

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 315 E Washington Blvd City or town, state or country, and ZIP + 4 Fort Wayne, IN 46802 F Name and address of principal officer DEBRA J SCHMIDT 315 E WASHINGTON BLVD Fort Wayne, IN 46802	D Employer identification number 35-1038653 E Telephone number (260) 422-5625 G Gross receipts \$ 5,457,380 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CCFWSB.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1922 M State of legal domicile IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC SERVES THOSE IN NEED AS CHRIST WOULD HAVE US DO <hr/> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																																																																																																																																																																																																				
	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">3</td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	3																																																																																																				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																														
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Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Prior Year</th><th colspan="2">Current Year</th></tr> <tr><td></td><td style="text-align: right;">5,537,748</td><td></td><td style="text-align: right;">5,087,127</td></tr> <tr><td></td><td style="text-align: right;">413,969</td><td></td><td style="text-align: right;">349,799</td></tr> <tr><td></td><td style="text-align: right;">13,307</td><td></td><td style="text-align: right;">10,173</td></tr> <tr><td></td><td style="text-align: right;">23,608</td><td></td><td style="text-align: right;">10,228</td></tr> <tr><td></td><td style="text-align: right;">5,988,632</td><td></td><td style="text-align: right;">5,457,327</td></tr> </table>	Prior Year		Current Year			5,537,748		5,087,127		413,969		349,799		13,307		10,173		23,608		10,228		5,988,632		5,457,327																																																																																																																																																																																											
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶84,295 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: right;">1,306,148</td><td></td><td style="text-align: right;">467,493</td></tr> <tr><td></td><td style="text-align: right;">0</td><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">4,513,202</td><td></td><td style="text-align: right;">3,995,907</td></tr> <tr><td></td><td style="text-align: right;">0</td><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">1,321,703</td><td></td><td style="text-align: right;">1,038,721</td></tr> <tr><td></td><td style="text-align: right;">7,141,053</td><td></td><td style="text-align: right;">5,502,121</td></tr> <tr><td></td><td style="text-align: right;">-1,152,421</td><td></td><td style="text-align: right;">-44,794</td></tr> </table>		1,306,148		467,493		0		0		4,513,202		3,995,907		0		0		1,321,703		1,038,721		7,141,053		5,502,121		-1,152,421		-44,794																																																																																																																																																																																							
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Beginning of Current Year</th><th colspan="2">End of Year</th></tr> <tr><td></td><td style="text-align: right;">3,759,695</td><td></td><td style="text-align: right;">3,762,236</td></tr> <tr><td></td><td style="text-align: right;">298,805</td><td></td><td style="text-align: right;">290,983</td></tr> <tr><td></td><td style="text-align: right;">3,460,890</td><td></td><td style="text-align: right;">3,471,253</td></tr> </table>	Beginning of Current Year		End of Year			3,759,695		3,762,236		298,805		290,983		3,460,890		3,471,253																																																																																																																																																																																																			
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Part II Signature Block

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

Sign Here	***** Signature of officer	2011-10-25 Date
	DEBRA J SCHMIDT EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ CROWE HORWATH LLP Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903	Preparer's signature Date	Check if self-employed <input type="checkbox"/>	PTIN Firm's EIN ▶ Phone no ▶ (312) 899-7000
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND, INC (CATHOLIC CHARITIES) SERVES THOSE IN NEED AS CHRIST WOULD HAVE US DO (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,938,496 including grants of \$ 5,016) (Revenue \$ 154,049)

OLDER ADULT SERVICES THE SENIOR AIDES PROGRAM PROVIDES WORKPLACE TRAINING AND EXPERIENCE TO LOW-INCOME SENIOR CITIZENS AGED 55 AND OLDER IN 14 COUNTIES FUNDED BY THE US DEPARTMENT OF LABOR AND SPONSORED WITH SENIOR SERVICE AMERICA, THE GOAL OF THE SENIOR AIDES PROGRAM IS FOR THE ENROLLEES TO OBTAIN UNSUBSIDIZED, GAINFUL EMPLOYMENT TO MAINTAIN THEIR INDEPENDENCE THE PROGRAM ASSISTED 326 PARTICIPANTS FOR THE YEAR ENDED JUNE 30, 2011 ALSO DURING 2011, THE ORGANIZATION CONTINUED JOB CLUBS IN ALLEN, ST JOSEPH, KOSCIUSKO, AND ELKHART COUNTIES (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses \$ 1,042,706 including grants of \$ 247,170) (Revenue \$ 49,120)

REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES THESE PROGRAMS PROVIDE ASSISTANCE TO INDIVIDUALS COMING TO THE UNITED STATES UNDER REFUGEE STATUS AS GRANTED BY THE US DEPARTMENT OF STATE, AS WELL AS ASSISTANCE TO INDIVIDUALS WHO SEEK ASYLUM ONCE THEY ARE ALREADY IN THIS COUNTRY CATHOLIC CHARITIES WORKS IN COOPERATION WITH THE US CONFERENCE OF CATHOLIC BISHOPS TO PROVIDE THESE SERVICES, WHICH HELP NEW RESIDENTS ADJUST TO LIFE IN THE COMMUNITY SERVICES INCLUDE PRE-ARRIVAL PROCESSING, ARRIVAL SERVICES, ASSISTANCE WITH HOUSING, REFERRALS FOR MEDICAL CARE, ACCULTURATION, REFERRALS FOR ESL (ENGLISH-AS-A-SECOND-LANGUAGE) CLASSES, SCHOOL ENROLLMENT FOR THE CHILDREN, AND OTHER EDUCATION SERVICES AS NEEDED DURING THE YEAR ENDED JUNE 30, 2011, CATHOLIC CHARITIES RESETTLED 111 REFUGEES AND ASSISTED IMMIGRANTS WITH 265 CONSULTATIONS IN ADDITION, 336 IMMIGRATION APPLICATIONS WERE FILED TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS), OF WHICH 240 WERE APPROVED THE ORGANIZATION ALSO ASSISTED 40 STUDENTS WITH REGISTERING FOR CITIZENSHIP CLASSES, OF WHICH 28 SUCCESSFULLY COMPLETED AND GRADUATED THE COURSE (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses \$ 425,476 including grants of \$ 201,163) (Revenue \$ 945)

CASE MANAGEMENT BRIEF SERVICES INCLUDE THE RESOURCE AND REFERRAL PROGRAM, WHICH ASSISTS FAMILIES WITH THE BASIC NEEDS SUCH AS HOUSING, UTILITIES, FOOD, CLOTHING, HYGIENE/PAPER PRODUCTS, AND BUS PASSES DURING FISCAL YEAR 2011, 818 FAMILIES WERE SERVED IN MARCH 2011, CATHOLIC CHARITIES OFFICIALLY BECAME A PART OF THE CASE COORDINATION SYSTEM IN ALLEN COUNTY TO COLLABORATE WITH OTHER SOCIAL AGENCIES IN SHARING RESOURCES TO BETTER ASSIST FAMILIES THE AGENCY ALSO RECEIVED STIMULUS FUNDS THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM AND WAS ABLE TO PROVIDE ASSISTANCE TO 52 FAMILIES CATHOLIC CHARITIES' CHRISTMAS PROGRAM SPONSORS LOW INCOME FAMILIES TO PROVIDE THEM WITH WINTER CLOTHING, GIFTS, CHRISTMAS TREES, AND HOLIDAY FOOD BASKETS THIS YEAR THE PROGRAM SERVED 35 FAMILIES IN FORT WAYNE AND 52 FAMILIES IN SOUTH BEND (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 495,930 including grants of \$ 14,144) (Revenue \$ 145,685)

4e Total program service expenses \$ 4,902,608

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> DEBRA J SCHMIDT 315 E WASHINGTON BLVD Fort Wayne, IN 46802 (260) 422-5625

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK HOULIHAN TREASURER / SECRETARY	1	X		X			0	0	0	
(2) LEONARD SANCHEZ DIRECTOR	1	X					0	0	0	
(3) ANDREA L HALL DIRECTOR - PARTIAL YEAR	1	X					0	0	0	
(4) REV CHRISTOPHER COX DIRECTOR - PARTIAL YEAR	1	X					0	19,500	0	
(5) SUZIE LIGHT DIRECTOR	1	X					0	0	0	
(6) BARBARA O'DEA DIRECTOR - PARTIAL YEAR	1	X					0	0	0	
(7) REV ANDREW NAZARETH DIRECTOR	1	X					0	19,500	0	
(8) JAMES KITCHENS SECRETARY - PARTIAL YEAR	1	X		X			0	54,000	0	
(9) KATHY DENICE VICE PRESIDENT	1	X		X			0	30,820	0	
(10) JOSEPH RYAN MEMBER/EX-OFFICIO DIRECTOR	1	X					0	86,752	0	
(11) REV GLENN KOHRMAN DIRECTOR	1	X					0	19,500	0	
(12) MSGR ROBERT C SCHULTE MEMBER/EX-OFFICIO DIRECTOR	1	X					0	19,500	0	
(13) MOST REV KEVIN C RHOADES CHAIRMAN OF THE BOARD	1	X		X			0	19,500	0	
(14) DEBRA J SCHMIDT EXECUTIVE DIRECTOR	40			X			76,674	0	10,891	
(15) STEVEN E BROCKHAUS OPERATIONS DIRECTOR	40			X			53,705	0	9,416	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	313,885				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d	486,965				
	e Government grants (contributions) 1e	1,177,292				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,108,985				
	g Noncash contributions included in lines 1a-1f \$	122,329				
	h Total. Add lines 1a-1f	5,087,127				
	Program Service Revenue	2a OLDER ADULT SERVICES		154,049	154,049	
b PREGNANCY, ADOPTION, & FAMILY SERVICES		106,403	106,403			
c IMMIGRATION & REFUGEE RESETTLEMENT SERVICES		49,120	49,120			
d CASE MANAGEMENT BRIEF SERVICES		945	945			
e OTHER PROGRAM SERVICES		39,282	39,282			
f All other program service revenue		0	0	0		
g Total. Add lines 2a-2f		349,799				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)	10,173			10,173
	4 Income from investment of tax-exempt bond proceeds	0				
	5 Royalties	0				
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0			0
	d Net rental income or (loss)	0				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	0			0
d Net gain or (loss)	0					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b Less direct expenses b						
c Net income or (loss) from fundraising events	0					
9a Gross income from gaming activities See Part IV, line 19 a	10,281					
b Less direct expenses b	53					
c Net income or (loss) from gaming activities	10,228			10,228		
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue	0	0	0	0		
e Total. Add lines 11a-11d	0					
12 Total revenue. See Instructions	5,457,327	349,799	0	20,401		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	12,207	12,207		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	455,286	455,286		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	159,906	44,843	115,063	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,190,249	3,010,802	154,986	24,461
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,923	58,677	3,200	1,046
9	Other employee benefits	336,877	300,149	31,465	5,263
10	Payroll taxes	245,952	226,022	18,088	1,842
a	Fees for services (non-employees)				
	Management	0			
b	Legal	21,315	11,833	6,789	2,693
c	Accounting	39,998	22,205	12,739	5,054
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	134,169	74,484	42,731	16,954
12	Advertising and promotion	35,568	16,532	2,697	16,339
13	Office expenses	220,673	178,977	33,965	7,731
14	Information technology	0			
15	Royalties	0			
16	Occupancy	270,814	243,833	24,380	2,601
17	Travel	55,355	42,316	12,848	191
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,813	15,790	2,918	105
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	157,419	119,950	37,469	
23	Insurance	14,263	13,072	1,176	15
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	27,832	25,686	2,146	
b	GAS, OIL, VEHICLE MAINTENANCE	24,714	15,235	9,479	
c	RECOGNITION	11,840	10,454	1,386	
d	MEMBERSHIP DUES	4,614	3,940	674	
e	SUBSCRIPTIONS AND PUBLICATIONS	1,334	315	1,019	
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	5,502,121	4,902,608	515,218	84,295
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	253,107	1	165,364
	2 Savings and temporary cash investments	260,513	2	505,453
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	456,990	4	391,317
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,234	8	6,669
	9 Prepaid expenses and deferred charges	11,564	9	11,631
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,876,642		
	10b Less accumulated depreciation	1,777,287		
		2,250,358	10c	2,099,355
	11 Investments—publicly traded securities	12,155	11	13,509
	12 Investments—other securities. See Part IV, line 11	474,640	12	534,104
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	38,134	15	34,834	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,759,695	16	3,762,236	
Liabilities	17 Accounts payable and accrued expenses	298,805	17	290,983
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	298,805	26	290,983
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,387,533	27	3,396,805
	28 Temporarily restricted net assets	73,357	28	74,448
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,460,890	33	3,471,253	
34 Total liabilities and net assets/fund balances	3,759,695	34	3,762,236	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,457,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,502,121
3	Revenue less expenses Subtract line 2 from line 1	3	-44,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,460,890
5	Other changes in net assets or fund balances (explain in Schedule O)	5	55,157
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,471,253

