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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

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Time Cango Tim	B Ch	eck ıf a _l	pplicable	Please	C Name of organization Catholic Charities of		hicago		D Employer id	entification number
Immore raise stores per 0 box or mail is not delivered to street address	☐ Add	dress ch	ange							
Total carbon Specific Spec	∏ Naı	me chai	nge		Doing business As					
Terremarker Comparison C	Init	tial retui	rn	Specific	,	or P O box if mail is	not delivered to street addre	ess) Room/suite		
Check this box If the organization's mission or most significant activities	☐ Ter	mınatıo	n		721 N LaSalle Drive				d dioss receip	150 ,410,020
Final and address of Principal Office Rev Michael M Baland 7.21 N Labal Drive Chicago, 1. 605843520 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) 3 y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satus F 50(c) A y (meet no.) PARTAIL() or 522 I Tax-exempt satur F 50(c	┌ Am	ended i	return				4		1	
Rev Michael M Baland 221 N LaSis Borve Cheago L. 605543602 Test Control	☐ App	olication	pending		Cnicago, IL 606543	503				
Raw Michael M Soland 721 N LaSa leaves Tyas Five				F Nan	ne and address of P	rıncıpal Officer		H(a) Is th	s a group returi	n for
Take-exempt status Solici 30 49 49 10 10 10 10 10 10 10 1										
Tare-cempt status F SOLIC 3 4 (Insert not not seem) 4974(a)(1) or 522 (If No., 1 attach a late: See instructions)								H(b) Are a	II affiliates includ	ed?
Briefly describe the organization's mission or most significant activities	I Ta	x-exem	pt status	▽ 501(c)) (3) ◀ (ınsert no)	4947(a)(1) or	527			
1	J W	eb sit	e: 🕨 www	w catholicc	harities net			H(c) Grou	up Exemption Ni	umber ► 0928
1 Briefly describe the organization's mission or most significant activities	К Тур	K Type of organization ✓ Corporation ← trust ← association ← other ►					L Year of Fo	ormation 1917	State of legal domicile IL	
8 Briefly describe the organization's mission or most significant activities Secretarial of for the Organization smission at ameniance of this Architocese of Chicago provides social services to individuals and families of Cook and Lake Countees in this State of Illinois	Pa	rt I	Sumi	mary						
Separation Se		1		-	e organization's mis	sion or most sig	nıfıcant actıvıtıes			
1	8				_				cese of Chicago	provides social
1	Ē		service	s to individ	uals and families of	Cook and Lake (Counties in the State of	Illinois		
1	Ϊe	2	Check t	his box	ıf the organization d	liscontinued its o	operations or disposed o	of more than 2	25% of its asset	ts
1	9			,						
The state		4		_	_					45
The state	ĭĕ	5	Total no	umber of en	nployees (Part V , lir	ne 2a)			5	2,989
The state	Ħ.	6	Total no	umber of vo	lunteers (estimate	ıfnecessary) .			6	11,519
## Prior Year Current Year 20,351,314 16,846,786 133,458,248 141,181,092 10 Investment income (Part VIII, Inine 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,571,373 -825,265 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 987,350 778,477 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1−3) 9,859,689 11,244,049 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1−3) 9,859,689 11,244,049 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1−3) 70,859,129 73,198,552 10 Professional fundraising fees (Part IX, column (A), line 11e) 76,576,643 77,192,510 10 Professional fundraising fees (Part IX, column (A), line 25 1,540,659 17 Other expenses (Part IX, column (A), lines 11a−11d, 11f−24f) 76,576,643 77,192,510 157,295,461 161,635,111 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 157,295,461 161,635,111 17 17 17 17 17 17 17	ĕ								7a _.	-1,305
88 Contributions and grants (Part VIII, line 1h)		ь	Net unr	elated busi	ness taxable ıncom	e from Form 990	-T, line 34		7b	-1,305
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						Pri				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ā									
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 157,368,285 157,981,090 157,368,285 157,981,090 157,368,285 157,981,090 157,368,285 157,981,090 157,368,285 157,981,090 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 158,362 159,869 11,244,049 159,369 12,248,552 159,869 11,244,049 159,369 12,248,552 159,369 12,2		-	-		• • • • • • • • • • • • • • • • • • • •				· · ·	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 9,859,689 11,244,049 14 Benefits paid to or for members (Part IX, column (A), line 4) 00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5– 70,859,129 73,198,552 16 Professional fundraising fees (Part IX, column (A), line 11e) 00 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 76,576,643 77,192,510 18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 157,295,461 161,635,111 19 Revenue less expenses Subtract line 18 from line 12 72,824 -3,654,021 19 Revenue less expenses Subtract line 18 from line 12 70,793,335 96,065,771 10 Total labilities (Part X, line 26) 70,793,335 96,065,771 10 Total labilities (Part X, line 26) 70,793,335 96,065,771 10 Total labilities of penjury, 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 Preparer's Signature of officer								e	30.,330	,,,,,,
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 - 10) 70,859,129 73,198,552 16										
Sample 15						, , ,			9,859,689	
10 70,859,129 73,198,552 73,198,552 76,859,129 73,198,552 76,859,129 73,198,552 76,859,129								_		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 76,576,643 77,192,510 18	8	15		es, other co	ompensation, emplo	yee benefits (Pai	rt IX, column (A), lines	5-	70,859,129	73,198,552
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 76,576,643 77,192,510 18	<u>e</u>	16a	Profes	sional fund	raising fees (Part I)	X, column (A), lın	e 11e)			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 76,576,643 77,192,510 18	ੜੀ	ь	(Total f	undraising exp	penses, Part IX, column	(D), line 25 <u>1,540,6</u>	59)			
Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 26) Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) Net assets or fund belances Subtract line 21 from line 20 Total liabilities (Part X, line 26) Total liabilitie	_	17	Other	expenses ((Part IX, column (A)), lınes 11a–11d	, 11f-24f)		76,576,643	77,192,510
Position Part Position Part Position Positi		18			•	•			· · ·	
Please Sign Here 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 2010-04-06	. 07	19	Reven	ue less exp	enses Subtract lin	e 18 from line 12	2		,	· · · · · · · · · · · · · · · · · · ·
Please Sign Here 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 2010-04-06	වි විදු		_					Beginn		
Please Sign Here 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 2010-04-06	esse Bafa			•					· · · · · ·	
Please Sign Here 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 2010-04-06	et A lind I									· · ·
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 2010-04-06							33,205,990	-1,235,100		
Please Sign Here Cynthia D Smetana Chief Financial Officer Date	Pai	rt II				ava avaminad this ra	turn including accompanying	s cepodulos and	statements, and to	the best of my knowledge
Sign Here Signature of officer Date										
Paid Preparer's signature Preparer's Signature Preparer's Signature Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Chicago, IL 60606 Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Chicago, IL 60606 Preparer's PTIN (See Gen Inst) EIN Phone no (312) 486-1000			I _							
Preparer's signature Preparer's Signature Preparer's Signature Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Chicago, IL 60606 Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Chicago, IL 60606 Preparer's PTIN (See Gen Inst) EIN Phone no (312) 486-1000			Sign	ature of office	er			Date		
Preparer's signature Preparer's Signature Preparer's PTIN (See Gen Inst.) Preparer's PTIN (See Gen Inst.) Preparer's PTIN (See Gen Inst.) EIN Preparer's PTIN (See Gen Inst.) EIN Preparer's PTIN (See Gen Inst.) EIN Preparer's PTIN (See Gen Inst.)						<u>r </u>				
Paid Preparer's Use Only Chicago, IL 60606 Preparer's Use Only Phone no (312) 486-1000			 	<u> </u>		I	Date	Chack if	Droppror/s DTIM	(See Gen Inst)
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Deloitte Tax LLP	Daid							self-	riepaiei S PIIN	(See Gell Tilb()
Use Only If self-employed), address, and ZIP + 4 Chicago, IL 60606 EIN Phone no (312) 486-1000		arer'e		<u> </u>	h Doloitto Tay U.S.			empolyed 🕨		
Chicago, IL 60606 Phone no (312) 486-1000	•		ıf self-er	nployed),)				EIN Þ	
Chicago, IL 60606		,	address,	and ZIP + 4					Phone no 🕨 (312) 486-1000
We will the state of the second with the mediated suppose account the state of the	May	the ID	S discus	s this retu			See instructions)			✓ Yes No

