

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317038127

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final
☒ 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
915 S Clinton St

City or town, state or province, country, and ZIP or foreign postal code
Fort Wayne, IN 46802

F Name and address of principal officer
Gloria D Whitcraft
915 S Clinton St
Fort Wayne, IN 46802

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number 0928

D Employer identification number
35-1038653

E Telephone number
(260) 422-5625

G Gross receipts \$ 3,995,735

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527
J Website: www.ccfwsb.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1922 M State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Catholic Charities of the Diocese of Fort Wayne - South Bend, Inc serves those in need as Christ would have us do

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 12
4 Number of independent voting members of the governing body (Part VI, line 1b) 6
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 147
6 Total number of volunteers (estimate if necessary) 195
7a Total unrelated business revenue from Part VIII, column (C), line 12 0
7b Net unrelated business taxable income from Form 990-T, line 34 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 4,038,289
9 Program service revenue (Part VIII, line 2g) 125,987
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,419,988
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,744,288 3,995,735

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 904,205 885,806
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,459,545 2,427,578
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) 221,060
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 824,785 763,204
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 4,188,535 4,076,588
19 Revenue less expenses Subtract line 18 from line 12 -1,444,247 -80,853

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 2,167,511 2,112,370
21 Total liabilities (Part X, line 26) 250,279 251,882
22 Net assets or fund balances Subtract line 21 from line 20 1,917,232 1,860,488

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
Gloria D Whitcraft Chief Executive Officer
Type or print name and title

2017-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
NICOLE BENCIK
Preparer's signature
NICOLE BENCIK
Date
Check ☐ if self-employed
PTIN
P00756195

Firm's name CROWE HORWATH LLP
Firm's EIN 35-0921680
Firm's address 3815 River Crossing Parkway Suite 3
00 Post Office Box 40977
Indianapolis, IN 462400977
Phone no (317) 569-8989

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

ORGANIZATION'S MISSION CATHOLIC CHARITIES SERVES THOSE IN NEED WITH SPECIAL EMPHASIS ON THE MOST VULNERABLE POPULATIONS THE POOR, DISABLED, IMMIGRANTS, ELDERLY, AND CHILDREN WE ARE COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY 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 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 INSTALL VALUES WE BELIEVE IN HELP AND COMPASSION FOR THE POOR AND IMPOVERISHED WE BELIEVE THAT THE ELDERLY SHOULD BE ABLE TO LIVE WITH DIGNITY

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 \$	1,603,050	including grants of \$	477,257) (Revenue \$	94,364)
See Additional Data					

4b	(Code) (Expenses \$	986,777	including grants of \$	407,812) (Revenue \$	3,616)
See Additional Data					

4c	(Code) (Expenses \$	758,114	including grants of \$	345) (Revenue \$	)
See Additional Data					

(Code) (Expenses \$	266,779	including grants of \$	392) (Revenue \$	11,051)
----------------------	---------	------------------------	-------------------	----------

ADOPTION & PREGNANCY SERVICES PREGNANCY SERVICES - SERVICES ARE PROVIDED TO WOMEN AND MEN AND THEIR FAMILIES WHO ARE EXPERIENCING AN UNTIMELY PREGNANCY CLIENTS MAY BE SINGLE OR MARRIED SERVICES OFFERED INCLUDE PROFESSIONAL COUNSELING AND CASE MANAGEMENT, EDUCATION ON PROLIFE OPTIONS, AND REFERRALS TO MEET NEEDS BEYOND THE SCOPE OF OUR SERVICE ARRAY PROFESSIONAL SOCIAL WORKERS ARE ABLE TO EXTEND PRO-LIFE SUPPORT AND SERVICES AFTER THE BIRTH OF THE CHILD THAT ARE DESIGNED TO PROMOTE THE ONGOING WELL-BEING AND SAFETY OF EVERYONE IN THE HOUSEHOLD WHILE ADOPTION IS DISCUSSED AS A VIABLE OPTION, THE MAJORITY OF CLIENTS CHOOSE TO PARENT THEIR CHILDREN THEMSELVES IN 2016-2017, THE PROGRAM SERVED 8 CLIENTS WITH 2 PLACING THEIR INFANTS FOR ADOPTION ECHO (EDUCATION CREATES HOPE AND OPPORTUNITY) FORT WAYNE & SOUTH BEND THIS SCHOOL AND HOME-BASED PROGRAM PROVIDES CASE MANAGEMENT, PARENTING SKILLS AND RESOURCES TO PREGNANT AND PARENTING TEENS WHILE INDIVIDUAL GOALS ARE SET BY THE TEENS, THE GOAL OF SUPPORTING THEM TO COMPLETE THEIR HIGH SCHOOL EDUCATION IS THE MAIN GOAL OF THE PROGRAM CURRENTLY, SERVICES ARE PROVIDED IN A GROWING NUMBER OF SCHOOLS ACROSS THE DIOCESE AS OF JUNE 30, 2017, THE FORT WAYNE ECHO PROGRAM SERVED 65 PREGNANT AND PARENTING TEENS, AND 13 OF 15 ELIGIBLE CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS IN THE SOUTH BEND OFFICE, 34 CLIENTS PARENTING 37 CHILDREN WERE SERVED AND 4 OF 5 ELIGIBLE CLIENTS MET THEIR EDUCATION GOALS

