

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

- 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 \$ 4,452,394

F Name and address of principal officer
 LISA M YOUNG
 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 279 |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 4,103,880 | 4,109,880 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 300,846 | 310,363 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 31,565 | 21,435 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,006 | 10,716 |
| | | 4,444,297 | 4,452,394 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 442,146 | 495,168 |
| | 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) | 2,943,810 | 2,961,064 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 127,798 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,015,761 | 972,262 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,401,717 | 4,428,494 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 42,580 | 23,900 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 3,722,300 | 3,769,749 |
| | 21 Total liabilities (Part X, line 26) | 242,936 | 231,768 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 3,479,364 | 3,537,981 | |

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2013-11-05
 LISA M YOUNG INTERIM EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|----------------------|------|---|-------------------|
| Preparer's name RACHEL SPURLOCK | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00520729 |
| Firm's name ▶ CROWE HORWATH LLP | | | Firm's EIN ▶ | |
| Firm's address ▶ 3815 River Crossing Parkway Suite 300 Indianapolis, IN 462400977 | | | 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 AccomplishmentsCheck 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 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 \$ | 1,963,594 | including grants of \$ | 1,573) (Revenue \$ | 135,445) |
| 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 192 PARTICIPANTS FOR THE YEAR ENDED JUNE 30, 2013 ALSO DURING 2013, THE ORGANIZATION CONTINUED JOB CLUBS IN ST JOSEPH AND ELKHART COUNTIES (CONTINUED IN SCHEDULE O) | | | | | |

| | | | | | |
|--|----------------------|---------|------------------------|-----------------------|----------|
| 4b | (Code) (Expenses \$ | 967,786 | including grants of \$ | 259,037) (Revenue \$ | 81,427) |
| 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 270 CONSULTATIONS IN ADDITION, 385 IMMIGRATION APPLICATIONS WERE FILED TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS), OF WHICH 299 WERE APPROVED THE ORGANIZATION ALSO ASSISTED 52 STUDENTS WITH REGISTERING FOR CITIZENSHIP CLASSES, OF WHICH 35 SUCCESSFULLY COMPLETED AND GRADUATED THE COURSE | | | | | |

| | | | | | |
|--|----------------------|---------|------------------------|-----------------------|-----|
| 4c | (Code) (Expenses \$ | 529,810 | including grants of \$ | 217,543) (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 2013, 245 FAMILIES 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 THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM AND WAS ABLE TO PROVIDE ASSISTANCE TO 37 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 30 FAMILIES IN FORT WAYNE AND 53 FAMILIES IN SOUTH BEND (CONTINUED IN SCHEDULE O) | | | | | |

| | | | | |
|---|---------|------------------------|----------------------|----------|
| (Code) (Expenses \$ | 327,043 | including grants of \$ | 17,015) (Revenue \$ | 93,491) |
| THE ORGANIZATION'S OTHER PROGRAM SERVICES DURING THE YEAR ENDED JUNE 30, 2013, 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, 2013, 52 CLIENTS WERE SERVED DURING THE YEAR, 7 OF 7 CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS, 4 OF THE 5 GRADUATING CLIENTS ENROLLED TO ATTEND A COLLEGE OR UNIVERSITY FOR FALL 2013, THE 5TH 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 55 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 9 OF 9 CLIENTS GRADUATED SUCCESSFULLY ALL THE REMAINING CLIENTS INDICATED A DESIRE TO MEET WITH THEIR CASE MANAGER THROUGHOUT THE SUMMER 2 OF 9 GRADUATING STUDENTS HAVE COLLEGE PLANS, 1 HAS BEEN ACCEPTED AT IVY TECH AND 1 HAS 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 \$ 327,043 including grants of \$ 17,015) (Revenue \$ 93,491)**4e Total program service expenses** 3,788,233

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | No |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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, securities account, or other financial account)? | | No |
| b | If "Yes," enter the name of the foreign country <input type="text"/> 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? | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 as charitable contributions? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | | No |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | 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? | | |