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

1	Briefly describe the organization's mission Catholic Charities fulfills the Church's role in the and support individuals, families and communit			compassionate, competent and pr	ofessional services that strengthen
2	Did the organization undertake any si	gnıfıcant program se	rvices during the year	which were not listed on	
	the prior Form 990 or 990-EZ? .				⊤Yes ▼ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947(a)(1) t	rusts are required to re	eport the amount of grants	•
4a	(Code) (Expenses \$ Community Development and Outreach serv development in areas of community, nutritio	ices Assists individuals, f			
4b	(Code) (Expenses \$ Senior Social Services Provided in-home and adult day services, home-delivered and cong	d related supportive servi	including grants of \$ ces for Seniors on a non-re activity centers Total clien) (Revenue \$ sidential basis, including case-ma ts served = 81,159	35,840,509) nagement, homemaker services,
4c	(Code) (Expenses \$ Family and Parish Support Services Basic so counseling, shelter services, and specialized	cial and psychological ne			15,368,296) and referral, casework,
	(Code) (Expenses \$		including grants of \$) (Revenue \$	13,836,208)
4d	Other program services (Describe i	n Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
4e	Total program service expenses \$	148,183,254	4 Must equal Part IX,	Line 25, column (B).	

Part IV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	124 124			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 6			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
	file Form 8282?			NO
u	The res, indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		No
	year?		l	ı <u>'''</u> ı
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A	Governing	Body a	nd Manag	ement

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 49			
Ь	Enter the number of voting members that are independent 1b 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νο
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Elida Hernandez 721 N LaSalle Drive Chicago,IL 606543751 (312) 655-7326

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Office Compensation Compensation	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
						-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+							
			-							
			1							
1b Total							►	1,061,963	(165,121

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►19

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CBS Security Inc 10340 S Western Ave Chicago, IL 60643	Security Services	1,121,197
Kate's Detective Agency Inc 7810 S Claremont Chicago, IL 60620	Security Services	890,296
HelpSource of North Shore N Wolf Rd Wheeling Wheeling, IL 60090	Sr Personal Care	720,217
VZ&Y 506 Woodhaven Dr Mundelein, IL 60060	Sr Personal Care	666,694
Addus Healthcare 135 N Greenleaf Gurnee Gurnee, IL 60031	Sr Personal Care	560,954
Total number of independent contractors (including those in 1) who rec from the organization	. ,	1 7