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	266,779	including grants of \$	392) (Revenue \$	11,051)

4e	Total program service expenses ▶	3,614,720
-----------	---	-----------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>		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 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	41	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	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	147	
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	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?		
b	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.		
a	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		
b	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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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 or note to any line 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	12	
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			
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records.
 ► Gloria D Whitcraft 915 S Clinton Street Fort Wayne, IN 46802 (260) 422-5625

Part VII

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

Check if Schedule O contains a response or note to any line 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 Rhoades Chairman of the Board	1 0 40 0	X		X				0	23,696	0
(2) Michael Handlin President	1 0 0 0	X		X				0	0	0
(3) Joseph Flores Vice-President	1 0 0 0	X		X				0	0	0
(4) Patrick Houlihan Treasurer	1 0 0 0	X		X				0	0	0
(5) Rev Glenn Kehrman Secretary	1 0 40 0	X		X				0	23,696	0
(6) Msgr Robert C Schulte Member/Ex-Officio	1 0 40 0	X						0	23,696	0
(7) Joseph Ryan DIRECTOR	1 0 40 0	X						0	95,540	0
(8) Leonard Sanchez DIRECTOR	1 0 0 0	X						0	0	0
(9) Rev Peter Dee De DIRECTOR	1 0 40 0	X						0	23,696	0
(10) Paulette Davis DIRECTOR	1 0 0 0	X						0	0	0
(11) Rev Shomaker Thomas DIRECTOR	1 0 0 0	X						0	23,696	0
(12) Dr Greg Schmitt DIRECTOR	1 0 0 0	X						0	0	0
(13) PATRICIA FOX DIRECTOR (UNTIL JULY 2016)	1 0 0 0	X						0	0	0
(14) Gloria Whitcraft Chief Executive Officer	40 0 0 0			X				78,948	0	16,183

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

(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								78,948	214,020	16,183

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	206,107			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	460,658			
	e Government grants (contributions)	1e	1,216,495			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,932,959			
	g Noncash contributions included in lines 1a-1f \$ _____		433,021			
	h Total. Add lines 1a-1f		3,816,219			
Program Service Revenue		Business Code				
	2a Older Adult Services	624100	3,616	3,616		
	b Pregnancy, Adoption & Family Services	624100	11,005	11,005		
	c Immigration & Refugee Resettlement Services	624100	94,410	94,410		
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		109,031			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,503			14,503
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	55,982 0				
	d Net gain or (loss)		55,982			55,982
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		3,995,735	109,031	0	70,485	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	885,806	885,806		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	95,131	95,131		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,786,114	1,703,111	29,616	53,387
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	84,873	76,422	5,110	3,341
9 Other employee benefits.	322,416	290,313	19,413	12,690
10 Payroll taxes.	139,044	123,124	11,467	4,453
11 Fees for services (non-employees):				
a Management.				
b Legal.	875	382	47	446
c Accounting.	34,165	14,925	1,825	17,415
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	173,610	75,842	9,275	88,493
12 Advertising and promotion.	12,907	11,606	868	433
13 Office expenses.	160,504	107,196	32,316	20,992
14 Information technology.				
15 Royalties.				
16 Occupancy.	156,370	141,807	8,859	5,704
17 Travel.	45,614	32,664	9,454	3,496
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	20,817	10,961	3,104	6,752
20 Interest.	6,163	5,085	620	458
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	104,976	6,132	98,844	
23 Insurance.	2,493	2,398	70	25
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	35,416	24,776	8,367	2,273
b MEMBERSHIP DUES	4,864	4,336	382	146
c RECOGNITION	4,016	2,703	757	556
d SUBSCRIPTIONS & PUBLICATIONS	414		414	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	4,076,588	3,614,720	240,808	221,060
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		16,804	1	11,210	
	2	Savings and temporary cash investments		772,881	2	658,667	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		274,050	4	161,249	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	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.		0	6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		39,260	9	45,529	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	1,445,954			
	b	Less: accumulated depreciation	10b	1,066,165	390,005	10c	379,789
	11	Investments—publicly traded securities		0	11		
	12	Investments—other securities. See Part IV, line 11		636,780	12	719,209	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		37,731	15	136,717	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,167,511	16	2,112,370		
Liabilities	17	Accounts payable and accrued expenses		228,604	17	237,007	
	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		
	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.		21,675	25	14,875	
	26	Total liabilities. Add lines 17 through 25		250,279	26	251,882	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,798,005	27	1,695,247	
	28	Temporarily restricted net assets		119,227	28	165,241	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		1,917,232	33	1,860,488	
34	Total liabilities and net assets/fund balances		2,167,511	34	2,112,370		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,995,735
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,076,588
3	Revenue less expenses Subtract line 2 from line 1	3	-80,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,917,232
5	Net unrealized gains (losses) on investments	5	24,173
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	-64
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,860,488

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b 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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-1038653

Name: Catholic Charities of the Diocese of Fort Wayne - South Bend Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

