efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303003002

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ 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

D Employer identification number
35-1038653

E Telephone number
(260)422-5625

G Gross receipts $ 4,444,347

F Name and address of principal officer
DEBRA J SCHMIDT
315 E WASHINGTON BLVD
Fort Wayne, IN 46802

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

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CCFWSB ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ 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

2 Check this box ▶☐ 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)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	355
6	Total number of volunteers (estimate if necessary)	6	1,020
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,087,127	4,103,880
	9	Program service revenue (Part VIII, line 2g)	349,799	300,846
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,173	31,565
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,228	8,006
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,457,327	4,444,297
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	467,493	442,146
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,995,907	2,943,810
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶96,715		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,038,721	1,015,761
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,502,121	4,401,717
	19	Revenue less expenses Subtract line 18 from line 12	-44,794	42,580
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,762,236	3,722,300
	21	Total liabilities (Part X, line 26)	290,983	242,936
	22	Net assets or fund balances Subtract line 21 from line 20	3,471,253	3,479,364

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

****** | 2012-10-23
Signature of officer | Date

DEBRA J SCHMIDT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Daren Daiga			P01074795

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP
3815 River Crossing Parkway
Suite 300
Indianapolis, IN 462400977

EIN ▶

Phone no ▶ (317) 569-8989

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 2,080,405 including grants of $ 1,433) (Revenue $ 141,088)

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 234 PARTICIPANTS FOR THE YEAR ENDED JUNE 30, 2012 ALSO DURING 2012, THE ORGANIZATION CONTINUED JOB CLUBS IN ALLEN, ST JOSEPH, KOSCIUSKO, AND ELKHART COUNTIES (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses $ 885,470 including grants of $ 199,203) (Revenue $ 49,491)

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, 2012, CATHOLIC CHARITIES RESETTLED 85 REFUGEES AND ASSISTED IMMIGRANTS WITH 310 CONSULTATIONS IN ADDITION, 403 IMMIGRATION APPLICATIONS WERE FILED TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS), OF WHICH 350 WERE APPROVED THE ORGANIZATION ALSO ASSISTED 45 STUDENTS WITH REGISTERING FOR CITIZENSHIP CLASSES, OF WHICH 32 SUCCESSFULLY COMPLETED AND GRADUATED THE COURSE (CONTNUED IN SCHEDULE O)

4c (Code) (Expenses $ 575,369 including grants of $ 237,171) (Revenue $ 0)

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 2012, 434 INDIVIDUALS WERE SERVED 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 FUNDS THOUGH THE EMERGENCY FOOD AND SHELTER PROGRAM AND WAS ABLE TO PROVIDE ASSISTANCE TO 39 HOUSEHOLDS 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 36 FAMILIES IN FORT WAYNE AND 40 FAMILIES IN SOUTH BEND (CONTINUED IN SCHEDULE O)

(Code) (Expenses $ 315,359 including grants of $ 4,339) (Revenue $ 110,267)

THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2012, 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 FORT WAYNE 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, 2012, 78 CLIENTS WERE SERVED DURING THE YEAR, 8 OF 8 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 7 OF THE 8 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2012, THE 8TH STUDENT PLANS TO ENROLL THE FOLLOWING SCHOOL YEAR DUE TO THE TIMING OF HER PREGNANCY IN ADDITION, THIS PROGRAM HAS BEEN EXTENDED TO STUDENTS AGES 18-24 WHO ARE ENROLLED IN AN EDUCATIONAL OR JOB TRAINING PROGRAM SOUTH BEND EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM IN IT'S FIRST YEAR OF SERVICE, THE ECHO PROGRAM IN SOUTH BEND HAD A TOTAL OF 42 CLIENTS WHO REQUESTED ASSISTANCE IN COMPLETING THEIR HIGH SCHOOL EDUCATION THE ONE FULL-TIME CASE MANAGER PROVIDED INFORMATION ON SATS/ACTS TESTS, COLLEGE ADMISSION, AND JOB APPLICATIONS AS WELL AS ASSISTANCE WITH ALL THE VARIOUS FORMS, OFTEN TRANSPORTATION AND REGULAR HOME VISITS 12 CLIENTS GRADUATED SUCCESSFULLY ALL THE REMAINING CLIENTS INDICATED A DESIRE TO MEET WITH THEIR CASE MANAGER THROUGHOUT THE SUMMER 8 OF 12 GRADUATING STUDENTS HAVE COLLEGE PLANS, 6 HAVE BEEN ACCEPTED AT IVY TECH AND 2 HAVE BEEN ACCED TO INDIANA UNIVERSITY SOUTH BEND AT TIMES THIS PROGRAM HAS HAD A WAITING LIST AS KNOWLEDGE OF ITS SERVICES BECOMES KNOWN IN THE COMMUNITY ECHO PROGRAM IN SOUTH BEND HAS ESTABLISHED WORKING RELATIONSHIPS TO SHARE INFORMATION AND FOR MUTUAL REFERRALS WITH WOEN'S CARE CENTER, PRE-NATAL CARE COORDINATION OF ST JOSEPH MEDICAL CENTER, HEALTHY FAMILIES, FAMILY AND CHILDREN'S CENTER, HANNAH'S HOUSE, YOUTH SERVICES BUREAU, AND WIC

4d Other program services (Describe in Schedule O)

(Expenses $ 315,359 including grants of $ 4,339) (Revenue $ 110,267)

4e **Total program service expenses** ▶$ 3,856,603

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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? *If "Yes," complete Schedule D, Part VII.*	11b	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? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		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 ? *If "Yes," complete Schedule F, Part II and IV*	15		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 ? *If "Yes," complete Schedule F, Part III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	21		No
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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 . . . . ☐

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	355			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			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** 14			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 7			
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?		**2**		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? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶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 made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) KATHY DENICE VICE-PRESIDENT - PARTIAL YEAR (THROUGH 12/11)	1 00	X		X				0	31,155	0
(2) MOST REV KEVIN C RHOADES CHAIRMAN OF THE BOARD	1 00	X		X				0	21,701	0
(3) PATRICK HOULIHAN PRESIDENT & TREASURER	1 00	X		X				0	0	0
(4) SUZIE LIGHT VICE-PRESIDENT	1 00	X		X				0	0	0
(5) AMPY BLAINE DIRECTOR - PARTIAL YEAR (THROUGH 5/12)	1 00	X						0	0	0
(6) BARBARA O'DEA DIRECTOR - PARTIAL YEAR (THROUGH 11/11)	1 00	X						0	0	0
(7) JACCI KAUFMAN DIRECTOR	1 00	X						0	397	0
(8) JEFFREY T FEATHERGILL PSYD DIRECTOR	1 00	X						0	0	0
(9) JOSEPH RYAN MEMBER/EX-OFFICIO DIRECTOR	1 00	X						0	87,842	0
(10) LEONARD SANCHEZ DIRECTOR	1 00	X						0	0	0
(11) MARYANN HYDER DIRECTOR	1 00	X						0	0	0
(12) MAUREEN MCALEAVEY DIRECTOR	1 00	X						0	38,399	0
(13) MICHAEL HANDLIN DIRECTOR	1 00	X						0	0	0
(14) MSGR ROBERT C SCHULTE MEMBER/EX-OFFICIO DIRECTOR	1 00	X						0	21,701	0
(15) PATRICIA FOX DIRECTOR	1 00	X						0	0	0
(16) REV ANDREW NAZARETH DIRECTOR	1 00	X						0	21,701	0
(17) REV CHRISTOPHER COX DIRECTOR - PARTIAL YEAR (THROUGH 11/11)	1 00	X						0	21,701	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) REV GLENN KOHRMAN DIRECTOR	1 00	X						0	21,701	0
(19) DEBRA J SCHMIDT EXECUTIVE DIRECTOR	40 00			X				79,432	0	17,169
(20) STEVEN E BROCKHAUS OPERATIONS DIRECTOR - PARTIAL YEAR (THROUGH 7/11)	40 00			X				34,219	0	6,210