Part Stat

Contributions, gifts, grants and other similar amounts

Program Service Revenue

Other Revenue

Π								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	3,132,644		Revenue		312, 313, 01 314
	ь	Membership d	ues					
			1b					
	С	Fundraising ev	vents 1c	592,591				
	d	Related organ	ızatıons1d					
	e	Government gran	nts (contributions) 1e					
	f	All other contribut	tions, gifts, grants, and	13,121,551				
		similar amounts i	not included above					
	g		ributions included in					
,			1,869,505		16,846,786			
	h	lotal (Add lin	es 1a-1f)	· · · · ·				
				Business Code				
	2a	Fees from goverr		624,100	133,854,892	133,854,892		
	Ь	Program service t	fees	624,100	7,326,200	7,326,200		
	C							
	d							
	e							
	f	All other prog	ram service revenue					
	g	Total. Add line	es 2a-2f					
		► \$ 141,181,0						
	3	Investment in	come (including divid	dends, interest				
		other sımılar a	amounts)		809,165		-1,305	810,470
	4		estment of tax-exempt bo	ond proceeds				
	5	Rovalties		•				
	,	Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 11001	(11) 1 01001141				
	ь	Less rental						
	с	expenses Rental income						
		or (loss)						
	d	Net rental inc	ome or (loss)	· · · · · ·				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	29,360,704	22,957				
		assets other than inventory						
	b	Less cost or other basis and	31,017,606	485				
		sales expenses						
	c	Gaın or (loss)	-1,656,902	22,472				
	d	Net gain or (lo		. ▶	-1,634,430			-1,634,430
f	8a		from fundraising					
		events (not in						
		¥	74,764 ns reported on line					
		1c) See Part	IV, line 18					
			le G ıf total exceeds	F00 F03				
	ь	, ,	xpensesb	592,591 1,405,865				
	c		راoss) from fundraisi ا		768,899	768,899		
}	9a			▶				
	Ja		part IV, line 19					
		Complete Schee exceeds \$15,00						
		CACCCUS \$15,00	a	20,560				
	ь	Less directe	xpensesb	10,982				
	c		· · (loss) from gaming a	ictivities	9,578	9,578		
-	10-	C	£ 1	*				
	10a	Gross sales of returns and al	f inventory, less lowances .					
			а					
	b	Less cost of	goods sold b					
	с		(loss) from sales of					
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	\$				
	12		a. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	157,981,090	141,959,569	-1,305	-823,960
		8c, 9c, 10c, and 1	11e	. ▶				
		, , and 1						Farra 000 (2000)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re) .
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,244,049	11,244,049		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	517,379		517,379	
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	54,543,502	46,702,033		591,283
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,183,297	3,525,898	607,663	49,736
9	Other employee benefits	8,537,729	7,549,929	903,124	84,676
10	Payroll taxes	5,416,645	4,657,258	704,947	54,440
11	Fees for services (non-employees)				
а	Management				
b	Legal	47,037	6,187	25,115	15,735
С	Accounting	282,952		282,952	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,315,470	3,946,810	293,755	74,905
12	Advertising and promotion	48,738	38,034	1,432	9,272
13	Office expenses	3,919,937	3,117,745	569,126	233,066
14	Information technology	1,611,659	1,178,181	403,009	30,469
15	Royalties				
16	Occupancy	10,651,259	9,248,126	1,226,801	176,332
17	Travel	1,795,513	1,709,157	77,682	8,674
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,095,607	697,628	287,934	110,045
20	Interest	105,652	105,652		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,000,741	1,707,300	276,518	16,923
23	Insurance	3,133,485	2,821,537	274,761	37,187
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food Purchases	48,461,996	48,461,996		
ь	Distrib of In-Kind Gift	1,063,175	1,063,175		
c	Miscelleneous	401,345	355,718	337	45,290
d	Membership Dues	83,692	46,841	34,225	2,626
e	M&G Alloc to Affiliates	-1,825,748		-1,825,748	·
f	All other expenses			. ,	
25	Total functional expenses. Add lines 1 through 24f	161,635,111	148,183,254	11,911,198	1,540,659
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,	, :-,2	, -,

Part X	Balance	Shoot

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			378,243		2,887,585
	2	Savings and temporary cash investments			2,542,261	2	7,594,291
	3	Pledges and grants receivable, net			5,326,446	3	5,253,797
	4	Accounts receivable, net			19,717,098	4	13,394,907
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
20	9	Prepaid expenses and deferred charges			3,619,367	9	649,416
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	34,926,86	9		
-	b	Less accumulated depreciation Complete Part VI of	100	01,020,00	<u> </u>		
		Schedule D	10ь	13,384,87	0 22,571,156	10c	21,541,999
	11	Investments—publicly traded securities			40,060,621	11	37,131,562
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	Part VII	of	9,784,133	12	6,377,114
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D.		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			103,999,325	16	94,830,671
	17	Accounts payable and accrued expenses .			13,132,155	17	13,058,096
	18	Grants payable				18	
	19	Deferred revenue			1,134,965	19	963,750
	20	Tax-exempt bond liabilities				20	
ΘŞ	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- =		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	s .		1,221,412	23	1,352,365
	24	Unsecured notes and loans payable	3,000,000	24			
	25	Other liabilities Complete Part X of Schedule D	52,304,803	25	80,691,560		
	26	Total liabilities. Add lines 17 through 25			70,793,335	26	96,065,771
		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	plete li	nes 27			
anc	27	Unrestricted net assets			21,188,671	27	-13,530,745
Balance	28	Temporarily restricted net assets			10,661,881	28	10,841,782
<u> </u>	29	Permanently restricted net assets			1,355,438	29	1,453,863
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34.	nd com	plete			
S Of	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fo	unds			32	
Net	33	Total net assets or fund balances			33,205,990	33	-1,235,100
Z	34	Total liabilities and net assets/fund balances			103,999,325	34	94,830,671
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493096007080