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 Other (explain in Schedule O)
- 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 during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 LISA M YOUNG 315 E WASHINGTON BLVD Fort Wayne, IN (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 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 organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MOST REV KEVIN C RHOADES CHAIRMAN OF THE BOARD | 1 00 40 00 | X | | X | | | | 0 | 22,001 | 0 |
| (2) PATRICK HOULIHAN PRESIDENT & TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (3) REV GLENN KOHRMAN SECRETARY | 1 00 40 00 | X | | X | | | | 0 | 21,926 | 0 |
| (4) SUZIE LIGHT VICE-PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (5) AMPY BLAINE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) JACCI KAUFMAN DIRECTOR | 1 00 15 00 | X | | | | | | 0 | 13,274 | 0 |
| (7) JEFF FEATHERGILL DIRECTOR (PARTIAL YEAR) | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) JOSEPH RYAN MEMBER/EX-OFFICIO DIRECTOR | 1 00 40 00 | X | | | | | | 0 | 88,702 | 0 |
| (9) KATHLEEN SEIDL DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 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 40 00 | X | | | | | | 0 | 38,624 | 0 |
| (13) MICHAEL HANDLIN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) MSGR ROBERT C SCHULTE MEMBER/EX-OFFICIO DIRECTOR | 1 00 40 00 | X | | | | | | 0 | 22,001 | 0 |
| (15) PATRICIA FOX DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) REV ANDREW NAZARETH DIRECTOR (PARTIAL YEAR) | 1 00 | X | | | | | | 0 | 0 | 0 |
| (17) REV PETER DEE DE DIRECTOR | 1 00 40 00 | X | | | | | | 0 | 2,352 | 0 |

Part VIII Statement of Revenue

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

| | | | (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 | 259,006 | | | | |
| | b | Membership dues | | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | 457,000 | | | | |
| | e | Government grants (contributions) | 985,974 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 2,407,900 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 225,093 | | | | |
| | h | Total. Add lines 1a-1f | | 4,109,880 | | | |
| Program Service Revenue | 2a | OLDER ADULT SERVICES | 624100 | 135,446 | 135,446 | | |
| | b | IMMIGRATION & REFUGEE RESETTLEMENT SERVICES | 624100 | 81,427 | 81,427 | | |
| | c | PREGNANCY, ADOPTION & FAMILY SERVICES | 624100 | 75,420 | 75,420 | | |
| | d | PROGRAM REIMBURSEMENTS | 900099 | 18,070 | 18,070 | | |
| | e | | | 0 | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | |
| | g | Total. Add lines 2a-2f | | 310,363 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,674 | | 6,674 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b Less rental expenses | | | | |
| | | | c Rental income or (loss) | 0 | 0 | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 14,761 | | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | 0 | | | |
| | | | c Gain or (loss) | 14,761 | 0 | | |
| | d | Net gain or (loss) | | 14,761 | | 14,761 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | | b Less direct expenses | | | | |
| c Net income or (loss) from fundraising events | | | | 0 | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | a | 10,716 | | | | |
| | | b Less direct expenses | | 0 | | | |
| | | c Net income or (loss) from gaming activities | | 10,716 | | 10,716 | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | | b Less cost of goods sold | | | | | |
| | | c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | 0 | | | |
| | | | | 0 | | | |
| | | | | 0 | | | |
| | | d All other revenue | | 0 | 0 | 0 | 0 |
| e | Total. Add lines 11a-11d | | 0 | | | | |
| 12 | Total revenue. See Instructions | | 4,452,394 | 310,363 | 0 | 32,151 | |

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)

