OF FORT WAYNE - SOUTH BEND COMMON CONTROL	35-0876373	54,590.	NONE	NONE
GRAND TOTALS		185,398.	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	PREGNANCY AND 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	CHILDREN'S SERVICES - REVENUE DERIVED 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.
93E	OLDER ADULTS - REVENUES FROM VILLA OF THE WOODS RESIDENTIAL LIVING FACILITY AND THE SENIOR AIDE AND RSVP PROGRAMS.
93G	MEDICAID REIMBURSEMENTS FOR PROGRAM SERVICES PROVIDED.
101	INCOME FROM FUNDRAISING EVENTS USED TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE.
103B	OTHER REIMBURSEMENTS FOR PROGRAM SERVICES PROVIDED.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
LISA M. YOUNG 315 E. WASHINGTON BLVD. FORT WAYNE, IN 46802	ASSISTANT DIRECTOR 40.00	53,825.	8,846.	NONE
	TOTAL COMPENSATION	53,825.	8,846.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A
=====

THE ORGANIZATION LEASES BUILDING SPACE FROM THE DIOCESE OF FORT WAYNE - SOUTH BEND. THE RENT EXPENSE FOR THESE FACILITIES TOTALLED \$60,000 FOR THIS TAX YEAR.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

THE ORGANIZATION HAD AN UNSECURED LOAN FROM THE DIOCESE OF FORT WAYNE -
SOUTH BEND TOTALING \$68,514 AT YEAR END.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

THE ORGANIZATION RECEIVED \$457,387 OF SUPPORT FROM THE DIOCESE OF FORT WAYNE - SOUTH BEND DURING THE TAX YEAR. IN ADDITION, THE ORGANIZATION HAD ACCOUNTS RECEIVABLE FROM THE DIOCESE TOTALING \$38,133 AT THE END OF THE TAX YEAR. ALSO THE ORGANIZATION'S INVESTMENT PORTFOLIO IS HELD IN A POOLED FUND OF THE DIOCESE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V-A, FORM 990

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
MISCELLAENOUS	46,504.	70,180.	125,708.	105,114.	347,506.
TOTALS	46,504.	70,180.	125,708.	105,114.	347,506.

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No 1545-0092

2007

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

Name of estate or trust CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC.	Employer identification number 35-1038653
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Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-6,813.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	-6,813.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

JSA
7F1210 2 000

Part III Summary of Parts I and II <i>Caution: Read the instructions before completing this part.</i>		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-6,813.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-6,813.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16	(3,000.)
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Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col (2) or line 14c, col. (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)			27
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (if line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)			31
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions			32
33	Add lines 27, 31, and 32			33
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions			34
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)			35

FEDERAL FOOTNOTES

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MOST REVEREND JOHN M. D'ARCY, MSGR. J. WILLIAM LESTER, JOSEPH RYAN, KATHY DENICE, AND JAMES KITCHEN ARE ALL EMPLOYEES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, AND THEREFORE, HAVE A BUSINESS RELATIONSHIP OUTSIDE OF CATHOLIC CHARITIES.

EIN: 35-1038653
 FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	NONE	NONE	NONE	NONE
Land Improvements	NONE	NONE	NONE	NONE
Buildings	5,011,082.	176,149.	1,684,846.	3,326,236.
Leasehold Improvements	42,922.	400.	40,122.	2,800.
Equipment	202,225.	16,261.	159,882.	42,343.
Furniture & Fixtures	289,322.	19,807.	234,315.	55,007.
Property, Plant & Equipment	<u>5,545,551.</u>	<u>212,617.</u>	<u>2,119,165.</u>	<u>3,426,386.</u>
Construction in Progress	NONE	NONE	NONE	NONE
Total Fixed Assets, line 57	<u>5,545,551.</u>		<u>2,119,165.</u>	<u>3,426,386.</u>
Total Depreciation Expense, line 42		<u>212,617.</u>		

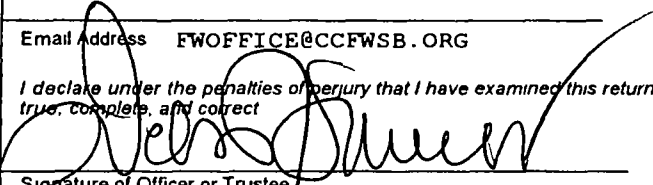
NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

Check if Change of Address
 Amended Report
 Final Report Indicate
Date Closed _____

Beginning 07/01/2007 and Ending 06/30/2008
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year. See below for extension information.
NO FEE REQUIRED.

Name of Organization CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC.		Telephone Number 260 422 5625
Address 315 E. WASHINGTON BLVD.		County ALLEN
City FORT WAYNE		State IN
Zip Code 46802		Indiana Taxpayer Identification Number 0001866052
Printed Name of Person to Contact TOYI ERVIN		Federal Identification Number 35-1038653
Contact's Telephone Number 260-422-5625		
<p>If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF</p> <p>Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.</p> <p>Current Information</p> <p>1 Have any changes not previously reported to the Department been made in your governing instruments, (e g) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes NO</p> <p>2 Indicate number of years your organization has been in continuous existence <u>92</u></p> <p>3 Attach a schedule, listing the names, titles and addresses of your current officers SEE ATTACHED FORM 990</p> <p>4. Briefly describe the purpose of mission of your organization</p> <p>SEE ATTACHED FORM 990</p>		
<p>Email Address FWOFFICE@CCFWSB.ORG</p> <p><i>I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct</i></p> <p></p> <p>Signature of Officer or Trustee TOYI ERVIN</p> <p>Title Executive Director</p> <p>Date Jan. 29, 2009</p> <p>Name of Person(s) to Contact TOYI ERVIN</p> <p>Daytime Telephone Number 260-422-5625</p>		
<p>Important: Please submit this completed form and/or extension to Indiana Department of Revenue, Tax Administration P O Box 7147 Indianapolis, IN 46207-7147 Telephone (317) 232-2045</p> <p>Extensions of Time to File</p> <p>The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868 Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file</p> <p>Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed A copy of the federal extension must also be attached to the Indiana report In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the Indiana Department of Revenue, Tax Administration, P O Box 7147, Indianapolis, IN 46207-7147, (317) 232-2045</p> <p>If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I C 6-2.5-5-21(d), to file Form NP-20 If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled</p>		

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMCs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC.	Employer identification number	35-1038653
	Number, street, and room or suite no. If a P.O. box, see instructions. 315 E. WASHINGTON BLVD.			
File by the due date for filing your return See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WAYNE, IN 46802			

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► TOYI M. ERVIN

Telephone No. ► 260 422-5625 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 07/01, 2007, and ending 06/30, 2008.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

All other corporations (including 1120-C filers), partnerships, REMCs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: FORT WAYNE - SOUTH BEND, INC., 35-1038653. Row 2: 315 E. WASHINGTON BLVD., FORT WAYNE, IN 46802.

Check type of return to be filed (file a separate application for each return):

- Form 990 [X], Form 990-BL [], Form 990-EZ [], Form 990-PF [], Form 990-T (corporation) [], Form 990-T (sec. 401(a) or 408(a) trust) [], Form 990-T (trust other than above) [], Form 1041-A [], Form 4720 [], Form 5227 [], Form 6069 [], Form 8870 []

The books are in the care of TOYI M. ERVIN

Telephone No. 260 422-5625 FAX No.

- If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box []. If it is for part of the group, check this box [] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or [X] tax year beginning 07/01, 2007, and ending 06/30, 2008

2 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ NONE
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 4-2008)