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Employer identification number
35-1038653

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶**Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 14**15** Public Support Percentage for 2009 Schedule A, Part II, line 14 15**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,506,099	5,525,938	5,941,049	5,537,748	5,087,127	26,597,961
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	553,098	453,226	514,013	413,969	349,799	2,284,105
3 Gross receipts from activities that are not an unrelated trade or business under section 513	61,626	41,043	0	792	10,281	113,742
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	5,120,823	6,020,207	6,455,062	5,952,509	5,447,207	28,995,808
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						28,995,808

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,120,823	6,020,207	6,455,062	5,952,509	5,447,207	28,995,808
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,759	43,958	9,314	13,307	10,173	103,511
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	26,759	43,958	9,314	13,307	10,173	103,511
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	46,504	6,240	25,940	22,866	0	101,550
13 Total support (Add lines 9, 10c, 11 and 12)	5,194,086	6,070,405	6,490,316	5,988,682	5,457,380	29,200,869
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.300 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.370 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.350 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.490 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, MISCELLANEOUS INCOME RECEIVED IN FURTHERANCE OF THE ORGANIZATION'S TAX EXEMPT PURPOSE 2006 - \$46,504 2007 - \$6,240 2008 - \$25,940 2009 - \$22,866 2010 - \$0,

Additional Data

Software ID: 10000128

Software Version: v2010.1.0

EIN: 35-1038653

Name: CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 495,930 including grants of \$ 14,144) (Revenue \$ 145,685)

THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2011, INCLUDE PREGNANCY AND ADOPTION SERVICES, WHICH PROVIDE FREE BIRTH OPTIONS FOR PERSONS WITH UNPLANNED PREGNANCIES, AS WELL AS FINANCIAL AND OTHER ASSISTANCE FOR OTHER PREGNANCY RELATED NEEDS THE PROGRAM CONTINUES TO NETWORK WITH VARIOUS COMMUNITY AGENCIES THROUGHOUT THE YEAR CATHOLIC CHARITIES BUILDS RELATIONSHIPS WITH PREGNANCY CLINICS, HOSPITALS, CHURCHES, AND LAWYERS HELPING TO PROVIDE INFORMATION ABOUT ADOPTION THE FOSTER FAMILY SUPPORT SERVICES PROGRAM PROVIDED ADVOCACY AND LIAISON SERVICES FOR APPROXIMATELY 260 INDIANA DEPARTMENT OF CHILDREN SERVICES LICENSED FOSTER HOMES THE FOSTER FAMILY SUPPORT LIAISON VISITS EACH LICENSED HOME ON A YEARLY BASIS TO MEET FACE-TO-FACE WITH THE FOSTER PARENTS AND PROVIDE SUPPORT, GUIDANCE, AND INFORMATION CALLS ARE MADE TO EACH FOSTER HOME ON A MONTHLY BASIS TO PROVIDE ADDITIONAL SUPPORT AND INFORMATION IN ADDITION, THE LIAISON IS AVAILBLE 24 HOURS A DAY IN THE EVENT FOSTER PARENTS HAVE AN IMMEDIATE NEED FOR ASSISTANCE THE FOSTER FAMILY SUPPORT LIAISON IS ALSO A LOCAL CONTACT FOR PROSPECTIVE FOSTER PARENTS THE FAKT (FOSTER/ADOPTION/KINSHIP TRAINING) PROGRAM OPERATES THROUGH A CONTRACT WITH THE INDIANA DEPARTMENT OF CHILD SERVICES THE PROGRAM ASSISTED 490 LICENSED FOSTER, ADOPTIVE, AND KINSHIP CARE PROVIDERS DURING THE FISCAL YEAR ENDED JUNE 30, 2011 HOWEVER, DUE TO A DECISION BY THE INDIANA DEPARTMENT OF CHILDREN'S SERVICES TO MOVE TRAINING SERVICES IN-HOUSE, THE STATE-WIDE FAKT PROGRAM PERMANENTLY ENDED ON JUNE 30, 2011 THE EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM IS A SCHOOL AND HOME-BASED PROGRAM THAT PROVIDES GUIDANCE AND RESOURCES TO PREGNANT AND PARENTING TEENS, ENABLING THEM TO COMPLETE THEIR HIGH SCHOOL EDUCATION AND SUCCESSFULLY PARENT THEIR CHILDREN AS OF JUNE 30, 2011, 79 CLIENTS WERE SERVED DURING THE YEAR ALONG, 15 OF 16 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 11 OF THE 15 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2012, AND THE REMAINING FOUR PLANNED TO ENROLL IN COLLEGE BY FALL 2012 IN ADDITION, THIS PROGRAM HAS BEEN EXTENDED TO STUDENTS AGES 18-24 WHO ARE ENROLLED IN AN EDUCATIONAL OR JOB TRAINING PROGRAM, THE EXPANSION IS CURRENTLY SERVING THREE STUDENTS CATHOLIC CHARITIES ALSO PROVIDES COUNSELING SERVICES ALTHOUGH COUNSELORS ARE NO LONGER EMPLOYEES BY THE ORGANIZATION, CATHOLIC CHARITIES COMPILED A LIST OF COUNSELORS WHO ARE PRACTICING CATHOLICS THE LIST IS MADE AVAILBLE UPON REQUEST TO CHURCHES, PRIESTS, AND INDIVIDUALS IN THE COMMUNITY BY COMPILING THIS LIST, CATHOLIC CHARITIES HAS PROVIDED MORE COUNSELOR COVERAGE THROUGHOUT THE DIOCESE WHO HAVE EXPERTISE IN MANY DIFFERENT AREAS

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC) and Employer identification number (35-1038653)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
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													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	0
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-1038653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,857,519	1,642,644	1,893,049		
b Contributions		51,800	48,000		
c Investment earnings or losses	239,015	163,075	-298,405		
d Grants or scholarships		0	0		
e Other expenditures for facilities and programs	81,500	0	0		
f Administrative expenses	7,406	0	0		
g End of year balance	2,007,628	1,857,519	1,642,644		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 000 %
- c** Term endowment ▶ 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings		3,395,820	1,330,799	2,065,021
c Leasehold improvements		42,922	41,346	1,576
d Equipment		437,900	405,142	32,758
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				2,099,355

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,457,327
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,502,121
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-44,794
4	Net unrealized gains (losses) on investments	4	55,157
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	55,157
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,363

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,586,693
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	55,157
b	Donated services and use of facilities	2b	74,156
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	53
e	Add lines 2a through 2d	2e	129,366
3	Subtract line 2e from line 1	3	5,457,327
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	5,457,327

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,576,330
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	74,156
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	53
e	Add lines 2a through 2d	2e	74,209
3	Subtract line 2e from line 1	3	5,502,121
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	5,502,121

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE CATHOLIC COMMUNITY FOUNDATION OF NORTHEAST INDIANA HOLDS AN ENDOWMENT FUND FROM THE LEGACY OF FAITH CAMPAIGN FOR THE BENEFIT OF THE ORGANIZATION WHEN DISTRIBUTED, THE ORGANIZATION'S ENDOWMENT FUNDS WILL BE USED TO SUPPLEMENT THE ORGANIZATION'S OPERATING ACTIVITIES
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501 (C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES THE ORGANIZATION HAS ADOPTED ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS GUIDANCE REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED THE ORGANIZATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2008 THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE ORGANIZATION RECOGNIZES INTEREST AND OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2011 OR 2010
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	GAMING EXPENSES - 53,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	GAMING EXPENSES - 53,