REFUGEE SERVICES - RECEPTION & PLACEMENT THIS PROGRAM PROVIDES ASSISTANCE TO PERSONS COMING TO THE UNITED STATES UNDER REFUGEE STATUS AS GRANTED BY THE U S DEPARTMENT OF STATE, BUREAU OF POPULATION AND MIGRATION CATHOLIC CHARITIES WORKS IN COOPERATION WITH THE US CONFERENCE OF CATHOLIC BISHOPS/MIGRATION AND REFUGEE SERVICES (USCCB/MRS) TO PROVIDE RESETTLEMENT SERVICES THE SERVICES INCLUDE PRE-ARRIVAL PROCESSING, ARRIVAL SERVICES, ASSISTANCE WITH HOUSING, REFERRALS FOR MEDICAL ASSISTANCE, MEDICAL INTERPRETATION, ACCULTURATION SERVICES, ASSISTANCE WITH ENROLLMENT IN ENGLISH AS A SECOND LANGUAGE CLASSES, ASSISTANCE WITH SCHOOL ENROLLMENT FOR THE CHILDREN, AND OTHER EDUCATIONAL SERVICES AS NEEDED DURING THE YEAR ENDED JUNE 30, 2017, CATHOLIC CHARITIES RESETTLED 264 REFUGEES REFUGEE HEALTH SERVICES THE AGENCY HAS A CONTRACT WITH THE STATE OF INDIANA TO COORDINATE REFUGEE HEALTH PROMOTION TO ENSURE REFUGEES OBTAIN MEDICAL AND MENTAL HEALTH SERVICES BEYOND MEDICAL SCREENINGS WHICH INCLUDES ACCESS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE THE AGENCY ALSO DESIGNS AND LEADS EFFECTIVE AND INNOVATIVE HEALTH ACTIVITIES THAT SPECIFICALLY ADDRESS IDENTIFIED PUBLIC HEALTH NEEDS AMONG THE REFUGEE COMMUNITY IT ALSO INCREASES REFUGEE ACCESS FOR LONG-TERM HEALTH CARE CULTURALLY SENSITIVE INTERPRETATION AND TRANSLATION SERVICES ARE ALSO PROVIDED FOR NON-ENGLISH SPEAKING REFUGEES ADDITIONAL FUNDING IS PROVIDED THROUGH ST JOSEPH COMMUNITY HEALTH FOUNDATION MATCH GRANT PROGRAM THE MATCH GRANT PROGRAM IS AN EMPLOYMENT BASED, SELF-SUFFICIENCY PROGRAM CLIENTS ARE ELIGIBLE BASED UPON THE CRITERIA OF JOB SKILLS, POSITIVE WORK ETHIC, FAMILY CHARACTERISTICS, AND A HEALTH EVALUATION THE MATCH GRANT PROGRAM IS AN ALTERNATIVE PROGRAM TO MONETARY PUBLIC ASSISTANCE THAT IS DESIGNED TO ASSIST REFUGEES IN OBTAINING SELF-SUFFICIENCY WITHIN 4-6 MONTHS FROM DATE OF ENTRY INTO THE UNITED STATES CLIENTS ELIGIBLE TO BE SERVED UNDER THIS PROGRAM ARE REFUGEES, CERTAIN AMERASIANS, CUBAN AND HAITIAN ENTRANTS, ASYLEES, AND VICTIMS OF A SEVERE FORM OF HUMAN TRAFFICKING ENROLLMENT MUST BE COMPLETED WITHIN 31 DAYS OF ELIGIBILITY DATE FOR THE PROGRAM THIS PROGRAM SERVED 73 REFUGEES IN YEAR ENDING JUNE 30, 2017 REFUGEE JOB DEVELOPMENT CATHOLIC CHARITIES HAS A CONTRACT WITH THE STATE OF INDIANA TO PROVIDE JOB TRAINING AND EMPLOYMENT SERVICES TO ALL REFUGEES RESETTLED BY THE AGENCY AND THOSE RESETTLED BY OTHER VOLUNTARY AGENCIES, WITHIN FIVE YEARS OF ARRIVAL INTO THE US THIS SERVICE IS ALSO OFFERED TO THOSE WHO HAVE BEEN GRANTED ASYLUM IN THE U S SERVICES INCLUDE JOB READINESS TRAINING, WORK PLACE ENGLISH, ENGLISH AS A SECOND LANGUAGE (ESL), ASSISTANCE TO OBTAIN INDIANA DRIVERS PERMITS AND LICENSING, ASSISTANCE WITH RESUME WRITING AND THE INTERVIEW PROCESS, JOB RECRUITMENT, JOB PLACEMENT, JOB RETENTION, JOB TRAINING, AND JOB REFERRALS CATHOLIC CHARITIES ACCOMPLISHED 400 JOB PLACEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017 EXTENDED CASE MANAGEMENT PROGRAM SERVICES INCLUDE CULTURAL ORIENTATION, ADULT ESL CLASSES, LIFE SKILLS, HOME VISITS, PATH TO THE CITIZENSHIP