

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Catholic Charities of the Diocese of Fort Wayne - South Bend Inc Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 915 S Clinton St City or town, state or province, country, and ZIP or foreign postal code Fort Wayne, IN 46802	D Employer identification number 35-1038653 E Telephone number (260) 422-5625 G Gross receipts \$ 3,950,568
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.ccfwsb.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: IN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Catholic Charities of the Diocese of Fort Wayne - South Bend, Inc. serves those in need as Christ would have us do.																			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 11																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7																		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 155																		
	6 Total number of volunteers (estimate if necessary)	6 207																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																		
	b Net unrelated business taxable income from Form 990-T, line 39	7b 0																		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Prior Year</th> <th style="width: 35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">4,446,583</td> <td style="text-align: right;">3,695,661</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">207,132</td> <td style="text-align: right;">221,759</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">41,326</td> <td style="text-align: right;">33,148</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">4,695,041</td> <td style="text-align: right;">3,950,568</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	4,446,583	3,695,661	9 Program service revenue (Part VIII, line 2g)	207,132	221,759	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,326	33,148	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)	4,695,041	3,950,568
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	773,263																		
	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)	2,551,398																		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0																		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 151,537																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	657,013																		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,981,674																		
	19 Revenue less expenses. Subtract line 18 from line 12	713,367																		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Beginning of Current Year</th> <th style="width: 35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">3,244,058</td> <td style="text-align: right;">3,564,402</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">273,401</td> <td style="text-align: right;">646,255</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,970,657</td> <td style="text-align: right;">2,918,147</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,244,058	3,564,402	21 Total liabilities (Part X, line 26)	273,401	646,255	22 Net assets or fund balances. Subtract line 21 from line 20	2,970,657	2,918,147						
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Part II Signature Block

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

Sign Here	Signature of officer _____ Date 2021-01-26				
	Gloria D Whitcraft, Chief Executive Officer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00756195
	Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
	Firm's address ▶ 3815 River Crossing Parkway Suite 300 Indianapolis, IN 462400977			Phone no. (317) 569-8989	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the 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 INSTILL VALUES. WE BELIEVE IN HELP AND COMPASSION FOR THE POOR AND IMPOVERISHED. WE BELIEVE THAT THE ELDERLY SHOULD BE ABLE TO LIVE WITH DIGNITY.

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 \$ 1,675,220 including grants of \$ 490,693) (Revenue \$ 85,245)