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizat i						Em	ployer ide	nt if icat io	n number	
Catno	iic Chari	ities of the Arci	ndiocese of Chicago)				36	-217082	1		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					-
				ation because it is (Please					11150100	101107		_
1	Ī	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	,	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	,	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	, T	•	·	zation operated in conjuncti			-		- '		•	
	·	hospital's name, city, and state										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	·			(Complete Part II)		•	•	, ,				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ė	•	-	ally receives a substantial p						n the gene	eral public	
	·	=)(1)(A)(vi) (Complete Par		• •				J	•	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	~		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	k) from bu	sinesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
_	_		• •	Type II c rtify that the organization is			-		u na ar mai			
е	,			agers and other than one or								
		section 50		- 9		,	3				(-/(-/	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,	
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			ļ	
g		following pe		as the organization accepted	u any gni	or contrib		ally of the	;			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
							,					_
		me of	(ii) EIN	(iii) Type of organization	1	s the		ou notify		s the	(vii) A mount o	f
		orted ization		(described on lines 1-9 above or IRC section	-	ation in Iisted in		inization i) of your		ation in rganized	support?	
	Organ	ization		(See Instructions)		verning		ort?		US?		
	document?											
					Yes	No	Yes	No	Yes	No	1	
												_
												_
											_	_
												_
												_

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,172,372	16,661,159	17,743,151	19,393,024	15,135,198	80,104,904
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	137,746,865	137,477,223	140,149,058	133,458,248	141,181,092	690,012,486
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5	148,919,237	154,138,382	157,892,209	152,851,272	156,316,290	770,117,390
	A mounts included on lines 1, 2, and 3						
/ a	received from disqualified persons						
b	A mounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7 c from						
	line 6)						770,117,390
To	tal Support			•		•	
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	148,919,237	154,138,382	157,892,209	152,851,272	156,316,290	770,117,390
	Gross income from interest, dividends,						
10a	payments received on securities loans, rents, royalties and income from similar	1,029,242	1,501,865	1,695,275	1,412,244	809,165	6,447,791
10a b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	1,029,242	1,501,865	1,695,275	1,412,244	809,165	6,447,791
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	1,029,242	1,501,865	1,695,275 1,695,275	1,412,244	809,165	
	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses					·	6,447,791
b c	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly					·	
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	1,029,242	1,501,865	1,695,275	1,412,244	809,165	6,447,791 776,565,181
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	1,029,242	1,501,865	1,695,275	1,412,244	809,165	6,447,791 776,565,181
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	1,029,242 rganization's firs	1,501,865 st, second, third	1,695,275 , fourth, or fifth t	1,412,244	809,165	6,447,791 776,565,181
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here Public Support Percentage for 2008 (line 8	rganization's firs	1,501,865 st, second, third ed by line 13 co	1,695,275 , fourth, or fifth t	1,412,244	809,165	6,447,791 776,565,181
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	rganization's firs	1,501,865 st, second, third ed by line 13 co	1,695,275 , fourth, or fifth t	1,412,244	809,165 01(c)(3) organiza	6,447,791 776,565,181
b c 11 12 13 14 Co 15 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Scheden	rganization's firsentage column (f) dividule A, Part IV-A	1,501,865 st, second, third ed by line 13 co	1,695,275 , fourth, or fifth t	1,412,244	809,165 01(c)(3) organiza	776,565,181 ation, 99 170 %
b c 11 12 13 14 Co 15 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8	rganization's firsentage column (f) dividule A, Part IV-A	1,501,865 st, second, third ed by line 13 co	1,695,275 , fourth, or fifth t	1,412,244	809,165 01(c)(3) organiza	776,565,181 ation, 99 170 %
c 11 12 13 14 Co 15 16 Co	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Scheden	rganization's firstentage column (f) dividule A, Part IV-A Percentage ne 10c column (Schedule A, Part	1,501,865 st, second, third ed by line 13 co , line 27g f) divided by line t IV-A, line 27h	1,695,275 , fourth, or fifth t lumn (f))	1,412,244	809,165 01(c)(3) organiza	776,565,181 ation, 99 170 % 98 440 %

33 1/3% Tests - 2008. 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

33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶▼

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese of Chicago

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Aaa		Posit t	(C lon (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Linda Abbott , Director	1 00	Х						0	0	0	
John P Barrett , Dırector	1 00	Х						0	0	0	
John Bitting , Director	1 00	Х						0	0	0	
Richard W Burke Sr , Director	1 00	Х						0	0	0	
William J Carroll , Director	1 00	Х						0	0	0	
Peg Allıngham Cıccarellı , Dırector	1 00	Х						0	0	0	
Charles F Clarke Jr , Director	1 00	Х						0	0	0	
Kevin W Cleary , Director	1 00	Х						0	0	0	
Suzanne S Dawson , Director	1 00	Х						0	0	0	
James R Figliulo , Director	1 00	Х						0	0	0	
Martha FitzGerald , Director	1 00	Х						0	0	0	
Edward C Fitzpatrick , Director	1 00	Х						0	0	0	
Margarita Garcia , Director	1 00	Х						0	0	0	
Dr Louis J Glunz , Director	1 00	Х						0	0	0	
William L Hardy , Director	1 00	Х						0	0	0	
John J Hartman , Dırector	1 00	Х						0	0	0	
Thomas W Havey , Director	1 00	Х						0	0	0	
Richard S Jalovec , Director	1 00	Х						0	0	0	
Anıta Senese Johnson , Dırector	1 00	Х						0	0	0	
Francis E Kastenholz , Director	1 00	Х						0	0	0	
Honorable Richard Kelly , Director	1 00	Х						0	0	0	
Heide Kenny , Director	1 00	Х						0	0	0	
John W Kent , Director	1 00	Х						0	0	0	
Wiliam L Lamey Jr , Director	1 00	Х						0	0	0	
Ronald P Laurent , Director	1 00	Х						0	0	0	
Christopher Lawler , Director	1 00	Х						0	0	0	
Margery Livingston , Director	1 00	Х						0	0	0	
Joseph F Luby , Vice-Chairman	1 00	Х		Х				0	0	0	
John J Lynch Jr , Director	1 00	Х						0	0	0	
David K McHugh , Treasurer	1 00	Х		Х				0	0	0	