		(D)	(E)	(F)
1b	**Sub-Total** ►			
c	**Total from continuation sheets to Part VII, Section A** ►			
d	**Total (add lines 1b and 1c)** ►	113,651	266,298	23,379

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ►0

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	297,533				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d	467,090				
	e	Government grants (contributions) 1e	1,034,298				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,304,959				
	g	Noncash contributions included in lines 1a-1f $ 168,198					
	h	**Total.** Add lines 1a-1f . . . . ▶		4,103,880			
Program Service Revenue			Business Code				
	2a	OLDER ADULT SERVICES	624100	141,088	141,088		
	b	PREGNANCY, ADOPTION, & FAMILY SERVICES	624100	92,151	92,151		
	c	IMMIGRATION & REFUGEE RESETTLEMENT SERVICES	624100	49,491	49,491		
	d	PROGRAM REIMBURSEMENTS	900099	18,116	18,116		
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		300,846			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		31,565			31,565
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			

	(i) Real	(ii) Personal
6a Gross rents		
b Less rental expenses		
c Rental income or (loss)	0	0

		(A)	(B)	(C)	(D)
6d	Net rental income or (loss) . . . . ▶	0			

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory		
b Less cost or other basis and sales expenses		
c Gain or (loss)	0	0

			(A)	(B)	(C)	(D)
7d	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	8,056				
b	Less direct expenses . . . b	50				
c	Net income or (loss) from gaming activities . . . ▶		8,006			8,006
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 . . . ▶		4,444,297	300,846	0	39,571

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)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

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 United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	442,146	442,146		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	111,177	14,887	96,290	
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	2,294,597	2,143,655	125,616	25,326
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,930	72,035	4,813	2,082
9 Other employee benefits	280,453	254,260	18,865	7,328
10 Payroll taxes	178,653	161,163	15,639	1,851
11 Fees for services (non-employees)				
a Management	0			
b Legal	8,967	5,730	2,203	1,034
c Accounting	35,249	22,526	8,659	4,064
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	0			
g Other	189,296	120,968	46,502	21,826
12 Advertising and promotion	35,515	16,130	1,954	17,431
13 Office expenses	251,684	207,791	31,578	12,315
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	237,222	211,028	25,582	612
17 Travel	33,558	26,216	7,064	278
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,132	5,320	2,812	
20 Interest	20		20	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	156,115	106,551	49,564	
23 Insurance	11,022	10,810	208	4
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	5,156	6,198	-1,042	
b GAS, OIL, VEHICLE MAINTENANCE	22,492	13,860	8,632	
c RECOGNITION	11,343	9,229	2,055	59
d MEMBERSHIP DUES	6,585	5,620	962	3
e				
f All other expenses	3,405	480	423	2,502
25 **Total functional expenses.** Add lines 1 through 24f	4,401,717	3,856,603	448,399	96,715
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		165,364	1	178,151
	2	Savings and temporary cash investments		505,453	2	597,246
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		391,317	4	290,620
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,669	8	5,537
	9	Prepaid expenses and deferred charges		11,631	9	24,327
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,858,737			
	b	Less accumulated depreciation	10b 1,847,169	2,099,355	10c	2,011,568
	11	Investments—publicly traded securities		13,509	11	11,763
	12	Investments—other securities See Part IV, line 11		534,104	12	528,643
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		34,834	15	74,445
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,762,236	16	3,722,300
Liabilities	17	Accounts payable and accrued expenses		290,983	17	242,936
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		290,983	26	242,936
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,396,805	27	3,467,283
	28	Temporarily restricted net assets		74,448	28	12,081
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		3,471,253	33	3,479,364
	34	Total liabilities and net assets/fund balances		3,762,236	34	3,722,300

Part XI Reconcilliation 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	4,444,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,401,717
3	Revenue less expenses Subtract line 2 from line 1	3	42,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,471,253
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-34,469
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	3,479,364

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a	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 . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493303003002

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2011

Open to Public Inspection

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 **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?