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 1,253 FAMILIES IN FY 2019-2020 AND THE SOUTH BEND OFFICE SERVED 1,086 CLIENTS IN A SIMILAR CAPACITY. FOOD PANTRIES: SOUTH BEND AND AUBURN - THE OFFICES OPERATE EMERGENCY FOOD PANTRIES FOR CLIENTS WHO HAVE A HOUSEHOLD INCOME AT OR BELOW 185% OF THE POVERTY LEVEL. HOUSEHOLDS ARE ELIGIBLE TO RECEIVE EMERGENCY FOOD ASSISTANCE ONCE EVERY FOUR WEEKS. THE AUBURN FOOD PANTRY IS A MEMBER AGENCY OF THE FOOD BANK OF NORTHERN INDIANA AND HAS A CONTRACT TO RECEIVE USDA COMMODITIES. THE SOUTH BEND 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 2020, THE SOUTH BEND FOOD PANTRY SERVED 8,992 INDIVIDUALS AND 2522 FAMILIES AND THE AUBURN COMMUNITY CENTER OF CARING SERVED 9,384 INDIVIDUALS AND HOUSEHOLDS. YOUTH MENTORING: THE PURPOSE OF THIS PROGRAM IS TO PREVENT DELINQUENCY, TRUANCY, DRUG USE, GANG INVOLVEMENT, TEEN PREGNANCY AND OTHER HIGH RISK ACTIVITIES WHILE IMPROVING SCHOOL PERFORMANCE. TARGETED TO AT-RISK YOUTH BETWEEN THE AGES OF 9 AND 17 WHO LIVE IN AREAS OF SIGNIFICANT COMMUNITY DISADVANTAGE, THE PROGRAM USES TRAINED ADULT VOLUNTEERS TO FORM NURTURING RELATIONSHIP LASTING NO LESS THAN TWELVE MONTHS. THE PROGRAM INCLUDES GROUP RECREATIONAL ACTIVITIES AS WELL AS CASE MANAGEMENT AND FORM OF FAMILY ASSISTANCE. THE PROGRAM MATCHED MENTORS WHO SERVED 9 AT RISK CHILDREN IN FY 19-20. HISPANIC HEALTH ADVOCACY SERVICES: THIS PROGRAM IS DESIGNED TO PROVIDE MEDICAL INTERPRETATION SERVICES TO THE SPANISH-SPEAKING POPULATION IN FORT WAYNE. 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 120 INDIVIDUALS AT MEDICAL APPOINTMENTS DURING FY 2019-2020. 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. 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 2019-2020, THE MOBILE UNIT PROVIDED THE FOLLOWING SERVICES: UTILITY AND RENTAL ASSISTANCE IN ALLEN, NOBLE AND STEUBEN COUNTIES AND MULTIPLE COMMUNITY AND PARISH VISITS AS REQUESTED. DURING THE COVID-19 PANDEMIC, THE MOBILE UNIT WAS DISPATCHED TO LOCAL APARTMENT COMPLEXES WHERE VULNERABLE POPULATIONS (E.G., REFUGEES, DISABLED, LIMITED-ENGLISH SPEAKERS, ETC.) LIVE TO PROVIDE INFORMATION ABOUT PARTICIPATING IN THE 2020 CENSUS AND EDUCATION ON SYMPTOMS OF THE CORONAVIRUS, HOW TO MITIGATE THE RISK OF CONTRACTING THE VIRUS, AND WHERE TO GET TESTED. CATHOLIC CHARITIES STAFF ALSO DISPENSED PERSONAL PROTECTION EQUIPMENT, HAND SANITIZER, AND SCHOOL SUPPLIES FOR THE UPCOMING SCHOOL YEAR DURING THESE OUTREACH EVENTS. MENTAL HEALTH COUNSELING: A CLINICAL LIAISON WORKS WITH PARISH PRIESTS OR THEIR DESIGNEES TO CONNECT THEIR MEMBERS TO EITHER OUR OWN QUALIFIED MENTAL HEALTH COUNSELORS OR TREATMENT PROVIDERS IN OUR NETWORK, DEPENDING UPON THE UNIQUE NEEDS AND PREFERENCES OF THE PERSON, COUPLE OR FAMILY. CATHOLIC