CLASSES, LONG TERM INTENSIVE CASE MANAGEMENT, HELP WITH OBTAINING FSSA BENEFITS, ASSISTANCE WITH APPLYING FOR SOCIAL SECURITY BENEFITS, AND ASSISTANCE WITH OTHER COMMUNITY SERVICES TO ENHANCE THEIR LEVEL OF SELF-SUFFICIENCY HOMEWORK HELP PROGRAM- HOMEWORK HELP PROVIDES NO COST HOMEWORK ASSISTANCE TO REFUGEE CHILDREN LIVING IN A FORT WAYNE AREA APARTMENT COMPLEX WHERE MANY REFUGEE FAMILIES HAVE SETTLED WITH THE SUPPORT OF VOLUNTEERS AND INTERNS FROM LOCAL UNIVERSITIES, TUTORING SERVICES ARE PROVIDED TO ENHANCE ACADEMIC ADJUSTMENT WITHIN SCHOOL SETTINGS AND SOCIAL SKILL FOR INTERACTING IN THE COMMUNITY-AT-LARGE THIS PROGRAM SERVED 79 CHILDREN IN THE YEAR ENDING JUNE 30, 2017 IMMIGRATION SERVICES- IMMIGRATION SERVICES ARE PROVIDED THROUGHOUT THE 14 COUNTIES WITHIN THE DIOCESE THE BOARD OF IMMIGRATION APPEALS (U S DEPARTMENT OF JUSTICE) RECOGNIZES CATHOLIC CHARITIES' IMMIGRATION SERVICES AS A PROGRAM THAT PROVIDES ACCURATE AND AFFORDABLE SERVICES TO IMMIGRANTS WHO SEEK TO ADJUST THEIR STATUS, REUNITE WITH FAMILY MEMBERS, OBTAIN EMPLOYMENT AUTHORIZATION, OR FILE OTHER PAPERWORK THROUGH THE U S CITIZENSHIP AND IMMIGRATION SERVICES ASSISTANCE WITH NATURALIZATION IS ALSO AVAILABLE U S CITIZENSHIP CLASSES ARE OFFERED IN THE FORT WAYNE OFFICE THE IMMIGRATION SUPERVISOR HAS BEEN APPROVED FOR ACCREDITATION SINCE APRIL 7, 2005 AS A REPRESENTATIVE FOR PARTIAL ACCREDITATION BY THE BOARD OF IMMIGRATION APPEALS THE IMMIGRATION PROGRAM ALSO PROVIDES TRAINING AND OUTREACH TO OTHER COMMUNITY ORGANIZATIONS WHO WORK WITH IMMIGRANTS AND REFUGEES TRAININGS INCLUDE AN OVERVIEW OF THE NECESSARY STEPS FOR AN IMMIGRATION PROCESS AND STEPS TOWARDS U S CITIZENSHIP, AND THE PROCESS FOR CONDUCTING AND FACILITATING U S CITIZENSHIP CLASSES THIS IS A WAY TO SHARE OUR PASSION AND VISION WITH OTHER AGENCIES THAT WANT TO HELP IMMIGRANTS AND REFUGEES ESTABLISH U S CITIZENSHIP THE PRIMARY FOCUS OF "TRAIN THE TRAINERS" IS TO GIVE PERTINENT INFORMATION TO OTHER ORGANIZATIONS IN ORDER FOR THEM TO EDUCATE LEGAL PERMANENT RESIDENTS ABOUT THE INITIAL QUALIFICATIONS FOR SEEKING U S CITIZENSHIP AND TO RECEIVE RESOURCES TO SUCCESSFULLY CONDUCT CITIZENSHIP CLASSES FROM 07/01/2016 TO 06/30/2017, THERE WERE 265 IMMIGRATION CONSULTATIONS COMPLETED INITIAL GUIDANCE TO THOSE SEEKING IMMIGRATION ASSISTANCE WAS PROVIDED DURING THIS SAME YEAR, 433 IMMIGRATION APPLICATIONS WERE FILED WITH THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) AND THE NATIONAL VISA CENTER (NVC), OF WHICH 358 WERE APPROVED AND 75 ARE PENDING FOR APPROVAL OUR IMMIGRATION PROGRAM ASSISTED 65 STUDENTS THROUGH CITIZENSHIP CLASSES, OF WHICH 56 STUDENTS SUCCESSFULLY COMPLETED AND GRADUATED THE COURSE CATHOLIC CHARITIES PROVIDES TRANSLATION SERVICES FOR ESSENTIAL DOCUMENTS FOR CLIENTS THROUGHOUT THE DIOCESE OF FORT WAYNE-SOUTH BEND CATHOLIC CHARITIES STAFF INTERPRETS FOR CLIENTS IN THE OFFICE AS NEEDED AND TRANSLATES DOCUMENTS IN FOUR LANGUAGES SPANISH, FRENCH, PORTUGUESE AND ENGLISH THE TRANSLATION AND INTERPRETATION PROGRAM IS FEE-BASED IN FISCAL YEAR 2017 OVER 414 DOCUMENTS EQUIVALENT TO 7010 PAGES WERE TRANSLATED