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2010

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-1038653

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) DIOCESE OF FORT WAYNE-SOUTH BENDPO BOX 390 FORT WAYNE, IN 46801, 35-0876373, 501(C)(3), 0, 12,207, BOOK VALUE, LEASEHOLD IMPROVEMENTS, SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations 1
3 Enter total number of other organizations 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	153	91,660	0	N/A	N/A
(2) MEDICAL ASSISTANCE	50	2,657	0	N/A	N/A
(3) HOUSING ASSISTANCE	256	112,979	0	N/A	N/A
(4) UTILITY ASSISTANCE	274	33,309	0	N/A	N/A
(5) TRANSPORTATION ASSISTANCE	299	4,436	0	N/A	N/A
(6) OTHER FINANCIAL/NEEDS ASSISTANCE	27529	207,981	0	N/A	N/A
(7) IN-KIND DIRECT ASSISTANCE	111	0	2,264	INDEPENDENT SECTOR & SALVATION ARMY PRICE LIST	FOOD, CLOTHING, HOUSEHOLD GOODS, ETC

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	EACH PROGRAM HAS GUIDELINES REGARDING FINANCIAL AND OTHER ASSISTANCE ASSISTANCE FOR REFUGEES IS GOVERNED BY THE U S DEPARTMENT OF STATE AND U S DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS ASSISTANCE PROVIDED IS MONITORED WITHIN THE CLIENT'S FILE, AND DOCUMENTATION IS MAINTAINED WITHIN THE FILE AND/OR WITH CHECKS DISBURSED
PURPOSE OF GRANT OR ASSISTANCE	SCHEDULE I, PART II, LINE 1, COLUMN (H)	DURING THE FISCAL YEAR ENDED JUNE 30, 2011, THE ORGANIZATION CLOSED THE CIRCLE OF MERCY BUILDING WHEN THESE FACILITIES CLOSED, THE DIOCESE RETAINED POSSESSION OF THE BUILDINGS IN PREVIOUS FISCAL YEARS, THE ORGANIZATION HAD CAPITALIZED LEASEHOLD IMPROVEMENTS THAT HAD BEEN MADE TO THE BUILDINGS THE DIOCESE BECAME THE BENEFICIARY OF THE IMPROVEMENTS AND THUS, THEY HOLD NO FUTURE BENEFIT FOR THE ORGANIZATION

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Employer identification number

35-1038653

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Books, Clothing and household goods, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report revenues...).

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER ITEMS	SCHEDULE B, PART I, LINE 25	MISCELLANEOUS SCHOOL SUPPLIES, BOOKS, TOYS, ETC
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, LINES 19 AND 25, COLUMN (B)	THE NUMBER REPORTED FOR COLUMN (B) ON LINES 19 AND 25 IS THE NUMBER OF CONTRIBUTORS OF PROPERTY DURING THE YEAR