CHARITIES HAS BUILT A NETWORK OF HIGH-QUALITY CLINICIANS WITH EXPERTISE IN RESPONDING TO AND TREATING A WIDE VARIETY OF MENTAL AND EMOTIONAL HEALTH CONCERNS, WITH PROFOUND RESPECT FOR THE SPIRITUAL LIVES OF THEIR CLIENTS. SOUTH BEND AND FORT WAYNE: DUE TO AN INCREASED DEMAND FOR QUALITY COUNSELING SERVICES FROM A CATHOLIC PERSPECTIVE, CATHOLIC CHARITIES IS REBUILDING ITS COUNSELING PROGRAM THROUGHOUT THE DIOCESE. 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-BASED MENTAL HEALTH PROGRAM PROVIDES MENTAL HEALTH SERVICES, SKILL BUILDING GROUPS, CRISES INTERVENTION, CONSULTATION AND REFERRAL SERVICES TO A GROWING NUMBER OF CATHOLIC SCHOOLS IN THE DIOCESE. IN 2019-20, THE COUNSELORS SERVED 60 CHILDREN AND FAMILIES THROUGH IN-HOUSE REFERRALS AND PARISH SCHOOLS ACROSS THE DIOCESE. VICTIMS OF HUMAN TRAFFICKING: CATHOLIC CHARITIES HAS RESPONDED TO THE NATIONWIDE EPIDEMIC OF SEX AND LABOR TRAFFICKING BY OFFERING CASE MANAGEMENT AND COUNSELING SERVICES TO VICTIM SURVIVORS. IN 2020, WE HELPED 9 TRAFFICKING SURVIVORS DEAL WITH THE TRAUMA OF THEIR CAPTIVITY AND ADJUSTMENT BACK INTO THE MAINSTREAM COMMUNITY. Stay the Course: MEANT TO ASSIST COMMUNITY COLLEGE STUDENTS WITH A PATHWAY OUT OF POVERTY. LOW INCOME STUDENTS ARE PAIRED WITH A "NAVIGATOR" WHO PROVIDES INTENSIVE CASE MANAGEMENT AND HOLISTIC, WRAP-AROUND SERVICES THAT INDIVIDUALIZES AND SUPPORTS EACH STUDENTS' CAPABILITIES TO REACH THEIR EDUCATIONAL GOALS. IN FY 2019-2020, THE PROGRAM SERVED 107 STUDENTS. EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) - FORT WAYNE & SOUTH BEND: ECHO PROVIDES SUPPORT TO PREGNANT AND PARENTING TEENS SO THEY CAN STAY IN SCHOOL AND CREATE A BETTER FUTURE FOR THEMSELVES AND THEIR CHILDREN. PARTICIPANTS RECEIVE SCHOOL AND HOME-BASED CASE MANAGEMENT SERVICES, WHICH INCLUDE MONITORING SCHOOL ATTENDANCE AND GRADES. ECHO CASE MANAGERS HELP THE STUDENTS SET GOALS, AND PROVIDE THEM WITH THE SUPPORT AND RESOURCES NECESSARY TO ACHIEVE THEM. ECHO STAFF ALSO WORK CLOSELY WITH PARENTS, ADMINISTRATORS, TEACHERS, AND GUIDANCE COUNSELORS TO KEEP THESE TEENS IN SCHOOL SO THEY CAN GRADUATE. AS OF JUNE 30, 2020, THE FORT WAYNE ECHO PROGRAM PROVIDED SERVICES TO 65 CLIENTS PARENTING 60 CHILDREN. IN FORT WAYNE, 100% OF PARTICIPANTS REMAINED IN SCHOOL AND MET THEIR EDUCATION GOALS. 15 OUT OF 15 (100%) SENIORS RECEIVED THEIR HIGH SCHOOL DIPLOMA. IN SOUTH BEND, 46 CLIENTS PARENTING 35 CHILDREN WERE PROVIDED SERVICES. IN SOUTH BEND, 31 STUDENTS INCREASED THEIR EDUCATION LEVEL IN HIGH SCHOOL OR HSE PROGRAM. 9 OUT OF 11 (%82%) SENIORS RECEIVED THEIR HIGH SCHOOL DIPLOMA AND 1 OUT OF 3 STUDENTS (35%) COMPLETED THEIR HSE. TWO OF THE THREE DID NOT COMPLETE HSE DUE TO CANCELLATION OF HSE TESTING IN RESPONSE TO COVID 19.