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 | 495,168 | 495,168 | | |
| 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 | 102,303 | 3,069 | 99,234 | |
| 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 | 2,304,936 | 2,086,661 | 184,267 | 34,008 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 70,021 | 61,608 | 6,034 | 2,379 |
| 9 | Other employee benefits | 307,875 | 266,893 | 30,681 | 10,301 |
| 10 | Payroll taxes | 175,929 | 154,321 | 18,932 | 2,676 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 5,047 | 2,394 | 1,318 | 1,335 |
| c | Accounting | 35,875 | 17,017 | 9,369 | 9,489 |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 127,679 | 60,562 | 33,346 | 33,771 |
| 12 | Advertising and promotion | 29,725 | 14,391 | 966 | 14,368 |
| 13 | Office expenses | 235,535 | 192,889 | 28,859 | 13,787 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 275,712 | 239,473 | 32,199 | 4,040 |
| 17 | Travel | 37,427 | 34,725 | 2,508 | 194 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 9,220 | 5,590 | 3,021 | 609 |
| 20 | Interest | 20 | | 20 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 150,074 | 104,380 | 45,694 | |
| 23 | Insurance | 11,519 | 11,181 | 311 | 27 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | VEHICLE EXPENSE | 27,652 | 18,444 | 9,208 | |
| b | RECOGNITION | 14,581 | 11,517 | 2,814 | 250 |
| c | MEMBERSHIP DUES | 8,603 | 7,482 | 864 | 257 |
| d | SUBSCRIPTIONS & PUBLICATIONS | 3,591 | 465 | 2,816 | 310 |
| e | All other expenses | 2 | 3 | 2 | -3 |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,428,494 | 3,788,233 | 512,463 | 127,798 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|---|----------------------|-----------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 178,151 | 1 | 46,541 |
| | 2 Savings and temporary cash investments | 597,246 | 2 | 763,373 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 290,620 | 4 | 294,739 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 5,537 | 8 | 5,087 |
| | 9 Prepaid expenses and deferred charges | 24,327 | 9 | 16,007 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 3,983,337 | | |
| | b Less accumulated depreciation | 10b 1,993,679 | 2,011,568 | 10c 1,989,658 |
| | 11 Investments—publicly traded securities | 11,763 | 11 | 17,526 |
| | 12 Investments—other securities See Part IV, line 11 | 528,643 | 12 | 578,196 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 74,445 | 15 | 58,622 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,722,300 | 16 | 3,769,749 | |
| Liabilities | 17 Accounts payable and accrued expenses | 242,936 | 17 | 231,768 |
| | 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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | 0 |
| | 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 | 242,936 | 26 | 231,768 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,467,283 | 27 | 3,490,522 |
| | 28 Temporarily restricted net assets | 12,081 | 28 | 47,459 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 3,479,364 | 33 | 3,537,981 | |
| 34 Total liabilities and net assets/fund balances | 3,722,300 | 34 | 3,769,749 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,452,394 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,428,494 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 23,900 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,479,364 |
| 5 | Net unrealized gains (losses) on investments | 5 | 37,680 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,963 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,537,981 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

35-1038653

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 5,941,049 | 5,537,748 | 5,087,127 | 4,103,880 | 4,109,880 | 24,779,684 |
| 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 | 514,013 | 413,969 | 349,799 | 300,846 | 310,363 | 1,888,990 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 792 | 10,281 | 8,056 | 10,716 | 29,845 |
| 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 | 6,455,062 | 5,952,509 | 5,447,207 | 4,412,782 | 4,430,959 | 26,698,519 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 26,698,519 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 9 Amounts from line 6 | 6,455,062 | 5,952,509 | 5,447,207 | 4,412,782 | 4,430,959 | 26,698,519 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 9,314 | 13,307 | 10,173 | 31,565 | 6,674 | 71,033 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 9,314 | 13,307 | 10,173 | 31,565 | 6,674 | 71,033 |
| 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.) | 25,940 | 22,866 | 0 | 0 | 0 | 48,806 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 6,490,316 | 5,988,682 | 5,457,380 | 4,444,347 | 4,437,633 | 26,818,358 |
| 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 99 550 % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | 99 430 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---------|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 260 % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | 0 380 % |

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

| |
|---|
| OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 25940, COLUMN B - 22866, COLUMN C - 0, COLUMN D - 0, COLUMN E - 0, COLUMN F - 48806,, |
|---|

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-1038653

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 0%
b Permanent endowment 100.000%
c Temporarily restricted endowment 0%
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 XIII) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 |

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 XIII) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 |

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 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, 2013 OR 2012. |

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.

Part III can be duplicated 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 | 123 | 79,117 | | | |
| (2) MEDICAL ASSISTANCE | 12 | 690 | | | |
| (3) HOUSING ASSISTANCE | 205 | 93,484 | | | |
| (4) UTILITY ASSISTANCE | 236 | 31,248 | | | |
| (5) TRANSPORTATION ASSISTANCE | 326 | 8,322 | | | |
| (6) OTHER FINANCIAL/NEEDS ASSISTANCE | 31773 | 81,311 | 132,658 COST | | |
| (7) IN-KIND DIRECT ASSISTANCE | 119 | | 68,338 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, Part III, column (b), 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 |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-1038653

Part I Types of Property

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

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

Table with 3 columns: Question, Yes, No. Rows include 30a (property held for 3 years), 31 (gift acceptance policy), 32a (hire third parties), and 33 (describe in Part II).