		Yes	No
(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?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,525,938	5,941,049	5,537,748	5,087,127	4,103,880	26,195,742
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	453,226	514,013	413,969	349,799	300,846	2,031,853
3 Gross receipts from activities that are not an unrelated trade or business under section 513	41,043	0	792	10,281	8,056	60,172
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	6,020,207	6,455,062	5,952,509	5,447,207	4,412,782	28,287,767
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)						28,287,767

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	6,020,207	6,455,062	5,952,509	5,447,207	4,412,782	28,287,767
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,958	9,314	13,307	10,173	31,565	108,317
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	43,958	9,314	13,307	10,173	31,565	108,317
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)	6,240	25,940	22,866	0	0	55,046
13 **Total support** (Add lines 9, 10c, 11 and 12)	6,070,405	6,490,316	5,988,682	5,457,380	4,444,347	28,451,130

14 **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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 430 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 300 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 380 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 350 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or 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, DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 6240, COLUMN B - 25940, COLUMN C - 22866, COLUMN D - 0, COLUMN E - 0, COLUMN F - 55046,,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 35-1038653
Name: CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 315,359 including grants of $ 4,339) (Revenue $ 110,267)

THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2012, 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 FORT WAYNE 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, 2012, 78 CLIENTS WERE SERVED DURING THE YEAR, 8 OF 8 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 7 OF THE 8 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2012, THE 8TH STUDENT PLANS TO ENROLL THE FOLLOWING SCHOOL YEAR DUE TO THE TIMING OF HER PREGNANCY IN ADDITION, THIS PROGRAM HAS BEEN EXTENDED TO STUDENTS AGES 18-24 WHO ARE ENROLLED IN AN EDUCATIONAL OR JOB TRAINING PROGRAM SOUTH BEND EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM IN IT'S FIRST YEAR OF SERVICE, THE ECHO PROGRAM IN SOUTH BEND HAD A TOTAL OF 42 CLIENTS WHO REQUESTED ASSISTANCE IN COMPLETING THEIR HIGH SCHOOL EDUCATION THE ONE FULL-TIME CASE MANAGER PROVIDED INFORMATION ON SATS/ACTS TESTS, COLLEGE ADMISSION, AND JOB APPLICATIONS AS WELL AS ASSISTANCE WITH ALL THE VARIOUS FORMS, OFTEN TRANSPORTATION AND REGULAR HOME VISITS 12 CLIENTS GRADUATED SUCCESSFULLY ALL THE REMAINING CLIENTS INDICATED A DESIRE TO MEET WITH THEIR CASE MANAGER THROUGHOUT THE SUMMER 8 OF 12 GRADUATING STUDENTS HAVE COLLEGE PLANS, 6 HAVE BEEN ACCEPTED AT IVY TECH AND 2 HAVE BEEN ACCED TO INDIANA UNIVERSITY SOUTH BEND AT TIMES THIS PROGRAM HAS HAD A WAITING LIST AS KNOWLEDGE OF ITS SERVICES BECOMES KNOWN IN THE COMMUNITY ECHO PROGRAM IN SOUTH BEND HAS ESTABLISHED WORKING RELATIONSHIPS TO SHARE INFORMATION AND FOR MUTUAL REFERRALS WITH WOEN'S CARE CENTER, PRE-NATAL CARE COORDINATION OF ST JOSEPH MEDICAL CENTER, HEALTHY FAMILIES, FAMILY AND CHILDREN'S CENTER, HANNAH'S HOUSE, YOUTH SERVICES BUREAU, AND WIC