Form 990, Part III, Line 4b:

FAMILY & COMMUNITY SERVICES RESOURCE & REFERRAL - SERVICES ARE OFFERED BY APPOINTMENT TO PERSONS NEEDING HELP WITH MEETING BASIC NEEDS FOOD, CLOTHING, LIMITED HOUSING ASSISTANCE, UTILITIES, HYGIENE SUPPLIES, AND PAPER PRODUCTS AS PART OF THE AGENCY'S PROGRAM, THERE IS A BRIEF ASSESSMENT INCLUDING BUDGETING ACTIVITIES REFERRALS PRIMARILY COME THROUGH CATHOLIC PARISHES, UNITED WAY'S 211 REFERRAL PROGRAM, ST VINCENT DE PAUL SOCIETY, AND OTHER NON-PROFIT ORGANIZATIONS THE FORT WAYNE OFFICE PROVIDED SHORT TERM BASIC NEEDS SERVICES TO 625 FAMILIES IN FY 2016-2017 AND THE SOUTH BEND OFFICE SERVED 507 CLIENTS IN A SIMILAR CAPACITY FOOD PANTRIES- SOUTH BEND - THE OFFICE OPERATES AN EMERGENCY FOOD PANTRY FOR CLIENTS WHO HAVE A HOUSEHOLD INCOME AT OR BELOW 185% OF THE POVERTY LEVEL AND RESIDING IN ST JOSEPH COUNTY HOUSEHOLDS ARE ELIGIBLE TO RECEIVE EMERGENCY FOOD ASSISTANCE ONCE EVERY FOUR WEEKS THE FOOD PANTRY IS A MEMBER AGENCY OF THE FOOD BANK OF NORTHERN INDIANA AND HAS A CONTRACT TO RECEIVE USDA COMMODITIES THE FOOD PANTRY RECEIVES SUPPORT THROUGH PRIVATE DONATIONS, THE UNITED WAY OF ST JOSEPH COUNTY, "PEOPLE GOTTA EAT" (PGE) INITIATIVE, ST MARY'S HERITAGE FUND AND THE EMERGENCY FOOD AND SHELTER PROGRAM IN FISCAL YEAR 2016-2017, THE SOUTH BEND AREA FOOD BANK SERVED 11,827 INDIVIDUALS AND FAMILIES AUBURN - THE COMMUNITY CENTER OF CARING FOOD PANTRY IS A MEMBER AGENCY OF THE COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA AND RECEIVES USDA COMMODITIES TO SUPPLEMENT FOOD DONATED BY LOCAL COMMUNITY PARTNERS CLIENTS WHO HAVE HOUSEHOLD INCOMES AT OR BELOW 185% OF THE POVERTY LEVEL, AS MANDATED BY THE USDA PROGRAM AND RESIDING IN DEKALB COUNTY, ARE ELIGIBLE TO RECEIVE EMERGENCY FOOD ASSISTANCE ONE TIME PER MONTH CLIENTS NEED TO HAVE PROOF OF RESIDENCE IN DEKALB COUNTY, I E UTILITY BILL OR RENT RECEIPT, AND MAY NEED TO PROVIDE A PHOTO ID CARD THE FOOD PANTRY RECEIVES SUPPORT THROUGH THE UNITED WAY OF DEKALB COUNTY, THE EMERGENCY FOOD AND SHELTER PROGRAM AND MANY LOCAL CONTRIBUTORS IN 2016-2017 FISCAL YEAR, THE FOOD PANTRY SERVED 17,062 INDIVIDUALS AND HOUSEHOLDS OTHER SEASONAL PROJECTS OFFERED OF THE AUBURN OFFICE INCLUDE FALL/WINTER COAT BANK * SUMMER BACKPACK PROGRAM * VITA TAX PROGRAM MENTORING PROGRAM FUNDED THROUGH THE DEPARTMENT OF JUSTICE AND A GRANT THROUGH CATHOLIC CHARITIES USA THE PROGRAM IS FOR AT RISK CHILDREN AGES 9 TO 17, WHO HAVE BEEN EXPOSED TO OR INVOLVED WITH TRUANCY, PREGNANCY, SUBSTANCE ABUSE, OR GANG RELATED ISSUES MENTORS ARE RECRUITED AND TRAINED TO WORK 1 ON 1 WITH A CHILD A MINIMUM OF 2 HOURS A WEEK FOR AT LEAST 1 YEAR CHILDREN AND THEIR PARENTS MUST AGREE TO PARTICIPATE WITH THE MENTORS AND ASSIST IN PROVIDING UPDATES ON SCHOOL BEHAVIOR AND GRADES THIS PROGRAM SERVES DEKALB AND NOBLE COUNTIES THE PROGRAM MATCHED MENTORS WHO SERVED 20 AT RISK CHILDREN IN FY 16-17 HISPANIC HEALTH ADVOCACY SERVICES- THIS PROGRAM IS DESIGNED TO PROVIDE INTERPRETATION SERVICES AT MEDICAL APPOINTMENTS TO THE SPANISH SPEAKING