4b (Code:) (Expenses \$ 1,201,255 including grants of \$ 277,210) (Revenue \$ 102,444)

-REFUGEE AND IMMIGRATION SERVICES RECEPTION AND PLACEMENT: THIS PROGRAM PROVIDES ASSISTANCE TO PEOPLE COMING TO THE UNITED STATES UNDER REFUGEE STATUS AS GRANTED BY THE U.S. DEPARTMENT OF STATE, AS WELL AS ASSISTANCE TO INDIVIDUALS WHO SEEK ASYLUM ONCE THEY ARE ALREADY IN THIS COUNTRY. CATHOLIC CHARITIES WORKS IN COOPERATION WITH THE U.S. CONFERENCE OF CATHOLIC BISHOPS TO PROVIDE THESE SERVICES, WHICH HELPS NEW RESIDENTS ADJUST TO LIFE IN THEIR NEW COMMUNITY. SERVICES INCLUDE PRE-ARRIVAL PROCESSING, ARRIVAL SERVICES, ASSISTANCE WITH HOUSING, REFERRALS FOR MEDICAL CARE, ACCULTURATION, REFERRALS FOR ESL (ENGLISH-AS-A-SECOND-LANGUAGE) CLASSES, SCHOOL ENROLLMENT FOR THE CHILDREN AND OTHER EDUCATION SERVICES AS NEEDED. THIS PROGRAM SERVED 138 REFUGEES IN YEAR ENDING JUNE 30, 2020. REFUGEE HEALTH SERVICES: THE AGENCY HAS A CONTRACT WITH THE STATE OF INDIANA TO COORDINATE THE PROMOTION OF REFUGEE HEALTH. THE PROGRAM ENSURES 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. THIS PROGRAM SERVED 308 REFUGEES IN YEAR ENDING JUNE 30, 2020. MATCH GRANT PROGRAM: THE MATCH GRANT PROGRAM IS AN EMPLOYMENT-BASED PROGRAM, DESIGNED TO SUPPORT PARTICIPANTS IN BECOMING INCREASINGLY SELF-SUFFICIENT. PARTICIPANTS 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, CUBAN AND HAITIAN ENTRANTS AND VICTIMS OF HUMAN TRAFFICKING. THIS PROGRAM SERVED 48 REFUGEES IN YEAR ENDING JUNE 30, 2020. 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 84 PLACEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2019. EXTENDED CASE MANAGEMENT PROGRAM: SERVICES INCLUDE CULTURAL ORIENTATION, ADULT ENGLISH AS A SECOND LANGUAGE 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. THIS PROGRAM SERVED 81 REFUGEES IN YEAR ENDING JUNE 30, 2020. HOMEWORK HELP PROGRAM: HOMEWORK HELP PROVIDES HOMEWORK ASSISTANCE TO BURMESE 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 SKILLS FOR INTERACTING IN THE COMMUNITY-AT-LARGE. IMMIGRATION SERVICES: THE DEPARTMENT OF JUSTICE (DOJ) 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 PAPERWORK TO MAKE OTHER STATUS ADJUSTMENTS THROUGH U.S.C.I.S. (U.S. CITIZENSHIP AND IMMIGRATION SERVICES). CITIZENSHIP CLASSES AND ASSISTANCE WITH THE PROCESS OF NATURALIZATION ARE PROVIDED. FROM 07/01/2019 TO 06/30/2020, THERE WERE 214 IMMIGRATION CONSULTATIONS COMPLETED INITIAL GUIDANCE TO THOSE SEEKING IMMIGRATION ASSISTANCE WAS PROVIDED. DURING THIS YEAR, 404 IMMIGRATION APPLICATIONS WERE FILED AND APPROVED BY THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) AND THE NATIONAL VISA CENTER. OUR IMMIGRATION PROGRAM ASSISTED 52 STUDENTS THROUGH CITIZENSHIP CLASSES, OF WHICH 49 STUDENTS SUCCESSFULLY COMPLETED AND GRADUATED THE COURSE. TRANSLATION SERVICES: CATHOLIC CHARITIES IMMIGRATION DEPARTMENT HAS EXTENDED ITS SERVICES TO INCLUDE A FEE-BASED TRANSLATION SERVICES PROGRAM. TRANSLATED LANGUAGES INCLUDE SPANISH, FRENCH, PORTUGUESE AND ENGLISH.