Form 990, Part VII - Section Aaa

			(C tion (hat a	chec		II		(E)		(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robert P McNeill , Director	1 00	Х						0	0	0
Lawrence P Morris , Director	1 00	Х						0	0	0
Robert R Morris , Director	1 00	Х						0	0	0
Thomas Morsch , Director	1 00	Х						0	0	0
Charles W Mulaney , Chairman	1 00	Х		Х				0	0	0
Heather E Plunkett , Director	1 00	Х						0	0	0
David M Roxe , Director	1 00	Х						0	0	0
James M Ryan , Director	1 00	Х						0	0	0
Christopher M Saternus , Director	1 00	Х						0	0	0
Eileen Strang , Secretary	1 00	Х		Х				0	0	0
Michael Stanley , Director	1 00	Х						0	0	0
Carol H Sullivan , Director	1 00	Х						0	0	0
Ray Swaback , Director	1 00	Х						0	0	0
John J Viera , Director	1 00	Х						0	0	0
Jude P Zwick , Director	1 00	Х						0	0	0
Rev Michael M Boland , President & CEO	35 00	х		х				35,409	0	0
Kathy Donahue , Dır of Programs	35 00	Х						134,163	0	23,239
Walter H Ousley , COO	35 00	Х						159,451	O	31,019
Cynthia D Smetana , CFO	35 00	Х		Х				100,575	0	13,530
Judith M Silekis , Development Dir	35 00					Х		129,044	O	22,010
William D'Arcy , Division Manager	35 00					Х		127,017	0	22,488
Michele Bianchi , Legal Services	35 00					Х		123,933	0	13,515
Wendy J Seifert , Division Manager	35 00					Х		118,809	0	17,976
John Ryan , Chief of Staff	35 00					Х		117,500	0	21,344
Ellen Gorney , Director of Programs							Х	16,062	0	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Catholic Charities of the Archdiocese of Chicago

			36-2170821	
Pa	rt I Organizations Maintaining Donor Ac		unds or Accounts. Comple	ete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other acco	unts
L	Total number at end of year	1	(D) I dilas alla other acco	unts
- !	Aggregate Contributions to (during year)	10,000		
3	Aggregate Grants from (during year)	7,500		
ļ	Aggregate value at end of year	6,007		
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes	✓ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	□ No
)ai	rt II Conservation Easements. Complete	if the organization answered "Yes" to	<u> </u>	,
	Purpose(s) of conservation easements held by the or		5 TOTAL 330, Tale 14, IIIIe 7.	
	Protection of natural habitat	on or pleasure)	historically importantly land are	ea
	Preservation of open space	,		
	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement	
	on the last day of the tax year	med conservation contribution in the form		
			Held at the End of	f the Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	2b		
2	Number of conservation easements on a certified hi	2c		
ł	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
	Number of conservation easements modified, transfe the taxable year ►	rred, released, extinguished, or terminate	d by the organization during	
	Number of states where property subject to conserva	ation easement is located 🟲		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	ations, and Yes	┌ No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear►\$	
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes	☐ No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial	•	
ar	Complete if the organization answered '		or Other Similar Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public servic	e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1		F \$	
	(ii) Assets included in Form 990, Part X		F \$	
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Othe	<u>er Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing that a	re a significant	use of its co	llection	ı	
а	Γ	Public exhibition		d	\sqcap	Loan or exc	change program:	S			
b	F :	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	llections and explair	n how	v they	further the	organization's e	xempt purpo	ose in		
5		ng the year, did the organization solicit c its to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ansv	vered "Yes	" to Fo	orm 99) 0,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	lary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	!				_			
									A mou	nt	
С	Begı	inning balance					1c				
d	Addı	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endı	ing balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete									
4_	D		(a)Current Year 33,795,479	(b) Prior	Year (c)	Two Years Back (d	Three Years E	Back (e	Four Ye	ars Back
1a L		nning of year balance	823,879								
b		estment earnings or losses	-4,955,686								
c d		nts or scholarships	.,,,,,,,,,								
e		er expenditures for facilities	2,664,972								
•		programs	, ,								
f	Adm	ninistrative expenses									
g	End	of year balance	26,998,700								
2	Prov	ıde the estımated percentage of the yea	r end balance held as	;							
а	Boar	d designated or quasi-endowment 🕨	87 000 %								
b	Perm	nanent endowment 🕨 7 600 %									
С	Term	n endowment 🕨 5 400 %									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered fo	r the			
	_	nization by nrelated organizations						ı	3a(i)	Yes	No No
		elated organizations		• •	•				3a(ii)		No
ь	` '	es" to 3a(II), are the related organization				ule R?			3b		
4		cribe in Part XIV the intended uses of the	•								
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, F	Part X, line 10.	1			
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreci	ation	(d) Boo	ok value
1 a l	and						2,965,470)			2,965,470
Ь	Buildir	ngs					8,380,176	2,65	55,055	!	5,725,121
c l	_ease	hold improvements					17,692,162	7,24	14,162	10	0,448,000
d I	Equipi	ment					3,808,249	2,86	58,978		939,271
e (Other		<u> </u>				2,080,812	2 61	16,675		1,464,137

Pality Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Marketable Alt Equity	2,763,621	F
Other Marketable Energy & Commodities	300,888	F
Other Alt Fixed Income	1,990,551	F
Other Private Equity	1,322,054	Г
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	6,377,114	
Part VIII Investments—Program Related. Sec	e Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		_
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	20.15	
(a) Descrip		(b) Book value
(4) 5 00000		(D) Dook Fulle
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	1	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Charitable Gift Annuities Payable	3,319,853	
Government Advances	1,313,106	
Pension Liability	47,568,978	
Post-Retirement Liability	28,475,473	
Refundable Resident Deposits	14,150	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	80,691,560	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d] [
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments	4	
с	Losses reported on Form 990, Part IX, line 25	_	
d	Other (Describe in Part XIV)	┥╻╽	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	ا ء ا	
C E	Add lines 4a and 4b	4c	
5 Dar	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par Con	Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part VI, line 4, Part VI, line 8, Part VII, lines 2d and 4b, and Part VIII, lines 2d and 4b, and	art XIV,	lines 1b and 2b,

Ident if ier	Return Reference	Explanation
1 '	Endowment Funds	The purpose of the endowment funds is to provide a source of funds to be used by the organization for operating programs in accordance with the governing board's policy and/or in the case of donor-restricted funds in accordance with the donor's restrictions
	· ·	Catholic Charities adopted FIN No 48 in 2008, and the impact of adoption was not material

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As Filed Data -

DLN: 93493096007080

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

Cath	nolic Charities of the Arch	diocese of Chica	go			26 217002	4
В-	TT Conoral Info	······································	-tivitie e Ovtei	ide the United Ctates	- Complete	36-217082	
Pa	"Yes" to Form 9			ide the United States	s. Complete	e ii the organ	iizauon answered
1				records to substantiate	the amount	of the grant	s or
	_	_		assistance, and the se		_	
	·	-	-				
2	For grant makers. Descr United States	ibe in Part IV the	organization's pi	rocedures for monitoring th	ne use of grai	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	1 * *	ty listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,			(f) Total expenditures in
	. , .	region	agents in region	grants to recipients located in the region)		pecific type of s) in region	region
Furc	ppe - Poland	0	1	Program services	Liaison to th		13,513
Luit	pe i olalia		_	l rogram services	Adoption Pr		13,313
			1				13,513
Tota	ıls ▶		1				1

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese of Chicago

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493096007080

2008

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

						Inopodion
Name of the organization					Employer ider	ntification number
Catholic Charities of the Archdi	ocese of Chicago				26 2170021	
					36-2170821	
Part I Fundraising Act	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the organ	nization raised funds	through a	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
b Email solicitations				f Solicitation of	government grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations						
Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII st paid individuals of	() or entity r entities (f	in connec	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fur	
				T EZ Mers are not requi	Tea to complete this tal	1
		(iii) fundrais			(v) A mount paid to	
(i) Name of individual		custo		(iv) Gross receipts	(or retained by)	(vi) A mount paid to
or entity (fundraiser)	I (III) A CTIVITY	control of contributions?		from activity	fundraiser listed in col (i)	(or retained by) organization
	1	Yes	No			
			<u> </u>			
Total						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	ie 18, 000.	or r	epor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events			al Eve	
			St Nicholas Ball	CC Golf Outing	7	(Add		(a) th (c))	rough
			(event type)	(event type)	(total number)			(-)/	
ще	1	Gross receipts	921,980	498,678	1,346,697			2,76	7,355
Revenue	2	Less Charitable contributions	222,396	100,855	269,340			59	2,591
	3	Gross revenue (line 1 minus line 2)	699,584	397,823	1,077,357			2,17	4,764
	4	Cash Prizes		8,500	5,000			1	3,500
ses	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs	304,393						4,260
വ ദ	7	Other direct expenses	201,065	105,519	371,521			67	8,105
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				1,40	5,865
	9	Net income summary Combine lir	nes 3 and 8 ın column (d))	•			76	8,899
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted n	nore	thar	ו
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
~	1	Gross revenue			20,560			2	0,560
- မ	2	Cash prizes							
Direct Expenses	3	Non-cash prizes			500				500
<u>а</u> 5	4	Rent/facility costs							
짇	5	Other direct expenses			10,482			1	0,482
	6	Volunteer labor	┌ Yes <u>0 %</u> ┌ No	Yes	Yes 100 000 % No				
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				1	0,982
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌				9,578
9 a b	Is	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	. [9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	1	.0a		No
11 12	Is	es the organization operate gaming a	y or trustee of a trust or				11		No_

								res	140
13	Indicate the	percentage of gaming	activity operated in						
а	The organiza	ation's facility			13a	100 000 %			
Ь		·			$\overline{}$		1		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records								
	Name 🟲	Melissa Schutz							
	Address 🟲	721 N LaSalle Stree Chicago,IL 60654	- ·				-		
15a			ract with a third party from w				15a		Νο
b	If "Yes," ent	er the amount of gamı	ng revenue received by the o	organization 🟲 \$		and the			
	amount of ga	aming revenue retaine	d by the third party 🟲 \$						
c	If "Yes," ent	ter name and address							
	Name 🟲								
16	Address ► Gaming man	nager information					-		
	Name ▶	Lisa Pauletto					-		
	Gaming man	ager compensation	\$						
	Description	of services provided 🕨	Coordinates volunteers						
	Director,	/officer	Employee	☐ Independe	nt contra	actor			
17	Mandatory d	listributions							
а			state law to make charitable				179	Yes	
Ь	178								

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

2008

DLN: 93493096007080

Department of the Treasury Internal Revenue Service Name of the organization

Catholic Charities of the Archdiocese of Chicago

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

Catholic Charles of the Arene	and cose of Cineage	,				36-2170821	
Part I General Infor	mation on Gra	nts and Assistanc	e			'	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the gra	ants or assistance?			gibility for the grants or a		∀Yes ┌ ſ
Form 990, Part Part IV and Sch	IV, line 21 for a nedule I-1 if add	iny recipient that rec litional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					-	_	
3 Enter total number of oth For Paperwork Reduction Act No.			· · · · · · ·	Cat No 50055			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

IdentifierReturn ReferenceExplanationProcedure for Monitoring
Grants in the U.S.Part I, Line 2Schedule I, Part I, Line 2. The organization receives funding for grant funds by various funding bodies, each with its own
predetermined procedure for monitoring the use of grant funds. The organization complies with the respective funding body's
monitoring procedures.

Grants in the 0.5	monitoring procedures

Software ID: Software Version:

EIN: 36-2170821

Name: Catholic Charities of the Archdiocese of Chicago

Return to Form

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Client Activity	1552	72,110			
Client Transportation	7828	232,475			
Clothing	255	22,364			
Food	221887	403,532			
Fostercare Board Assistance	255	169,916			
General Client Assistance	116897	1,134,982			
Medical/Dental	125	9,634			
Senior Personal Care Assistance	1200	6,590,438			
Shelter/Utilities	42948	2,068,598			

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As Filed Data -

DLN: 93493096007080

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Catholic Charities of the Archdiocese of Chicago 36-2170821 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization?

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 5a or 5b, describe in Part III

If "Yes," to line 6a or 6b, describe in Part III

The organization?

ın Part III

Any related organization?

compensation contingent on the net earnings of

6a

6b

7

Νo

Νo

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Kathy Donahue	(ı) (ıı)	134,163			12,075	11,164	157,402	78,310
Walter H Ousley	(I) (II)	159,451			14,351	16,668	190,470	97,747
Judith M Silekis	(ı) (ıı)				11,614	10,396	151,054	
Ellen Gorney	(ı) (ıı)	16,062					16,062	6,725
	(i)						1	
	(ii)		1			1		
	(i)						']
	(ii)		1					_
	(i)							
	(ii)]
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)						<u> </u>	1
	(ii)							1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493096007080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization Catholic Charities of the Archdiocese of Chicago

Employer identification number

36-2170821

Pa	rt I Types of Property				
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
_	goods	.,			
	Cars and other vehicles	X	1	8,500	A ppraisal
7	Boats and planes				
	Intellectual property		22	717.000	
	Securities—Publicly traded .	X	32	/17,830	A verage market quote
	Securities—Closely held stock .				
	Securities—Partnership, LLC, or trust interests				
	Securities—Miscellaneous				
13	Q ualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential .	Х	1	80,000	A ppraisal
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
	Donated	\ \ \	20.100	1 062 175	A
	Other (describe <u>Toys</u>)	X	20,180	1,063,175	Average cost
	Other (describe)				
	Other (describe) Other (describe)				
28 29	Number of Forms 8283 received	by the ora	anization during the tax yes	r for contributions for	
29	which the organization complete Acknowledgement			in for contributions for	29
					Yes No
30a	During the year, did the organiza hold for at least three years from the date of				1 1 1
	for the entire holding period? .		•	not required to be dised for t	
h					30a No
31	If "Yes", describe the arrangement of the organization have a gif			eview of any non-standard	contributions? 31 No
372	Does the organization hire or use				
	contributions?	•	-	, , , , , ,	32a No
	If "Yes", describe in Part II			_	
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is
	checked, describe in Part II				

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization Catholic Charities of the Archdiocese of Chicago Employer identification number

36-2170821

ldentifier	Return Reference	Explanation					
Form 990, Part III, line 4d	Other Program Services	Children, Youth and Family Services Child development centers, after school care, maternity services, domestic and international adoptions, services to pregnant and parenting teens, child and family counseling and child welfare programs. Total clients served = 10,329. Expenses \$ 17678275. including grants of \$ 0. Revenue \$ 13836208.					