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493303003002

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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	2,007,628	1,857,519	1,642,644	1,893,049	
b Contributions			51,800	48,000	
c Investment earnings or losses	-9,134	239,015	163,075	-298,405	
d Grants or scholarships			0	0	
e Other expenditures for facilities and programs	100,000	81,500	0	0	
f Administrative expenses	8,510	7,406	0	0	
g End of year balance	1,889,984	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	
(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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	1,456,715	1,939,105
c Leasehold improvements		53,984	42,214	11,770
d Equipment		408,933	348,240	60,693
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,011,568

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other (A) FUNDS INVESTED IN DIOCESE POOL OF SECURITIES	528,643	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	528,643	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	4,444,297
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,401,717
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	42,580
4	Net unrealized gains (losses) on investments	4	-34,469
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	-34,469
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,111

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	4,470,849
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-34,469		
b	Donated services and use of facilities	2b	60,971		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	50		
e	Add lines **2a** through **2d**			2e	26,552
3	Subtract line **2e** from line **1**			3	4,444,297
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	4,444,297

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

1	Total expenses and losses per audited financial statements			1	4,462,738
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	60,971		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	50		
e	Add lines **2a** through **2d**			2e	61,021
3	Subtract line **2e** from line **1**			3	4,401,717
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	4,401,717

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 2009 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, 2012 OR 2011

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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	139	85,260	0	N/A	N/A
(2) MEDICAL ASSISTANCE	38	797	0	N/A	N/A
(3) HOUSING ASSISTANCE	228	98,408	0	N/A	N/A
(4) UTILITY ASSISTANCE	255	30,057	0	N/A	N/A
(5) TRANSPORTATION ASSISTANCE	182	5,628	0	N/A	N/A
(6) OTHER FINANCIAL/NEEDS ASSISTANCE	23458	210,534			
(7) IN-KIND DIRECT ASSISTANCE	134	0	11,462	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303003002

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications		[redacted]		
5 Clothing and household goods	X	[redacted]	34,878	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	92	121,557	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BOOKS, TOYS, SCHOOL SUPPLIES)	X	36	11,763	COST
26 Other ▶( )				
27 Other ▶( )				
28 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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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
EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I	CLOTHING AND HOUSEHOLD GOODS N/A FOOD INVENTORY NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 5	
Number of contributions or items contributed	Schedule M, part I, column (b), Line 19	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=BOOKS, TOYS, SCHOOL SUPPLIES	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303003002

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
35-1038653

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION (CONTINUED FROM PART III)	FORM 990, PART III, LINE 1	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 FROM PART III)	FORM 990, PART III, LINE 4A	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, 2012, VILLA OF THE WOODS HOUSED 16 INDIVIDUALS AND PROVIDED OVER 5,100 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 996 VOLUNTEERS AT 127 DIFFERENT SITES THE RSVP PROGRAM HAS ALSO PROVIDED OVER 130,981 HOURS OF VOLUNTEER SERVICES IN DEKALB, LAGRANGE, NOBLE, ST JOSEPH, ELKHART, AND STEUBEN COUNTIES, THE VALUE OF WHICH IS OVER $2,652,365

Identifier	Return Reference	Explanation
REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES (CONTINUED FROM PART III)	FORM 990, PART III, LINE 4B	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 175 FAMILIES WITH 450 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 241 JOB PLACEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2012

Identifier	Return Reference	Explanation
CASE MANAGEMENT BRIEF SERVICES (CONTINUED FROM PART III)	FORM 990, PART III, LINE 4C	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 UNEMPLOYMENMT RECIPIENTS IN AVOIDING FORECLOSURE ON THEIR HOME MORTGAGE IN EXCHANGE FOR THEIR PARTICIPATON 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 2012, THE SOUTH BEND FOOD PANTRY SERVED 10,816 INDIVIDUALS AND THE AUBURN FOOD PANTRY SERVED 12,065 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