4c (Code:) (Expenses \$ **837,159** including grants of \$ **392**) (Revenue \$ **0**)

OLDER ADULT SERVICES- SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) (TITLE V): SCSEP IS AVAILABLE TO LOW INCOME INDIVIDUALS IN ALLEN COUNTY AND 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 106 PARTICIPANTS FOR THE YEAR ENDED JUNE 30, 2020. RETIRED SENIOR VOLUNTEER PROGRAM (RSVP): THE RETIRED SENIOR VOLUNTEER PROGRAM ENGAGES, RECRUITS AND MANAGES PERSONS 55 AND OLDER IN VOLUNTEER SERVICE TO MEET CRITICAL COMMUNITY NEEDS AND TO PROVIDE A HIGH QUALITY EXPERIENCE THAT WILL ENRICH THE LIVES FOR ALL WHO VOLUNTEER. VOLUNTEERS MENTOR AND TUTOR CHILDREN, DELIVER MEALS TO THE HOME-BOUND, ASSIST IN FOOD PANTRIES, LIBRARIES, HOSPITALS AND LOCAL SERVICE ORGANIZATIONS. IN FISCAL YEAR 2020, THE RSVP PROGRAM WORKED WITH 234 VOLUNTEERS AT SITES IN DEKALB, LAGRANGE, NOBLE, ST JOSEPH, ELKHART AND STEUBEN COUNTIES. THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OFFERS FREE TAX HELP TO PEOPLE WHO MAKE \$54,000 OR LESS, PERSONS WITH DISABILITIES, THE ELDERLY AND LIMITED ENGLISH SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS. IRS-CERTIFIED VOLUNTEERS PROVIDE FREE BASIC INCOME TAX RETURN PREPARATION WITH ELECTRONIC FILING TO QUALIFIED INDIVIDUALS. IN FISCAL YEAR 2019-2020, THE VITA PROGRAM PREPARED TAXES FOR 897 INDIVIDUALS/FAMILIES, FILED 1,284 RETURNS TOTALING \$518,777 IN REFUNDS. COAT DRIVE: THE RSVP PROGRAM PARTNERS WITH LOCAL CLUBS, CHURCHES, BUSINESSES AND INDIVIDUALS ON OUR ANNUAL COAT DRIVE. CATHOLIC CHARITIES PROVIDES HUNDREDS OF COATS, HATS, MITTENS, GLOVES AND SCARVES TO DEKALB, NOBLE, LAGRANGE AND STEUBEN COUNTIES. IN FISCAL YEAR 2020, 1,372 COATS WERE DISTRIBUTED TO CHILDREN AND INDIVIDUALS IN NEED.

(Code:) (Expenses \$ **46,349** including grants of \$ **0**) (Revenue \$ **34,070**)

PRO-LIFE PREGNANCY COUNSELING AND ADOPTION PLANNING: CATHOLIC CHARITIES IS A LICENSED CHILD PLACING AGENCY IN THE STATE OF INDIANA. ADDITIONALLY, THE AGENCY HAS EXPERTISE IN PROVIDING PRO-LIFE PROFESSIONAL COUNSELING AS WELL AS HELPING PARENTS WHO CHOSE ADOPTION AS AN OPTION DESIGN THEIR PLAN AND GUIDE THEM THROUGH A LEGAL ADOPTION PROCESS. FOR THOSE WHO CHOOSE TO PARENT, BUT FACE CHALLENGES SUCH AS POVERTY, HOME SAFETY, MENTAL OR EMOTIONAL HEALTH CONCERNS, WE ALSO OFFER A MULTITUDE OF PROFESSIONAL SERVICES TO SUPPORT HEALTHY PARENTING AND A SAFE AND NURTURING HOME ENVIRONMENT. IN 2019-2020, THE PROGRAM SERVED 10 CLIENTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **46,349** including grants of \$) (Revenue \$ **34,070**)

4e **Total program service expenses** **3,759,983**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?		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?		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
35b	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 Compliance

Check 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions and input fields. Includes a table with columns for question numbers and 'Yes/No' responses.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

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-A 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.
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.

See instructions for the order in which to list the persons above.

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) Dr John Fallon Vice-President	1.0 0.0	X		X				0	0	0
(2) Most Rev Kevin Rhoades Chairman of the Board	1.0 40.0	X		X				0	21,261	0
(3) Patrick Houlihan Treasurer	1.0 0.0	X		X				0	0	0
(4) Paulette Davis President	1.0 0.0	X		X				0	0	0
(5) Rev Glenn Kehrman Secretary	1.0 40.0	X		X				0	25,521	0
(6) DAN FLORIN DIRECTOR (AS OF MAY 2020)	1.0 0.0	X						0	0	0
(7) Joseph Flores Director (UNTIL 11/19/2019)	1.0 0.0	X						0	0	0
(8) Joseph Ryan Member/Ex-Officio	1.0 40.0	X						0	90,425	0
(9) Judy Pursley Director	1.0 0.0	X						0	0	0
(10) Leonard Sanchez DIRECTOR (UNTIL 11/19/2019)	1.0 0.0	X						0	0	0
(11) Michael Handlin Director	1.0 0.0	X						0	0	0
(12) Rev Mark Gurtner Member/Ex-Officio	1.0 40.0	X						0	25,621	0
(13) Sara St Clair Director	1.0 0.0	X						0	0	0
(14) Gloria Whitcraft Chief Executive Officer	40.0 0.0			X				86,587	0	15,032

Part VIII Statement of Revenue

Check 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 201,792			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 480,616			
	e Government grants (contributions)	1e 1,120,573			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,892,680			
	g Noncash contributions included in lines 1a - 1f:\$	1g 278,379			
h Total. Add lines 1a-1f		3,695,661			

Program Service Revenue			Business Code	(A)	(B)	(C)	(D)
	2a Family & Community Services		624100	85,245	85,245		
b Pregnancy, Adoption & Family Services		624100	34,070	34,070			
c Immigration & Refugee Resettlement Services		624100	102,444	102,444			
d							
e							
f All other program service revenue.			0	0	0	0	
g Total. Add lines 2a-2f.			221,759				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,070			33,070	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			6b Less: rental expenses					
			6c Rental income or (loss)	0	0			
			d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			7b Less: cost or other basis and sales expenses					
			7c Gain or (loss)	78	0			
			d Net gain or (loss)			78		78
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses					
			c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								

10a Gross sales of inventory, less returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
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 ▶		3,950,568	221,759	0	33,148

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	768,295	768,295		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,619	101,619		
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	1,937,361	1,937,361		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,405	100,611	5,164	2,630
9 Other employee benefits	311,672	289,263	14,847	7,562
10 Payroll taxes	149,435	132,686	10,675	6,074
11 Fees for services (non-employees):				
a Management				
b Legal	4,784	1,458	387	2,939
c Accounting	33,665	10,261	2,724	20,680
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)	127,715	38,927	10,332	78,456
12 Advertising and promotion	13,188	11,113	608	1,467
13 Office expenses	158,381	120,149	10,681	27,551
14 Information technology				
15 Royalties				
16 Occupancy	162,235	162,235		
17 Travel	32,544	27,943	3,704	897
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,140	11,321	2,452	1,367
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,172	4,860	45,312	
23 Insurance	2,601	2,505	57	39
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	34,618	31,133	1,834	1,651
b MEMBERSHIP DUES	4,945	3,917	902	126
c RECOGNITION	4,892	4,326	468	98
d SUBSCRIPTIONS & PUBLICATIONS	389		389	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	4,022,056	3,759,983	110,536	151,537
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check 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	8,013	1	4,539
	2 Savings and temporary cash investments	1,622,692	2	2,187,233
	3 Pledges and grants receivable, net	35,000	3	26,000
	4 Accounts receivable, net	255,102	4	203,092
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,085	9	61,211
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,477,712		
	b Less: accumulated depreciation	1,264,274	263,610	213,438
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	813,339	12	831,674
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	187,217	15	37,215
16 Total assets: Add lines 1 through 15 (must equal line 34)	3,244,058	16	3,564,402	
Liabilities	17 Accounts payable and accrued expenses	273,401	17	288,755
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	357,500
	26 Total liabilities. Add lines 17 through 25	273,401	26	646,255
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,569,875	27	1,537,733
	28 Net assets with donor restrictions	1,400,782	28	1,380,414
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,970,657	32	2,918,147
33 Total liabilities and net assets/fund balances	3,244,058	33	3,564,402	