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC

Employer identification number

35-1038653

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	<p>THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2011, INCLUDE PREGNANCY AND ADOPTION SERVICES, WHICH PROVIDE FREE BIRTH OPTIONS FOR PERSONS WITH UNPLANNED PREGNANCIES, AS WELL AS FINANCIAL AND OTHER ASSISTANCE FOR OTHER PREGNANCY RELATED NEEDS THE PROGRAM CONTINUES TO NETWORK WITH VARIOUS COMMUNITY AGENCIES THROUGHOUT THE YEAR CATHOLIC CHARITIES BUILDS RELATIONSHIPS WITH PREGNANCY CLINICS, HOSPITALS, CHURCHES, AND LAWYERS HELPING TO PROVIDE INFORMATION ABOUT ADOPTION THE FOSTER FAMILY SUPPORT SERVICES PROGRAM PROVIDED ADVOCACY AND LIAISON SERVICES FOR APPROXIMATELY 260 INDIANA DEPARTMENT OF CHILDREN SERVICES LICENSED FOSTER HOMES THE FOSTER FAMILY SUPPORT LIAISON VISITS EACH LICENSED HOME ON A YEARLY BASIS TO MEET FACE-TO-FACE WITH THE FOSTER PARENTS AND PROVIDE SUPPORT, GUIDANCE, AND INFORMATION CALLS ARE MADE TO EACH FOSTER HOME ON A MONTHLY BASIS TO PROVIDE ADDITIONAL SUPPORT AND INFORMATION IN ADDITION, THE LIAISON IS AVAILBLE 24 HOURS A DAY IN THE EVENT FOSTER PARENTS HAVE AN IMMEDIATE NEED FOR ASSISTANCE THE FOSTER FAMILY SUPPORT LIAISON IS ALSO A LOCAL CONTACT FOR PROSPECTIVE FOSTER PARENTS THE FAKT (FOSTER/ADOPTION/KINSHIP TRAINING) PROGRAM OPERATES THROUGH A CONTRACT WITH THE INDIANA DEPARTMENT OF CHILD SERVICES THE PROGRAM ASSISTED 490 LICENSED FOSTER, ADOPTIVE, AND KINSHIP CARE PROVIDERS DURING THE FISCAL YEAR ENDED JUNE 30, 2011 HOWEVER, DUE TO A DECISION BY THE INDIANA DEPARTMENT OF CHILDREN'S SERVICES TO MOVE TRAINING SERVICES IN-HOUSE, THE STATE-WIDE FAKT PROGRAM PERMANENTLY ENDED ON JUNE 30, 2011 THE EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM IS A SCHOOL AND HOME-BASED PROGRAM THAT PROVIDES GUIDANCE AND RESOURCES TO PREGNANT AND PARENTING TEENS, ENABLING THEM TO COMPLETE THEIR HIGH SCHOOL EDUCATION AND SUCCESSFULLY PARENT THEIR CHILDREN AS OF JUNE 30, 2011, 79 CLIENTS WERE SERVED DURING THE YEAR ALONG, 15 OF 16 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 11 OF THE 15 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2012, AND THE REMAINING FOUR PLANNED TO ENROLL IN COLLEGE BY FALL 2012 IN ADDITION, THIS PROGRAM HAS BEEN EXTENDED TO STUDENTS AGES 18-24 WHO ARE ENROLLED IN AN EDUCATIONAL OR JOB TRAINING PROGRAM, THE EXPANSION IS CURRENTLY SERVING THREE STUDENTS CATHOLIC CHARITIES ALSO PROVIDES COUNSELING SERVICES ALTHOUGH COUNSELORS ARE NO LONGER EMPLOYEES BY THE ORGANIZATION, CATHOLIC CHARITIES COMPILED A LIST OF COUNSELORS WHO ARE PRACTICING CATHOLICS THE LIST IS MADE AVAILBLE UPON REQUEST TO CHURCHES, PRIESTS, AND INDIVIDUALS IN THE COMMUNITY BY COMPILED THIS LIST, CATHOLIC CHARITIES HAS PROVIDED MORE COUNSELOR COVERAGE THROUGHOUT THE DIOCESE WHO HAVE EXPERTISE IN MANY DIFFERENT AREAS</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION (CONTINUED)	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) CATHOLIC CHARITIES PROVIDES AN ARRAY OF SERVICES THAT CREATE AND BUILD FAMILIES, HELP PEOPLE COPE WITH DIFFICULT CIRCUMSTANCES, ECONOMIC HARDSHIP, AND RELATIONSHIP ISSUES, PROVIDE A FRESH START FOR HARDWORKING PEOPLE, AND ENSURE THAT CHILDREN AND SENIORS IN PARTICULAR HAVE ACCESS TO SERVICES TO PROMOTE THEIR PHYSICAL AND EMOTIONAL WELL-BEING CATHOLIC CHARITIES SERVES THOSE IN NEED WITH SPECIAL EMPHASIS ON THE MOST VULNERABLE POPULATIONS THE POOR, DISABLED, IMMIGRANTS, ELDERLY, AND CHILDREN CATHOLIC CHARITIES IS COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY OUR VALUES WE BELIEVE THAT A CHILD SHOULD GROW UP IN A LOVING AND NURTURING ENVIRONMENT WE BELIEVE THAT FAMILIES ARE THE CORNERSTONES OF OUR SOCIETY AND THEY NEED HELP TO FULFILL THEIR RESPONSIBILITY TO PROVIDE CARE AND INSTILL VALUES WE BELIEVE IN HELP AND COMPASSION FOR THE POOR AND IMPOVERISHED WE BELIEVE THAT THE ELDERLY SHOULD BE ABLE TO LIVE WITH DIGNITY WE BELIEVE IN THE STRUGGLE TO BRING ABOUT CHANGE IN THE SYSTEMS THAT CAUSE HUMAN SUFFERING WE BELIEVE THAT TO SERVE OTHERS IS TO SERVE CHRIST

Identifier	Return Reference	Explanation
OLDER ADULT SERVICES (CONTINUED)	FORM 990, PART III, LINE 4A	<p>(CONTINUED FROM PART III) VILLA OF THE WOODS IS A STATE-LICENSED RESIDENTIAL FACILITY FOR OLDER ADULTS. ALL ROOMS ARE PRIVATE WITH PERSONAL BATH AND INDIVIDUALLY CONTROLLED HEAT AND AIR CONDITIONING. ALL ROOMS ARE EQUIPPED WITH CABLE TV SERVICE. THIS RETIREMENT COMMUNITY PROVIDES INDEPENDENCE, YET IS STAFFED AROUND THE CLOCK SO RESIDENTS CAN RECEIVE ASSISTANCE WHENEVER IT IS NEEDED. HOUSEKEEPING, LINEN SERVICE, MEALS, AND SOCIAL ACTIVITIES ARE PROVIDED. THE FACILITY IS CONVENIENTLY LOCATED IN A WOODED RESIDENTIAL AREA CLOSE TO THE BUS LINE, A PUBLIC LIBRARY BRANCH, AND A SHOPPING CENTER. FOR THE YEAR ENDED JUNE 30, 2011, VILLA OF THE WOODS HOUSED 15 INDIVIDUALS AND PROVIDED OVER 5,056 DAYS OF CARE. CATHOLIC CHARITIES SPONSORS RSVP (RETIRED SENIOR VOLUNTEER PROGRAM), A PROJECT OF THE ORGANIZATION FOR NATIONAL AND COMMUNITY SERVICE. RSVP MOBILIZES PEOPLE AGES 55 AND OLDER TO HELP MEET A WIDE VARIETY OF COMMUNITY NEEDS. VOLUNTEERS ARE PLACED BASED ON THEIR TALENTS, INTERESTS, AND SCHEDULES, WITH LOCAL SOCIAL SERVICE AGENCIES, SCHOOLS, LIBRARIES, HOSPITALS, PARKS, AND OTHER NONPROFIT ENTITIES. THE RSVP PROGRAM HAS ASSISTED OVER 987 VOLUNTEERS AT 121 DIFFERENT SITES. THE RSVP PROGRAM HAS ALSO PROVIDED OVER 124,420 HOURS OF VOLUNTEER SERVICES IN DEKALB, LAGRANGE, NOBLE, ST. JOSEPH, ELKHART, AND STEUBEN COUNTIES, THE VALUE OF WHICH IS OVER \$2,517,500.</p>