POPULATION IN THE FORT WAYNE AREA THIS PROGRAM HELPS PREVENT THE CHANCE OF MISCOMMUNICATION DURING MEDICAL TREATMENT A CASEWORKER ACCOMPANIES THE CLIENT TO DOCTORS' OFFICES AND INTERPRETS BACK AND FORTH BETWEEN THE MEDICAL CARE PROVIDER AND THE CLIENT THE PROGRAM HAS ASSISTED 119 INDIVIDUALS WITH 552 APPOINTMENTS DURING FY 2016-2017 CATHOLIC CHARITIES MOBILE DIVISION- A MOBILE UNIT THAT HAS BEEN DESIGNED TO SERVE THE NEEDS OF OUR TARGET POPULATION WHERE THEY LIVE, WORK AND GO TO SCHOOL IS BECOMING MORE COMMONPLACE AROUND THE DIOCESE THE MOBILE UNIT CONDUCTS ROLLING RESEARCH TO LEARN THE SPECIFIC NEEDS OF OUR TARGET POPULATION AND SUBSEQUENTLY TO DEVELOP EFFECTIVE STRATEGIES THAT ADDRESS THOSE NEEDS THE MOBILE UNIT CREATES OPPORTUNITIES FOR LOCAL FUNDING THROUGH COUNTY-SPECIFIC FOUNDATIONS AND INVESTORS, ESTABLISHES COLLABORATIVE RELATIONSHIPS WITH OTHER AGENCIES, AND BRINGS IN PARTNERS WHO CAN ADDRESS NEEDS THAT DON'T FALL WITHIN THE SCOPE OF OUR MISSION IT IS ALSO MEANT TO NURTURE STRATEGIC PARTNERSHIPS WITH PARISH COMMUNITIES, EXPANDING AWARENESS OF OUR AGENCY'S MISSION AND INCREASING ENGAGEMENT OPPORTUNITIES WITH PARISH MEMBERS IN FISCAL YEAR 2016-2017, THE MOBILE UNIT PROVIDED THE FOLLOWING SERVICES UTILITY AND RENTAL ASSISTANCE IN ALLEN, NOBLE, STEUBEN AND KOSCIUSKO COUNTIES AND MULTIPLE COMMUNITY AND PARISH VISITS AS REQUESTED DISASTER CASE MANAGEMENT- ALONG WITH A CONSTRUCTION MANAGER, A VOLUNTEER COORDINATOR AND OTHER LONG TERM RECOVERY GROUP AGENCIES, THE SOUTH BEND OFFICE PROVIDED DISASTER CASE MANAGEMENT SERVICES TO HOUSEHOLDS IMPACTED BY THE FLOODING OF AUGUST 2016 SERVICES INCLUDE INTAKE ASSESSMENTS, COMMUNITY REFERRALS, CASE PRESENTATIONS, MATERIAL SERVICES, COORDINATION OF SUPPLIES, REPAIRS AND VOLUNTEER SERVICES SINCE AUGUST 2016, 824 HOUSEHOLDS WERE CONTACTED BY PHONE TO PROVIDE INFORMATION ABOUT THE SMALL BUSINESS ASSOCIATION DISASTER ASSISTANCE LOAN PROCESS IN ADDITION, 523 PHONE CALLS WERE MADE TO VERIFY THAT CASE MANAGEMENT SERVICES WERE NOT NEEDED AND 301 ADDITIONAL PHONE ASSESSMENTS WERE CONDUCTED TO DETERMINE IF CASE MANAGEMENT SERVICES WERE NEEDED 69 CASES WERE OFFICIALLY OPENED AND ARE IN THE PROCESS OF COMPLETING ASSESSMENT AND REPAIR WORK ON DAMAGED HOMES MENTAL HEALTH COUNSELING- SOUTH BEND DUE TO AN INCREASED DEMAND FOR QUALITY COUNSELING SERVICES FROM A CATHOLIC PERSPECTIVE, CATHOLIC CHARITIES IS REBUILDING ITS COUNSELING PROGRAM THROUGHOUT THE DIOCESE IN 2016, THE AGENCY ADDED ONE FULL-TIME COUNSELOR IN THE SOUTH BEND OFFICE TO SERVE STUDENTS AND FAMILY MEMBERS REFERRED FROM PARISHES AND CATHOLIC SCHOOLS IN ST JOSEPH AND SURROUNDING COUNTIES CATHOLIC CHARITIES IS AN INDIANA MEDICAID PROVIDER AND CONTINUES TO ADD THIRD-PARTY INSURANCE PROVIDERS TO ENABLE US TO ACCEPT MORE REFERRALS FOR MENTAL HEALTH COUNSELING AND MARRIAGE AND FAMILY THERAPY THE SCHOOL SOCIAL WORK PROGRAM IS PROVIDING COUNSELING, SKILL BUILDING GROUPS, CRISES INTERVENTION, CONSULTATION AND REFERRAL SERVICES TO A GROWING NUMBER OF CATHOLIC SCHOOLS IN THE DIOCESE

Form 990, Part III, Line 4c:

OLDER ADULT SERVICES- SCSEP (SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM) (TITLE V) SCSEP IS AVAILABLE TO LOW INCOME INDIVIDUALS IN ALLEN COUNTY AND THE 5 SURROUNDING COUNTIES THE PURPOSE OF THE PROGRAM IS TO ASSIST OLDER WORKERS TO ACHIEVE GAINFUL EMPLOYMENT AND PERSONAL DEVELOPMENT THROUGH COMMUNITY SERVICES AND TRAINING SCSEP PARTICIPANTS ARE PLACED IN HOST AGENCIES WHERE THEY RECEIVE ON THE JOB TRAINING THE HOST AGENCIES ARE LOCAL NON-PROFITS AND/OR GOVERNMENT AGENCIES SCSEP PARTICIPANTS ARE ASSISTED IN FINDING UNSUBSIDIZED EMPLOYMENT SUPPORTIVE SERVICES THAT ARE PROVIDED TO THE PARTICIPANTS INCLUDE CREATING AND DEVELOPING PROFESSIONAL RESUMES, EMPLOYMENT CLASSES, INTERVIEWING TECHNIQUES, COMPUTER TRAINING, AND OTHER JOB READINESS CLASSES THE PROGRAM ASSISTED 115 PARTICIPANTS FOR THE YEAR ENDED JUNE 30, 2017 RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)- THE RSVP PROGRAM ASSISTS ADULTS AGES 55 YEARS AND OVER WITH VOLUNTEER OPPORTUNITIES CATHOLIC CHARITIES STAFF RECRUITS, MONITORS AND SUPPORTS THESE SENIOR VOLUNTEERS WHO ARE PLACED WITH LOCAL SOCIAL SERVICE AGENCIES, SCHOOLS, LIBRARIES, HOSPITALS, PARKS AND OTHER NOT-FOR-PROFIT AGENCIES IN DEKALB, NOBLE, LAGRANGE AND STEUBEN COUNTIES VOLUNTEERS COLLECT AND DISTRIBUTE GENTLY USED COATS FOR THOSE IN NEED DURING THE WINTER MONTHS THERE ARE NO INCOME REQUIREMENTS FOR THE COATS IN DEKALB AND NOBLE COUNTIES BACK TO SCHOOL SUPPLIES ARE ALSO AVAILABLE THROUGH OUR "PACK A BACKPACK" PROGRAM, WHERE CHILDREN ON THE FREE OR REDUCED LUNCH PROGRAM CAN RECEIVE A BACKPACK FILLED WITH SCHOOL SUPPLIES RSVP IN DEKALB, LAGRANGE, NOBLE AND STEUBEN ALSO OFFERS THE VITA TAX PROGRAM FOR LOW INCOME INDIVIDUALS AND FAMILIES FREE OF CHARGE IN FEBRUARY THROUGH APRIL 10 THE RSVP PROGRAM IS OFFERED IN DEKALB, LAGRANGE, NOBLE, AND STEUBEN COUNTIES OF THE AGENCY'S SERVICE AREA THE RSVP PROGRAM RECEIVES FUNDING THROUGH THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE AND THE DEKALB COUNTY UNITED WAYS THE RSVP PROGRAM HAS ASSISTED OVER 269 VOLUNTEERS AT 32 DIFFERENT SITES THE RSVP PROGRAM HAS ALSO PROVIDED OVER 53,687 HOURS OF VOLUNTEER SERVICES IN DEKALB, LAGRANGE, NOBLE, ST JOSEPH, ELKHART AND STEUBEN COUNTIES, THE VALUE OF WHICH IS \$1,296,000

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization Catholic Charities of the Diocese of Fort Wayne - South Bend Inc	Employer identification number 35-1038653

Part I 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☒ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. 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 VI 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,109,880	4,199,578	4,060,700	4,038,289	3,816,219	20,224,666
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	310,363	292,871	307,768	125,987	109,031	1,146,020
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,716					10,716
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	4,430,959	4,492,449	4,368,468	4,164,276	3,925,250	21,381,402
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.)						21,381,402

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	4,430,959	4,492,449	4,368,468	4,164,276	3,925,250	21,381,402
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,674	9,608	14,641	16,086	14,503	61,512
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	6,674	9,608	14,641	16,086	14,503	61,512
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 VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,437,633	4,502,057	4,383,109	4,180,362	3,939,753	21,442,914
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.71 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99.64 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.29 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.36 %

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317038127	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization Catholic Charities of the Diocese of Fort Wayne - South Bend Inc				Employer identification number 35-1038653	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,788,009	2,003,657	1,996,543	1,879,727	1,889,984
b Contributions	101,793		18,832	94,874	0
c Net investment earnings, gains, and losses	216,289	-50,228	-10,840	22,374	-9,889
d Grants or scholarships	100,000	165,000			0
e Other expenditures for facilities and programs					0
f Administrative expenses	632	420	878	432	368
g End of year balance	2,005,459	1,788,009	2,003,657	1,996,543	1,879,727

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 %

c

Temporarily restricted endowment

0 %

The percentages on 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

(i) unrelated organizations

3a(i)

Yes	No

(ii) related organizations

3a(ii)

Yes	No

b

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

3b

Yes	No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		608,266	579,896	28,370
c Leasehold improvements		278,036	61,449	216,587
d Equipment		559,652	424,820	134,832
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				379,789

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Funds invested in Diocese Pool of Securities	719,209	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	719,209	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from Affiliate - Diocese	136,717
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	136,717

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Capital Lease Obligation	14,875
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,875

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,182,892
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	24,173
b	Donated services and use of facilities	2b	162,984
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	187,157
3	Subtract line 2e from line 1	3	3,995,735
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	0
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,995,735

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,239,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	162,984
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	162,984
3	Subtract line 2e from line 1	3	4,076,652
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	-64
c	Add lines 4a and 4b	4c	-64
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,076,588

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-1038653
Name: Catholic Charities of the Diocese of Fort Wayne - South Bend Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTI ON 501(C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGL Y, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES THE ORGANIZATION IS SUBJE CT TO ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS GUID ANCE REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN N OT 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 GREA TER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MO RE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED THE ORGANIZATION HAS EXAMINED THIS IS SUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TA X POSITIONS THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFIT S 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, 2017 OR 2016

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	WRITE OFF OF UNCOLLECTIBLE PLEDGES - -64

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Charities of the Diocese of Fort Wayne - South Bend Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
35-1038653

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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	533	124,032		BOOK	
(2) MEDICAL ASSISTANCE	2	720		BOOK	
(3) HOUSING ASSISTANCE	925	172,477		BOOK	
(4) UTILITY ASSISTANCE	704	55,584		BOOK	
(5) TRANSPORTATION ASSISTANCE	573	6,788		BOOK	
(6) OTHER FINANCIAL/NEEDS ASSISTANCE	29241		376,850	FMV	Food
(7) FOOD/CLOTHING	829		149,355	FMV	Household Items
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-1038653
Name: Catholic Charities of the Diocese of Fort Wayne - South Bend Inc

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
FINANCIAL ASSISTANCE	533	124,032		BOOK	
MEDICAL ASSISTANCE	2	720		BOOK	
HOUSING ASSISTANCE	925	172,477		BOOK	
UTILITY ASSISTANCE	704	55,584		BOOK	
TRANSPORTATION ASSISTANCE	573	6,788		BOOK	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
OTHER FINANCIAL/NEEDS ASSISTANCE	29241		376,850	FMV	Food
FOOD/CLOTHING	829		149,355	FMV	Household Items

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Catholic Charities of the Diocese of Fort Wayne - South Bend Inc

Employer identification number
35-1038653

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		155,157	Market value
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	115	270,144	Market value
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Cemetery Plots</u>)	X	2	7,420	Market value
26 Other ► (<u>Discounted Fuel Voucher</u>)	X	1	300	Market value
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that
it must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

33

Part II **Supplemental Information.**

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.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Cementary Plots NUMBER OF CONTRIBUTIONS Food inventory - NUMBER OF CONTRIBUTIONS Clothing and household goods - NUMBER OF CONTRIBUTIONS Other - Discounted Fuel Voucher NUMBER OF CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317038127	
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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization Catholic Charities of the Diocese of Fort Wayne - South Bend Inc				Employer identification number 35-1038653	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 266,779 including grants of \$ 392)(Revenue \$ 11,051) ADOPTION & PREGNANCY SERVICES PREGNANCY SERVICES - SERVICES ARE PROVIDED TO WOMEN AND MEN AND THEIR FAMILIES WHO ARE EXPERIENCING AN UNTIMELY PREGNANCY CLIENTS MAY BE SINGLE OR MARRIED SERVICES OFFERED INCLUDE PROFESSIONAL COUNSELING AND CASE MANAGEMENT, EDUCATION ON PROLIFE OPTIONS, AND REFERRALS TO MEET NEEDS BEYOND THE SCOPE OF OUR SERVICE ARRAY PROFESSIONAL SOCIAL WORKERS ARE ABLE TO EXTEND PRO-LIFE SUPPORT AND SERVICES AFTER THE BIRTH OF THE CHILD THAT ARE DESIGNED TO PROMOTE THE ONGOING WELL-BEING AND SAFETY OF EVERYONE IN THE HOUSEHOLD WHILE ADOPTION IS DISCUSSED AS A VIABLE OPTION, THE MAJORITY OF CLIENTS CHOOSE TO PARENT THEIR CHILDREN THEMSELVES IN 2016-2017, THE PROGRAM SERVED 8 CLIENTS WITH 2 PLACING THEIR INFANTS FOR ADOPTION ECHO (EDUCATION CREATES HOPE AND OPPORTUNITY) FORT WAYNE & SOUTH BEND THIS SCHOOL AND HOME-BASED PROGRAM PROVIDES CASE MANAGEMENT, PARENTING SKILLS AND RESOURCES TO PREGNANT AND PARENTING TEENS WHILE INDIVIDUAL GOALS ARE SET BY THE TEENS, THE GOAL OF SUPPORTING THEM TO COMPLETE THEIR HIGH SCHOOL EDUCATION IS THE MAIN GOAL OF THE PROGRAM CURRENTLY, SERVICES ARE PROVIDED IN A GROWING NUMBER OF SCHOOLS ACROSS THE DIOCESE AS OF JUNE 30, 2017, THE FORT WAYNE ECHO PROGRAM SERVED 65 PREGNANT AND PARENTING TEENS, AND 13 OF 15 ELIGIBLE CLIENTS RECEIVED THEIR HIGH SCHOOL DIPLOMAS IN THE SOUTH BEND OFFICE, 34 CLIENTS PARENTING 37 CHILDREN WERE SERVED AND 4 OF 5 ELIGIBLE CLIENTS MET THEIR EDUCATION GOALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a NUMBER OF EMPLOYEES	CATHOLIC CHARITIES EMPLOYEES - 48, SCSEP CLIENTS - 99, (SCSEP CLIENTS ARE COMPENSATED WITH FEDERAL PASS THROUGH FUNDING - NO AGENCY CONTRIBUTIONS ARE USED TO COMPENSATE SCSEP CLIE NTS)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	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 or 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Each year, every board member and employee is required to fill out a conflict of interest disclosure. The organization's Chief Executive Officer reviews 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 to review and approve the Chief Executive Officer's compensation. The Chief Executive Officer's compensation was last reviewed in March 2015 and was documented in the board meeting minutes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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 CEO uses the Salary Survey of Catholic Charities Agencies to review and approve the Senior Administrative Officer's compensation. The Senior Administrative Officer's compensation was last reviewed in October 2016.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's annual report is published in the organization's newsletter The organi zation's governing documents and conflict of interest policy are not available to the publ ic at this time

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Wirte off of uncollectible pledges - -64,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Catholic Chanties of the Diocese of Fort Wayne - South Bend Inc

Employer identification number
35-1038653

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------