Part XI Reconciliation of Net Assets

Check 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	3,950,568
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,022,056
3	Revenue less expenses. Subtract line 2 from line 1	3	-71,488
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,970,657
5	Net unrealized gains (losses) on investments	5	18,978
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	2,918,147

Part XII Financial Statements and Reporting

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

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990 or 990EZ)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	4,038,289	3,816,219	3,988,092	4,446,583	3,695,661	19,984,844
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	125,987	109,031	137,948	207,132	221,759	801,857
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
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	4,164,276	3,925,250	4,126,040	4,653,715	3,917,420	20,786,701
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.)						20,786,701

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	4,164,276	3,925,250	4,126,040	4,653,715	3,917,420	20,786,701
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,086	14,503	15,292	31,946	33,070	110,897
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	16,086	14,503	15,292	31,946	33,070	110,897
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.)	4,180,362	3,939,753	4,141,332	4,685,661	3,950,490	20,897,598
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.47 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.53 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.43 %

19a 33 1/3% support tests—2019. 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—2018. 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? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

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>		

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>		

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>		

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>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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>		

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 (explain in Part VI). **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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Return Reference

Explanation

Additional Data

Return to Form

Software ID: 19010655

Software Version: 2019v5.0

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

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

Employer identification number

35-1038653

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
35-1038653

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

Employer identification number
35-1038653

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization Catholic Charities of the Diocese of Fort Wayne - South Bend Inc	Employer identification number 35-1038653
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID: 19010655

Software Version: 2019v5.0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
35-1038653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 ▶ \$ _____

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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	2,135,250	2,082,126	2,005,459	1,788,009	2,003,657
b Contributions				101,793	
c Net investment earnings, gains, and losses	58,685	69,797	182,584	216,289	-50,228
d Grants or scholarships	150,000		100,000	100,000	165,000
e Other expenditures for facilities and programs					
f Administrative expenses	11,957	16,673	5,917	632	420
g End of year balance	2,031,978	2,135,250	2,082,126	2,005,459	1,788,009

- 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:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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	607,748	518
c Leasehold improvements		290,170	118,452	171,718
d Equipment		579,276	538,074	41,202
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				213,438

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	831,674	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	831,674	

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	357,500

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	4,127,915
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	18,978	
b	Donated services and use of facilities	2b	158,369	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e 177,347
3	Subtract line 2e from line 1			3 3,950,568
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 3,950,568

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	4,180,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	158,369	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e 158,369
3	Subtract line 2e from line 1			3 4,022,056
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	0	
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 4,022,056

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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES. THE ORGANIZATION IS SUBJECT TO ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED. THE ORGANIZATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2020 OR 2019.

Additional Data

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Software ID: 19010655

Software Version: 2019v5.0

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Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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

Employer identification number 35-1038653

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	558	71,402			
(2) MEDICAL ASSISTANCE	1	445			
(3) HOUSING ASSISTANCE	876	215,801			
(4) UTILITY ASSISTANCE	1378	103,453			
(5) TRANSPORTATION ASSISTANCE	295	8,491			
(6) FOOD	16903		286,729	FMV	Food
(7) HOUSEHOLD ITEMS	973		81,974	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

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Software ID: 19010655

Software Version: 2019v5.0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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		115,249	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	46	158,140	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (Discounted Fuel Voucher)	X	1	4,990	Market value
25 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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	Food inventory - NUMBER OF CONTRIBUTIONS Clothing and household goods - NUMBER OF CONTRIBUTIONS Other - Discounted Fuel Voucher NUMBER OF CONTRIBUTIONS

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Department of the Treasury

Name of the organization

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

Employer identification number

35-1038653

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 46,349 including grants of \$ 0)(Revenue \$ 34,070) PRO-LIFE PREGNANCY COUNSELING AND ADOPTION PLANNING: CATHOLIC CHARITIES IS A LICENSED CHILD PLACING AGENCY IN THE STATE OF INDIANA. ADDITIONALLY, THE AGENCY HAS EXPERTISE IN PROVIDING PRO-LIFE PROFESSIONAL COUNSELING AS WELL AS HELPING PARENTS WHO CHOSE ADOPTION AS AN OPTION DESIGN THEIR PLAN AND GUIDE THEM THROUGH A LEGAL ADOPTION PROCESS. FOR THOSE WHO CHOOSE TO PARENT, BUT FACE CHALLENGES SUCH AS POVERTY, HOME SAFETY, MENTAL OR EMOTIONAL HEALTH CONCERNS, WE ALSO OFFER A MULTITUDE OF PROFESSIONAL SERVICES TO SUPPORT HEALTHY PARENTING AND A SAFE AND NURTURING HOME ENVIRONMENT. IN 2019-2020, THE PROGRAM SERVED 10 CLIENTS.
Form 990, Part V, Line 2a NUMBER OF EMPLOYEES	CATHOLIC CHARITIES EMPLOYEES - 56, SCSEP CLIENTS - 99, (SCSEP CLIENTS ARE COMPENSATED WITH FEDERAL PASS THROUGH FUNDING - NO AGENCY CONTRIBUTIONS ARE USED TO COMPENSATE SCSEP CLIENTS.)
Form 990, Part VI, Line 15a EXECUTIVE DIRECTOR'S COMPENSATION DETERMINATION	A COMPLETE REVIEW PROCESS WAS LAST CONDUCTED IN MARCH 2017, THEREFORE THIS QUESTION HAS BEEN MARKED "NO" IN ACCORDANCE WITH IRS INSTRUCTIONS (SINCE THE PROCESS DID NOT TAKE PLACE DURING FY19).
Form 990, Part VI, Line 15b OTHER OFFICERS/KEY EMPLOYEES COMPENSATION DETERMINATION	THE ORGANIZATION HAS NO OTHER OFFICERS OR KEY EMPLOYEES . PER IRS INSTRUCTION, THIS QUESTION HAS BEEN MARKED "NO" ACCORDINGLY.
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.
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.
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 or real estate for or on behalf of the organization; e) the sale, lease, exchange, or any form of disposal of any corporate assets other than real estate, in other than the usual and regular course of the organization's activities, except as specifically provided in the organization's bylaws; f) the pledge, dedication to repayment of indebtedness, or any other form of encumbrance of the organization's assets, other than real estate, whether or not in the usual and regular course of the organization's activities; and g) the merger or dissolution of the organization. Any actions taken by the board of directors related to the above described reserved powers of the members require written approval of the members.
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.
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 review the disclosures for any potential conflicts of interest. If an actual conflict is determined to exist, the organization's attorney also reviews the disclosure. Where an employee has a conflict, that employee is not allowed to approve any related expenditures. If applicable, work must be inspected by another employee of equal or greater rank in the organization. If a board member has a conflict, the member is required not to vote or have any input on anything related to the stated conflict.
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 organization's governing documents and conflict of interest policy are not available to the public at this time.

Additional Data

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Software ID: 19010655

Software Version: 2019v5.0

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

35-1038653

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

(a) Name, address, and EIN (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		No
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

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2019

Additional Data[Return to Form](#)**Software ID:** 19010655**Software Version:** 2019v5.0