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2012, 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 FORT WAYNE 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, 2012, 78 CLIENTS WERE SERVED DURING THE YEAR, 8 OF 8 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 7 OF THE 8 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2012, THE 8TH STUDENT PLANS TO ENROLL THE FOLLOWING SCHOOL YEAR DUE TO THE TIMING OF HER PREGNANCY IN ADDITION, THIS PROGRAM HAS BEEN EXTENDED TO STUDENTS AGES 18-24 WHO ARE ENROLLED IN AN EDUCATIONAL OR JOB TRAINING PROGRAM SOUTH BEND EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM IN IT'S FIRST YEAR OF SERVICE, THE ECHO PROGRAM IN SOUTH BEND HAD A TOTAL OF 42 CLIENTS WHO REQUESTED ASSISTANCE IN COMPLETING THEIR HIGH SCHOOL EDUCATION THE ONE FULL-TIME CASE MANAGER PROVIDED INFORMATION ON SATS/ACTS TESTS, COLLEGE ADMISSION, AND JOB APPLICATIONS AS WELL AS ASSISTANCE WITH ALL THE VARIOUS FORMS, OFTEN TRANSPORTATION AND REGULAR HOME VISITS 12 CLIENTS GRADUATED SUCCESSFULLY ALL THE REMAINING CLIENTS INDICATED A DESIRE TO MEET WITH THEIR CASE MANAGER THROUGHOUT THE SUMMER 8 OF 12 GRADUATING STUDENTS HAVE COLLEGE PLANS, 6 HAVE BEEN ACCEPTED AT IVY TECH AND 2 HAVE BEEN ACCED TO INDIANA UNIVERSITY SOUTH BEND AT TIMES THIS PROGRAM HAS HAD A WAITING LIST AS KNOWLEDGE OF ITS SERVICES BECOMES KNOWN IN THE COMMUNITY ECHO PROGRAM IN SOUTH BEND HAS ESTABLISHED WORKING RELATIONSHIPS TO SHARE INFORMATION AND FOR MUTUAL REFERRALS WITH WOEN'S CARE CENTER, PRE-NATAL CARE COORDINATION OF ST JOSEPH MEDICAL CENTER, HEALTHY FAMILIES, FAMILY AND CHILDREN'S CENTER, HANNAH'S HOUSE, YOUTH SERVICES BUREAU, AND WIC

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 BYLAWS, 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 ORGANZIATION'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 (2011 EDITION) TO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION THE EXECUTIVE DIRECTOR'S COMPENSATION WAS LAST REVIEWED IN SEPTEMBER 2011 AND WAS DOCUMENTED IN THE BOARD MEETING MINUTES

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, 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 (2011 EDITION) TO DETERMINE THE COMPENSATION OF ALL OTHER EMPLOYEES OTHER EMPLOYEES' COMPENSATION WAS LAST REVIEWED DURING OCTOBER 2011, HOWEVER, THE OPERATIONS DIRECTORS' COMPENSATION WAS NOT PART OF THIS REVIEW, AS HE WAS NO LONGER AN EMPLOYEE OF THE ORGANIZATION AT THIS TIME

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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
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 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 JACCI KAUFMAN - DEVOTES APPROXIMATELY 1 HOUR PER WEEK TO THE DIOCESE OF FORT WAYNE-SOUTH BEND, A RELATED TAX-EXEMPT ORGANIZATION MAUREEN MCALEAVEY - 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 - -34469,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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		No

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) Disproprtionate 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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Sale of assets to related organization(s)	**1f**		No
g Purchase of assets from related organization(s)	**1g**		No
h Exchange of assets with related organization(s)	**1h**		No
i Lease of facilities, equipment, or other assets to related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets from related organization(s)	**1j**	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**		No
n Sharing of paid employees with related organization(s)	**1n**		No
o Reimbursement paid to related organization(s) for expenses	**1o**	Yes	
p Reimbursement paid by related organization(s) for expenses	**1p**	Yes	
q Other transfer of cash or property to related organization(s)	**1q**		No
r Other transfer of cash or property from related organization(s)	**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 VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate 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**		**Yes**	**No**	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation