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**CATHOLIC CHARITIES OF THE DIOCESE OF
ALBANY GROUP RETURN**

Form 990 (2007)

27-0398298 Page **2**

**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (attach schedule) STATEMENT 8	23 301,973.	301,973.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 160,646.	0.	160,646.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 21,981,659.	18,527,381.	3,253,686.	200,592.
27 Pension plan contributions not included on lines 25a, b, and c	27 623,931.	488,029.	135,476.	426.
28 Employee benefits not included on lines 25a - 27	28 3,435,557.	2,967,529.	466,185.	1,843.
29 Payroll taxes	29 2,033,785.	1,741,692.	290,231.	1,862.
30 Professional fundraising fees	30			
31 Accounting fees	31 89,399.	35,674.	53,725.	
32 Legal fees	32 15,086.	11,333.	3,753.	
33 Supplies	33 975,929.	837,720.	133,761.	4,448.
34 Telephone	34 385,186.	311,498.	73,514.	174.
35 Postage and shipping	35 105,034.	57,929.	39,491.	7,614.
36 Occupancy	36 2,468,079.	2,012,061.	455,174.	844.
37 Equipment rental and maintenance	37 105,802.	83,860.	21,899.	43.
38 Printing and publications	38 69,433.	30,498.	32,874.	6,061.
39 Travel	39 883,080.	809,487.	73,469.	124.
40 Conferences, conventions, and meetings	40 237,386.	139,126.	98,220.	40.
41 Interest	41 138,552.	87,084.	51,058.	410.
42 Depreciation, depletion, etc (attach schedule)	42 569,654.	468,008.	101,646.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 7	43g 5,408,685.	4,860,081.	541,851.	6,753.
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 39,988,856.	33,770,963.	5,986,659.	231,234.

Joint Costs. Check ☐ if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A ,

(iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 10	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	11,317,552.
b FOSTER HOME CARE FOR CHILDREN AND RESIDENTIAL TREATMENT FOR TROUBLED OR ABUSED YOUTH.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	2,941,456.
c RESIDENTIAL AND OUTREACH SERVICES TO PREGNANT AND PARENTING TEENS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	2,404,774.
d A WIDE RANGE OF SERVICES ARE PROVIDED TO THE ELDERLY INCLUDING: COMPREHENSIVE CASEWORK/COUNSELING, AGING SERVICES, CONSULTATION AND A NUTRITION PROGRAM, INCLUDING MEALS FOR THE HOMEBOUND, NOON MEALS AT NINE GROUP SITES, TRANSPORTATION SERVICES AND A RETIRED SENIOR VOLUNTEER PROGRAM.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	3,404,738.
e Other program services (attach schedule) SEE STATEMENT 11	
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	13,702,443.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	33,770,963.

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,292,249.	45	3,548,163.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	5,831,691.		
	b Less: allowance for doubtful accounts	243,476.	47c	5,588,215.
	48 a Pledges receivable	703,392.		
	b Less: allowance for doubtful accounts		48c	703,392.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable		51c	
	b Less: allowance for doubtful accounts		52	
	52 Inventories for sale or use		53	194,180.
	53 Prepaid expenses and deferred charges	119,329.	54a	1,259,864.
	54 a Investments - publicly-traded securities STMT 13 ☐ Cost ☒ FMV	1,202,379.	54b	5,535,054.
	b Investments - other securities STMT 16 ☐ Cost ☒ FMV	6,194,144.		
55 a Investments - land, buildings, and equipment basis STMT 12				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment, basis	8,639,275.			
b Less: accumulated depreciation STMT 14	3,979,594.	57c	4,659,681.	
58 Other assets, including program-related investments (describe OTHER ASSETS)	223,309.	58	203,783.	
59 Total assets (must equal line 74) Add lines 45 through 58	20,592,430.	59	21,692,332.	
Liabilities	60 Accounts payable and accrued expenses	4,156,226.	60	4,593,314.
	61 Grants payable		61	
	62 Deferred revenue	694,232.	62	452,430.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	733,977.	64b	817,268.
	65 Other liabilities (describe SEE STATEMENT 15)	2,664,820.	65	3,967,502.
66 Total liabilities. Add lines 60 through 65	8,249,255.	66	9,830,514.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	5,914,917.	67	6,728,265.
	68 Temporarily restricted	902,936.	68	624,542.
	69 Permanently restricted	5,525,322.	69	4,509,011.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	12,343,175.	73	11,861,818.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	20,592,430.	74	21,692,332.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	40286779.
b Amounts included on line a but not on Part I, line 12			
1 Net unrealized gains on investments	b1	-585,822.	
2 Donated services and use of facilities	b2	661,284.	
3 Recoveries of prior year grants	b3		
4 Other (specify) <u>SEE STATEMENT 17</u>	b4	117,996.	
Add lines b1 through b4		b	193,458.
c Subtract line b from line a		c	40093321.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12) Add lines c and d		e	40093321.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	40768136.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1	661,284.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <u>SEE STATEMENT 18</u>	b4	117,996.	
	Add lines b1 through b4		b	779,280.
c	Subtract line b from line a		c	39988856.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	39988856.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