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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=CEMETERY PLOTS | |

Schedule M (Form 990) (2012)

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

2012

**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 | <p>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, 2013, VILLA OF THE WOODS HOUSED 16 INDIVIDUALS AND PROVIDED OVER 5,079 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 990 VOLUNTEERS AT 121 DIFFERENT SITES. THE RSVP PROGRAM HAS ALSO PROVIDED OVER 138,352 HOURS OF VOLUNTEER SERVICES IN DEKALB, LAGRANGE, NOBLE, ST. JOSEPH, ELKHART, AND STEUBEN COUNTIES, THE VALUE OF WHICH IS OVER \$2,801,628.</p> |

| Identifier | Return Reference | Explanation |
|--|-----------------------------|---|
| REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES (CONTINUED FROM PART III) | FORM 990, PART III, LINE 4B | <p> 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 267 FAMILIES WITH 671 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 257 JOB PLACEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2013. </p> |

| 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 UNEMPLOYMENT RECIPIENTS IN AVOIDING FORECLOSURE ON THEIR HOME MORTGAGE IN EXCHANGE FOR THEIR PARTICIPATION IN JOB TRAINING, EDUCATION, OR VOLUNTEER SERVICE. PRE-QUALIFIED CLIENTS WHO CHOOSE VOLUNTEER SERVICE AS THEIR FOCUS AREA ARE REFERRED TO CATHOLIC CHARITIES, WHO WILL THEN PROVIDE THEIR SCREENING, ORIENTATION, PLACEMENT, AND SUPERVISION. IN FISCAL YEAR 2013, THE SOUTH BEND FOOD PANTRY SERVED 11,943 INDIVIDUALS AND THE AUBURN FOOD PANTRY SERVED 19,072 INDIVIDUALS IN NEED OF FOOD ASSISTANCE. ABOUT 10 PERCENT 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 |
|------------------------------------|--------------------------------------|--|
| 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 OF REAL ESTATE FOR OR ON BEHALF OF THE ORGANIZATION, E) THE SALE, LEASE, EXCHANGE, OR ANY FORM OF DISPOSAL OF ANY CORPORATE ASSETS OTHER THAN REAL ESTATE, IN OTHER THAN THE USUAL AND REGULAR COURSE OF THE ORGANIZATION'S ACTIVITIES, EXCEPT AS SPECIFICALLY PROVIDED IN THE ORGANIZATION'S BYLAWS, F) THE PLEDGE, DEDICATION TO REPAYMENT OF INDEBTEDNESS, OR ANY OTHER FORM OF ENCUMBRANCE OF THE ORGANIZATION'S ASSETS, OTHER THAN REAL ESTATE, WHETHER OR NOT IN THE USUAL AND REGULAR COURSE OF THE ORGANIZATION'S ACTIVITIES, AND G) THE MERGER OR DISSOLUTION OF THE ORGANIZATION ANY ACTIONS TAKEN BY THE BOARD OF DIRECTORS RELATED TO THE ABOVE DESCRIBED RESERVED POWERS OF THE MEMBERS REQUIRE WRITTEN APPROVAL OF THE MEMBERS |

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

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

| Identifier | Return Reference | Explanation |
|---|--|--|
| Process used to establish compensation of top management official | Form 990, Part VI, Section B, Line 15a | THE ORGANIZATION TAKES PART IN THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES THE SURVEY COMPARES THE COMPENSATION OF ALL MANAGEMENT EMPLOYEES TO SALARIES OF SIMILARLY-SITUATED EMPLOYEES IN THE MIDWEST THE ORGANIZATION'S BOARD OF DIRECTORS USES THE SALARY SURVEY OF CATHOLIC CHARITIES AGENCIES (2012 EDITION) TO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION THE EXECUTIVE DIRECTOR'S COMPENSATION WAS LAST REVIEWED IN MARCH 2013 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 | THERE ARE NO OTHER COMPENSATED OFFICERS OF THE ORGANIZATION AS SUCH, THIS QUESTION HAS BEEN ANSWERED "NO " |

| 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 |
|--|----------------------------|--|
| Other changes in net assets or fund balances | Form 990 , Part XI, Line 9 | WRITE OFF OF UNCOLLECTIBLE PLEDGE - -2963, |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

35-1038653

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

| (a) Name, address, and EIN (if applicable) 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) DIOCESE OF FORT WAYNE-SOUTH BEND PO BOX 390 FORT WAYNE, IN 46801 | RELIGIOUS | IN | 501(C)(3) | 1 | NA | | No |
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

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

| | | |
|---|------------|-----------|
| | Yes | No |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | 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-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
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Part VII Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID: 12000266
Software Version: v2012.1.0
EIN: 35-1038653
Name: CATHOLIC CHARITIES OF THE DIOCESE OF FORT WAYNE - SOUTH BEND INC

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