Identifier	Return Reference	Explanation
REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES (CONTINUED)	FORM 990, PART III, LINE 4B	<p>(CONTINUED FROM PART III) CATHOLIC CHARITIES' HISPANIC HEALTH ADVOCATE PROGRAM IS DESIGNED TO ASSIST THE SPANISH-SPEAKING POPULATION WHO SPEAK LITTLE TO NO ENGLISH WITH THEIR MEDICAL APPOINTMENTS. THE GOAL OF THIS PROGRAM IS TO REDUCE THE LANGUAGE BARRIERS IN ORDER TO PROMOTE PREVENTATIVE HEALTH PRACTICES FOR THE SPANISH SPEAKING COMMUNITY. THE CASE MANAGERS ACCOMPANY CLIENTS TO OB-GYN, WELL BABY CHECK-UPS, UROLOGY, ONCOLOGY, DENTISTRY, CARDIOLOGY, EAR, NOSE, AND THROAT, COUNSELING, AND ANY OTHER MEDICAL RELATED APPOINTMENTS. MANY OF THE APPOINTMENTS ARE PRIMARILY FOR WOMEN AND CHILDREN. THE PROGRAM CONTINUES TO BE OFFERED AS A FREE SERVICE. THERE ARE OTHER BUSINESSES THAT OFFER INTERPRETATION AND TRANSLATION SERVICES IN DIFFERENT LANGUAGES, HOWEVER THIS WILL COST CLIENTS APPROXIMATELY \$50 AN HOUR, AND MOST OF THE CLIENTS WHO UTILIZE OUR SERVICES HAVE BEEN FAMILIES WITH LIMITED OR NO INCOME. THE PROGRAM HAS ASSISTED OVER 150 FAMILIES WITH 292 APPOINTMENTS THIS FISCAL YEAR IN THE FORT WAYNE AREA. IN ADDITION, CATHOLIC CHARITIES HAS RECEIVED A GRANT FROM THE STATE OF INDIANA TO PROVIDE EMPLOYMENT SERVICES FOR REFUGEES WHO RESIDE IN THE UNITED STATES. SERVICES CAN BE PROVIDED TO REFUGEES UP TO FIVE YEARS AFTER THEY HAVE BEEN RESETTLED. CATHOLIC CHARITIES ACCOMPLISHED 156 JOB PLACEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2011.</p>

Identifier	Return Reference	Explanation
CASE MANAGEMENT BRIEF SERVICES (CONTINUED)	FORM 990, PART III, LINE 4C	<p>(CONTINUED FROM PART III) IN APRIL 2011, CATHOLIC CHARITIES WAS AWARDED TWO GRANTS THROUGH THE OFFICE OF FAITH-BASED AND COMMUNITY INITIATIVES FOR ADMINISTERING THE HARDEST HIT FUND VOLUNTEER SERVICE PROGRAM. THE PROGRAM IS PART OF THE BUILDING THE BRIDGE TO RECOVERY PROGRAM, WHOSE FOCUS IS ASSISTING QUALIFIED UNEMPLOYMENT RECIPIENTS IN AVOIDING FORECLOSURE ON THEIR HOME MORTGAGE IN EXCHANGE FOR THEIR PARTICIPATION IN JOB TRAINING, EDUCATION, OR VOLUNTEER SERVICE. PRE-QUALIFIED CLIENTS WHO CHOOSE VOLUNTEER SERVICE AS THEIR FOCUS AREA ARE REFERRED TO CATHOLIC CHARITIES, WHO WILL THEN PROVIDE THEIR SCREENING, ORIENTATION, PLACEMENT, AND SUPERVISION. IN FISCAL YEAR 2011, THE SOUTH BEND FOOD PANTRY SERVED 10,253 INDIVIDUALS AND THE AUBURN FOOD PANTRY SERVED 10,492 INDIVIDUALS IN NEED OF FOOD ASSISTANCE. ONE THIRD OF THESE HOUSEHOLDS WERE NEW TO THE FOOD PANTRY. EACH FAMILY WHO VISITS THE PANTRY RECEIVES ENOUGH FOOD TO PREPARE FOUR MEALS, WHEN AVAILABLE, CLIENTS ALSO RECEIVE PERSONAL CARE ITEMS SUCH AS SHAMPOO, TOILET PAPER, AND DIAPERS. THE PANTRY ALSO PROVIDES CLIENTS WITH RECIPES, COMMUNITY REFERRALS, NUTRITION INFORMATION, AND SAFE FOOD HANDLING INFORMATION. THE RSVP SEWERS AND YARN CRAFTERS PROVIDED HATS, SCARVES, AND MITTENS FOR FOOD PANTRY CLIENTS, AND A NUMBER OF PEOPLE AND ORGANIZATIONS IN THE COMMUNITY HAVE MADE INDIVIDUAL GIFTS OF GOODS AND MATERIALS FOR THE FOOD PANTRY.</p>

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION HAS THREE MEMBERS THE DIOCESAN BISHOP OF THE DIOCESE OF FORT WAYNE-SOUTH BEND (DIOCESE) AND TWO OTHER PERSONS DESIGNATED BY THE DIOCESAN BISHOP

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE ORGANIZATION'S DIRECTORS ARE ELECTED BY MAJORITY VOTE OF THE MEMBERS AND SERVE AT THE SOLE DISCRETION OF THE MEMBERS ANY DIRECTOR MAY BE REMOVED, WITH OR WITHOUT CAUSE OR NOTICE, BY A MAJORITY VOTE OF THE MEMBERS AT ANY TIME

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE MEMBERS' RESERVED POWERS INCLUDE A) THE ESTABLISHMENT OF AND ADHERENCE TO THE PHILOSOPHY ACCORDING TO WHICH THE ORGANIZATION OPERATES, B) ANY AMENDMENT OF THE ARTICLES OF INCORPORATION OR ANY AMENDMENT OR REPEAL OF THE BY LAWS, C) THE APPOINTMENT OF REMOVAL OF ANY INDIVIDUAL TO THE BOARD OF DIRECTORS, D) THE PURCHASE, LEASE, SALE, TRANSFER, EXCHANGE, OR ENCUMBRANCE OR REAL ESTATE FOR OR ON BEHALF OF THE ORGANIZATION, E) THE SALE, LEASE, EXCHANGE, OR ANY FORM OF DISPOSAL OF ANY CORPORATE ASSETS OTHER THAN REAL ESTATE, IN OTHER THAN THE USUAL AND REGULAR COURSE OF THE ORGANIZATION'S ACTIVITIES, EXCEPT AS SPECIFICALLY PROVIDED IN THE ORGANIZATION'S BYLAWS, F) THE PLEDGE, DEDICATION TO REPAYMENT OF INDEBTEDNESS, OR ANY OTHER FORM OF ENCUMBRANCE OF THE ORGANIZATION'S ASSETS, OTHER THAN REAL ESTATE, WHETHER OR NOT IN THE USUAL AND REGULAR COURSE OF THE ORGANIZATION'S ACTIVITIES, AND G) THE MERGER OR DISSOLUTION OF THE ORGANIZATION ANY ACTIONS TAKEN BY THE BOARD OF DIRECTORS RELATED TO THE ABOVE DESCRIBED RESERVED POWERS OF THE MEMBERS REQUIRE WRITTEN APPROVAL OF THE MEMBERS

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE ORGANIZATION'S MANAGEMENT PERSONNEL AND BOARD OF DIRECTORS REVIEW A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH YEAR, EVERY BOARD MEMBER AND EMPLOYEE IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ASSISTANT DIRECTOR REVIEW THE DISCLOSURES FOR ANY POTENTIAL CONFLICTS OF INTEREST IF AN ACTUAL CONFLICT IS DETERMINED TO EXIST, THE ORGANIZATION'S ATTORNEY ALSO REVIEWS THE DISCLOSURE WHERE AN EMPLOYEE HAS A CONFLICT, THAT EMPLOYEE IS NOT ALLOWED TO APPROVE ANY RELATED EXPENDITURES IF APPLICABLE, WORK MUST BE INSPECTED BY ANOTHER EMPLOYEE OF EQUAL OR GREATER RANK IN THE ORGANIZATION IF A BOARD MEMBER HAS A CONFLICT, THE MEMBER IS REQUIRED NOT TO VOTE OR HAVE ANY INPUT ON ANYTHING RELATED TO THE STATED CONFLICT

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE ORGANIZATION TAKES PART IN THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES THE SURVEY COMPARES THE COMPENSATION OF ALL MANAGEMENT EMPLOYEES TO SALARIES OF SIMILARLY-SITUATED EMPLOYEES IN THE MIDWEST THE ORGANIZATION'S BOARD OF DIRECTORS USES THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES (2010 EDITION) TO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION THE REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR WAS LAST DONE IN 2010 AND WAS DOCUMENTED IN THE BOARD MEETING MINUTES ALL SALARIES HAVE BEEN FROZEN SINCE SEPTEMBER 2008

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S ANNUAL REPORT IS PUBLISHED IN THE ORGANIZATION'S NEWSLETTER THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION TAKES PART IN THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES THE SURVEY COMPARES THE COMPENSATION OF ALL MANAGEMENT EMPLOYEES TO SALARIES OF SIMILARLY -SITUATED EMPLOYEES IN THE MIDWEST THE ORGANIZATION'S EXECUTIVE DIRECTOR USES THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES (2010 EDITION) TO DETERMINE THE COMPENSATION FOR ALL OTHER EMPLOYEES THIS REVIEW PROCESS WAS LAST COMPLETED IN MAY 2010 ALL SALARIES HAVE BEEN FROZEN SINCE SEPTEMBER 2008

Identifier	Return Reference	Explanation
Average hours worked per week for related organization	Form 990, Part VII, Section A, Column B	REV CHRISTOPHER COX - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION REV ANDREW NAZARETH - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION JAMES KITCHENS - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION KATHY DENICE - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION JOSEPH RYAN - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION REV GLENN KOHRMAN - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION MSGR ROBERT C SCHULTE - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION MOST REV KEVIN C RHOADES - DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 55157,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC

Employer identification number

35-1038653

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DIOCESE OF FORT WAYNE-SOUTH BEND PO BOX 390 FORT WAYNE, IN 46801 35-0876373	RELIGIOUS	IN	501(C)3	1	NA		

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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