**CATHOLIC CHARITIES OF THE DIOCESE OF
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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>18</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"	75c	X
If "Yes," attach a statement that includes the information described in the instructions		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ▶ <u>ROMAN CATHOLIC DIOCESE OF ALBANY</u> and check whether it is ☒ exempt or ☐ nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions) 81a <u>0</u>		
b Did the organization file Form 1120-POL for this year?	81b	X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	529,143.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911: 0.; section 4912: 0.; section 4955: 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed: NONE	90b	934
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of: MICHELE KELLY, CHIEF FINANCIAL OFFI Telephone no: 518-453-6650 Located at: 40 NORTH MAIN AVENUE, ALBANY, NY ZIP + 4: 12203		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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Part VI Other Information (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92 N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					2,617,904.
b					
c					
d					
e					
f Medicare/Medicaid payments					13,741,025.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	300,961.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					61,298.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	83,593.	
101 Net income or (loss) from special events			01	701,195.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a ADMINISTRATIVE FEES					254,436.
b OTHER					8,739.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,085,749.	16,683,402.
105 Total (add line 104, columns (B), (D), and (E))					17,769,151.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A- 103B	PROGRAM SERVICE AND OTHER REVENUES GENERATED TO HELP RESPOND TO THE NEEDS OF THE POOR AND REACHES OUT TO AID THOSE WHO MIGHT OTHERWISE BE FORGOTTEN.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13) N/A106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and
annuities described in question 107 above?

Yes No

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.

Please Sign Here

Signature of officer: *Michael Kelly* Date: *1/24/10*

CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **JOHN C. OLSEN** Date: **01/28/10** Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed) address, and ZIP + 4: **BONADIO & CO., LLP**
6 WEMBLEY COURT
ALBANY, NY 12205

EIN: **518-464-4080**

Phone no: **518-464-4080**

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY GROUP RETURN** Employer identification number **27 0398298**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH POFIT (SEE FOOTNOTE B) C/O 40 NORTH MAIN AVENUE, ALBANY, NY	L.T. CARE DIR 35.00	148,526.	10,397.	9,812.
GARY SIEGEL C/O 40 NORTH MAIN AVENUE, ALBANY, NY	EXEC DIR CCDS 35.00	103,181.	6,834.	8,015.
JOHN STEELE C/O 40 NORTH MAIN AVENUE, ALBANY, NY	EXEC DIR SCHE 40.00	91,708.	6,288.	7,601.
ALBERTHA DRUMMOND-COLUMBUS C/O 40 NORTH MAIN AVENUE, ALBANY, NY	COUNSELOR 35.00	86,745.	2,055.	11,581.
ANNE OGDEN C/O 40 NORTH MAIN AVENUE, ALBANY, NY	CCDS ASST. ED 35.00	80,572.	5,089.	10,365.
Total number of other employees paid over \$50,000 ▶	46			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
C & C COMPUTER SOLUTIONS 376 BROADWAY, SCHENECTADY, NY 12305	COMPUTER SERVICES	129,579.
DORFMAN-ROBBIE CPAS, PC 6 WEMBLEY COURT, ALBANY, NY 12205	ACCOUNTING SERVICES	95,337.
MCCAULEY ELECTRICAL 5 EVERGREEN LANE, WYNANTSKILL, NY 12198	ELECTRICAL SERVICES	57,600.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.)		1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	SEE STATEMENT 21	2a	X
b Lending of money or other extension of credit?	SEE STATEMENT 22	2b	X
c Furnishing of goods, services, or facilities?	SEE STATEMENT 23	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?		2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		3a	X
b Did the organization have a section 403(b) annuity plan for its employees?		3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		4a	X
b Did the organization make any taxable distributions under section 4966?	N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	4c	
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5

☐

A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6

☐

A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7

☐

A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8

☐

A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9

☐

A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b

☐

A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12

☐

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 charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 8 of the instructions)					
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	34820544.	33170754.	31852877.	31878066.	131722241.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,394,839.	2,477,372.	2,242,773.	1,313,836.	8,428,820.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,029,062.	268,514.	239,521.	271,158.	1,808,255.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	1,209,614.	1,165,219.	803,299.	853,575.	4,031,707.
23 Total of lines 15 through 22	39454059.	37081859.	35138470.	34316635.	145991023.
24 Line 23 minus line 17	37059220.	34604487.	32895697.	33002799.	137562203.
25 Enter 1% of line 23	394,541.	370,819.	351,385.	343,166.	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24	26a	2,751,244.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	137562203.
d Add. Amounts from column (e) for lines. 18 1,808,255. 19 _____	26d	5,839,962.
22 4,031,707. 26b _____	26e	131722241.
e Public support (line 26c minus line 26d total)	26f	95.7547%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
(2006)	(2005)	(2004)	(2003)	
c Add. Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____	21 _____		27c N/A
d Add. Line 27a total _____ and line 27b total _____				27d N/A
e Public support (line 27c total minus line 27d total)				27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

File with Form 990 or 990-EZ, if applicable

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals(b)
To be completed for all
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	2
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IND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
VARIOUS	1	61,298.
TOTAL TO FORM 990, PART I, LINE 6A		61,298.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	565,029.	508,691.	0.	56,338.
TO FORM 990, PART I, LINE 8	565,029.	508,691.	0.	56,338.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	4
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS ASSETS	01/01/01	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	40,936.	13,681.	0.	0.	27,255.
FORM 990, PART I, LN 8	40,936.	13,681.	0.	0.	27,255.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	5
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
VARIOUS OTHER EVENTS	559,390.		559,390.	97,841.	461,549.
CHO HOPE FOR THE					
HOMELESS	48,263.		48,263.	5,918.	42,345.
CRC GALA	33,795.		33,795.	9,920.	23,875.
CCO HARVEST OF GIVING	140,288.		140,288.	2,338.	137,950.
CCO CYCLE ACROSS AMERICA	37,455.		37,455.	1,979.	35,476.
FORM 990, PART I, LINE 9	819,191.		819,191.	117,996.	701,195.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	-585,822.
TOTAL TO FORM 990, PART I, LINE 20	-585,822.

FORM 990	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CENTRAL ADMIN FEES	1,374.	1,374.	0.		
OTHER PROFESSIONAL FEES & CONTRACTED SERVICES	912,846.	522,106.	390,740.		
ADVERTISING AND PROMOTION	281,471.	222,383.	59,088.	0.	
DUES AND MEMBERSHIP	81,653.	35,945.	45,708.		
EQUIPMENT PURCHASES	54,170.	40,695.	13,475.		
PAID DEBTS	261,132.	261,132.	0.	0.	
MISCELLANEOUS	24,679.	20,456.	3,288.	935.	
ALLOCATION	63,000.	63,000.	0.	0.	
FOOD	1,753,414.	1,753,414.			
EDUCATION, RECREATION, & ENTERTAINMENT	120,399.	120,399.			
FOSTER CARE PAYMENTS	71,256.	71,256.			
ENVIRONMENTAL MODIFICATIONS	220,784.	220,784.			
HOUSING SUBSIDIES	103,780.	103,780.			
MEDICAID ASSESSMENT	315,934.	315,934.			
TRAINING	3,596.	3,596.			
CLIENT EXPENSE	43,903.	43,903.			
DAY PROGRAM EXPENSE	425,012.	425,012.			
FAMILY SUPPORT SERVICES	128,033.	128,033.			
HOURS AND STIPENDS	48,366.	48,366.			
REPAIR AND MAINTENANCE	36,181.	36,181.			
STAFF WORK CREDITS	11,771.	11,771.			
PROPERTY INSURANCE	15,134.	15,134.			
VEHICLE EXPENSE	199,234.	199,234.			
MISSION FEES	1,982.	1,982.			
CABLE AND INTERNET	6,832.	6,832.			
VOLUNTEER RECOGNITION	3,640.	3,640.			
FINANCIAL ASSISTANCE	3,400.	3,400.			
HEALTH SERVICES	132,977.	132,977.			
FAMILY REIMBURSEMENT	37,153.	37,153.			
AWARDS AND GRANTS	45,579.	10,209.	29,552.	5,818.	
TOTAL TO FM 990, LN 43	5,408,685.	4,860,081.	541,851.	6,753.	

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	8
DESCRIPTION		AMOUNT	
AS PART OF IT'S MISSION, THE ORGANIZATION GIVES EMERGENCY ASSISTANCE TO INDIVIDUALS IN NEED. THIS AID IS USED TO PROVIDE SUCH SERVICES AS FOOD, RENT, UTILITIES, CLOTHING , TRAVEL AND OTHER BASIC NEEDS.		301,973.	
TOTAL TO FORM 990, PART II, LINE 23		301,973.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	9
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DESCRIPTION OF PROGRAM SERVICE ONE

A WIDE RANGE OF SERVICES PROVIDED TO INDIVIDUALS AND FAMILIES OF THOSE WHO ARE DEVELOPMENTALLY DISABLED, INCLUDING ADVOCACY REFERRAL, RESIDENTIAL PLACEMENT, IN-HOME RESIDENTIAL AND RESPIRE SERVICES. SERVICES FEATURE INDEPENDENT CASE MANAGEMENT SERVICES AND IN-HOME RESIDENTIAL SERVICES PROVIDED UNDER THE INDIVIDUALIZED SERVICE ENVIRONMENT AND HOME AND COMMUNITY BASED SERVICES WAIVER. CATHOLIC CHARITIES ASSISTS THE CONSUMER IN LOCATING AND CHOOSING THE COMMUNITY SERVICES NEEDED TO MEET AS MANY OF THE INDIVIDUAL'S NEEDS AS POSSIBLE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		11,317,552.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	10
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EXPLANATION

CATHOLIC CHARITIES RESPONDS TO THE NEEDS OF THE POOR AND REACHES OUT TO AID THOSE WHO MIGHT OTHERWISE BE FORGOTTEN. CATHOLIC CHARITIES FULFILLS THE SOCIAL MISSION OF THE CHURCH. CATHOLIC CHARITIES RECOGNIZES HUMAN NEED AT ALL STAGES OF LIFE, RESPONDS TO ALL PERSONS REGARDLESS OF RACE, CREED OR LIFESTYLE, WITH SPECIAL EMPHASIS ON THE ECONOMICALLY POOR AND VULNERABLE. CATHOLIC CHARITIES SERVES AND EMPOWERS PERSONS IN NEED, ADVOCATES FOR A JUST SOCIETY, CALLS FORTH AND COLLABORATES WITH WOMEN AND MEN OF GOOD WILL IN FULFILLMENT OF ITS MISSION.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	11
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ADOPTION	0.	73,122.
AIDS/HIV	0.	619,145.
DOMESTIC VIOLENCE	0.	1785091.

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EMERGENCY SHELTER	0. 759,488.
HISPANIC FAMILY ASSISTANCE	0. 427,408.
INDIVIDUAL AND FAMILY COUNSELING	0. 842,817.
LOW INCOME HOUSING	0. 1049041.
MEDIATION	0. 703,812.
MENTAL HEALTH/SUBSTANCE ABUSE	0. 1794481.
PARISH SOCIAL MINISTRY/OUTREACH/EMERGENCY ASSISTANCE	0. 1277667.
DAY CARE SERVICES	0. 1962446.
YOUTH AT RISK	0. 976,272.
SOCIAL JUSTICE/ ADVOCACY	0. 275,388.
WELFARE TO WORK	0. 60,911.
WOMEN, INFANTS, CHILDREN	0. 428,221.
YOUTH EDUCATION/RECREATION	0. 618,761.
IMMIGRATION/REFUGEE SERVICES	0. 48,372.
TOTAL TO FORM 990, PART III, LINE E	13,702,443.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCK	FMV	714,381.			714,381.
TO FORM 990, LINE 54A, COL B		714,381.			714,381.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 13
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT BONDS	FMV	545,483.		545,483.
TOTAL TO FORM 990, LINE 54A, COL B		545,483.		545,483.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 14
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	661,880.	0.	661,880.
BUILDINGS AND LEASEHOLD IMPROVEMENTS	4,326,742.	1,610,572.	2,716,170.
FURNITURE AND FIXTURES	779,631.	588,105.	191,526.
OFFICE AND PROGRAM EQUIPMENT	1,187,563.	863,810.	323,753.
VEHICLES	1,683,459.	917,107.	766,352.
TOTAL TO FORM 990, PART IV, LN 57	8,639,275.	3,979,594.	4,659,681.

FORM 990	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE, RELATED PARTIES	1,340,837.	1,530,191.
LONG-TERM DEBT, RELATED PARTIES	658,238.	1,893,929.
OTHER LIABILITIES	165,745.	143,382.
NOTES PAYABLE, LINE OF CREDIT	500,000.	400,000.
TOTAL TO FORM 990, PART IV, LINE 65	2,664,820.	3,967,502.

FORM 990	OTHER SECURITIES	STATEMENT 16
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	267,646.
INVESTMENT POOL	FMV	5,267,408.
O FORM 990, LINE 54B, COL B		5,535,054.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES INCLUDED IN EXPENSES ON F/S	117,996.
TOTAL TO FORM 990, PART IV-A	117,996.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 18
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES INCLUDED IN EXPENSES ON F/S	117,996.
TOTAL TO FORM 990, PART IV-B	117,996.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 19
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MR. MAUREEN JOYCE-SEE FOOTNOTE 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	CHIEF EXECUTIVE OFFICER 35.00	0.	0.	0.
MICHELE KELLY 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	CFO 35.00	87,418.	6,119.	4,704.
MALLY SORENSON 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	DIRECTOR OF HR 35.00	53,191.	3,461.	5,753.
MARY JANE BENDON COUCH 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL COSTELLO, ESQ. 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
JOHN DALY 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
MERY REVEREND MICHAEL A. FARANO 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
JOHN HAYES 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
MOST REVEREND HOWARD J. HUBBARD 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD CHAIRMAN 1.00	0.	0.	0.
DEBORAH KELLY 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD SECRETARY 1.00	0.	0.	0.
FRAN MCCAFFERY 100 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.

CATHOLIC CHARITIES OF THE DIOCESE OF ALB

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KATHLEEN MCCARTHY C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
VILLIAM MCGOLDRICK C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
MARK MORRISON C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD VICE PRESIDENT 1.00	0.	0.	0.
JOHN MURRAY, JR. C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD PRESIDENT 1.00	0.	0.	0.
MARY BETH O'BRIEN C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
BETSY O'HAIRE C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
KENNETH M/ RAYMOND, JR. C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
PAUL STEC C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD TREASURER 1.00	0.	0.	0.
SANDRA M. WALTERS C/O 40 NORTH MAIN AVENUE ALBANY, NY 12203	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		140,609.	9,580.	10,457.

FOOTNOTES

STATEMENT 20

FOOTNOTE B: JOSEPH POFIT LEADS OUR DIOCESAN COMMUNITY HEALTH ALLIANCE THAT SERVES HOSPITALS, NURSING HOMES, AND OTHER DIOCESAN ENTITIES LIKE CATHOLIC CHARITIES. HIS COMPENSATION IS PAID THROUGH ALLOCATIONS FROM THESE ORGANIZATIONS AND ONLY A PORTION IS ACTUALLY FUNDED BY CATHOLIC CHARITIES. THE ADMINISTRATION OF THE HEALTH ALLIANCE IS CONDUCTED THROUGH CATHOLIC CHARITIES.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	21
	PART III, LINE 2A		

THE ORGANIZATION'S CENTRAL OFFICE OPERATES IN FACILITIES RENTED FROM
THE DIOCESE OF ALBANY, A SUBSTANTIAL CONTRIBUTOR.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	22
	PART III, LINE 2B		

THE ORGANIZATION HAD LONG TERM DEBT WITH A SUBBSTANTIAL CONTRIBUTOR.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	23
	PART III, LINE 2C		

SERVICES AND FACILITIES FURNISHED WITH A SUBSTANTIAL CONTRIBUTOR.

SCHEDULE A	OTHER INCOME			STATEMENT 24
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
GROSS RENTS	88,042.	80,208.	64,585.	69,093.
SPECIAL EVENT INCOME	854,331.	858,855.	542,126.	612,843.
OTHER	267,241.	226,156.	196,588.	171,639.
TOTAL TO SCHEDULE A, LINE 22	1,209,614.	1,165,219.	803,299.	853,575.

Form **4562-FY**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization** 990
(Including Information on Listed Property)

OMB No 1545-0172

2007Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CATHOLIC CHARITIES OF THE DIOCESE OF
ALBANY GROUP RETURN****FORM 990 PAGE 2****27-0398298****Part I Election To Expense Certain Property Under Section 179** Note. If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	479,224.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		49,499.	3	MQ	200DB	6,184.
b 5-year property		257,483.	5	MQ	200DB	27,161.
c 7-year property		126,493.	7	MQ	200DB	54,923.
d 10-year property		128,625.	10	MQ	200DB	1,398.
e 15-year property		25,111.	15	MQ	200DB	718.
f 20-year property		448,694.	20	MQ	200DB	46.
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12 year			12 yrs	S/L	
c 40 year	/		40 yrs	MM	S/L

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr.	22	569,654.
23	For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

LHA For Paperwork Reduction Act Notice, see separate instructions

Form 4562-FY (2007)

**CATHOLIC CHARITIES OF THE DIOCESE OF
ALBANY GROUP RETURN**

Form 4562-FY (2007)

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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note. If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year					
43 Amortization of costs that began before your 2007 tax year					43
44 Total Add amounts in column (f). See the instructions for where to report					44