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization's Corporate Member is the Catholic Bishop of Chicago

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of Director's Chairperson and the Administrator jointly submit a slate of candidates (chosen from the Board of Advisors) for Board of Directors positions to the Corporate Member for approval. The Corporate Member may make additions or deletions to the slate, thereafter, the Corporate Member appoints the candidates to the Board of Directors. The Board of Directors elects persons for Board Officer positions from a slate of candidates (members of the Board of Directors) presented by the Administrator. The organization's Corporate Member approves the slate of candidates prior to the election. Vacant positions or new offices may be created and filled at any meeting of the Board of Directors, subject to the Corporate Member's approval.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of Directors provides recommendations for the following matters to the Corporate Member, however, only the Corporate Member has the power to approve (a) Adopt, amend and repeal the Articles of Incorporation and Bylaws of Catholic Charities, (b) Appoint and remove the Chairperson, Vice-Chairperson, Secretary, Treasurer, Assistant Secretaries and Assistant Treasurers of Catholic Charities, (c) Sell or purchase real property of one million dollars (\$1 Million) or more, and (d) All other matters which may be required by these Bylaws to be submitted to the Corporate Member for approval Additionally, the Corporate Member shall exercise the following reserve powers (a) Appoint and remove the directors of Catholic Charities, (b) Appoint and remove the Administrator of Catholic Charities, (c) Adopt any plan of merger, consolidation or dissolution of Catholic Charities, or sell or transfer assets of Catholic Charities in excess of one-percent (1%) of the assets of Catholic Charities, and (d) All other matters which are reserved to the Corporate Member under the Bylaws

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Board of Directors has delegated the review and approval of the Form 990 to the Audit Committee The Audit Committee review ed and approved the Form 990 on March 12th, 2010

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section B, line 12c		On an annual basis, officers, directors and key employees are required to complete and sign a conflict of interest form where they disclose any potential conflicts of interest or affirmatively state that there are no conflicts of interest. Potential conflicts of interest are investigated and documented.			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation of the CEO is determined and set within the compensation structure of the Catholic Bishop of Chicago. The CEO determines and sets the compensation of the remaining officers, directors and key employees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, Conflict of Interest Policy and Financial Statements are available upon request

ldentifier	Return Reference	Explanation
Part XI, Lines 1-3		The organization's financial statements were not audited as a stand alone organization but rather audited by an independent auditor as part of a consolidated entity which includes the organization and its related affiliates and is referred to as the Catholic Charities of the Archdiocese of Chicago Combined Financial Statements. The organization's audit committee assumes the responsibility of the audit of the combined financial statements. The audit committee of the organization's sole member is responsible in the selection of an independent accountant. The organization did undergo the required audit set forth in the Single Audit Act and OMB Circular A-133, as part of a consolidation. The audit report is referred to the Administrative and Service Delivery Operations of the Archdiocese of Chicago.

DLN: 93493096007080

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization

Catholic Charities of the Archdiocese of Chicago

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

				36-2170821	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizati	ons			_	
(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 statu (if section 501(c)(3	(F) US Direct controlling 3)) entity
See Additional Data Table					

Part III	Identification of Related Organizations Taxable as a	Partnership
	Tachthication of Related Organizations raxable as a	

		ı		<u> </u>	T	T	-		T	_	
(4)	(5)	(C)	(5)	(E)	(5)	(G)	(H	i) ortionate	(7)	(000)	(J) eral or
(A) Name, address, and EIN of	(B)	Legal	(D)	Predominant	(F) Share of total income	(G) Share of end-of-year	allocat	ntionate	(I) Code V—UBI amount on	mar	aging
Name, address, and EIN or	Primary activity	domicile (state or	Direct controlling	ıncome(related,	Snare or total income	assets	allocat	ions	Box 20 of K-1	nai	tner?
related organization		foreign	entity	ınvestment,					BOX 20 01 K-1	Pai	ther.
		country)		unrelated)							
		country)									
							Yes	No	1	Yes	No
St Leo Residence LP											
	Real Estate	IL	N/A					No			No
Chicago, IL606543503											
83-0378871											
Cortland Manor LLC											
724 N I - C-II - Chin - t	D 1 E - 4 - 4 -	T1	81 / 8					N			N
721 N LaSalle Street Chicago, IL606543503	Real Estate	IL	N/A					No			No
36-4482230											
30 4402230										+	
-										1	
										-	1
										1	
					L				1		•

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

		•					
(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
Cortland Manor Development Corporation 721 N LaSalle Street Chicago, IL606543503 36-4505393	Real Estate	IL	N/A	С			
St Leo Development Association 721 N LaSalle Street Chicago, IL606543503 83-0378870	Real Estate	IL	N/A	С			

(5)

(6)

Part V Transactions with Related Organizations
--

	Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 D	During the tax year, did the orgranization engage in any of the following transactions with $lpha$	one or more related organizations listed in Pa	rts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b		No	
c	Gift, grant, or capital contribution from other organization(s)			1 c		No	
d	Loans or loan guarantees to or for other organization(s)			1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1g		No	
h	n Exchange of assets			1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other organization	on(s)		1k	Yes		
I	Performance of services or membership or fundraising solicitations by other organization(s)						
m	n Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	Sharing of paid employees			1n		No	
o	Reimbursement paid to other organization for expenses			10		No	
р	Reimbursement paid by other organization for expenses			1р	Yes		
q	Other transfer of cash or property to other organization(s)			1 q		No	
r	Other transfer of cash or property from other organization(s)			1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete this line, including covered rela	ationships and transaction thresholds				
	(A)	(B)	(c)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)							
See	e						
Add Dat	lditional						
Tab	ble						
(2)							
(3)							
10.							
(4)							

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1 (H) General managi partne		ng r?	
			Yes	No		Yes	No		Yes	No	
			•	•		•		Sabadula	D / Form		

Holy Family Villa

12220 S Will Cook Road

Options for Housing Inc

Chicago, IL606543503 36-3580405

Palos Park, IL60464 36-3680983

721 N LaSalle Street

Misericordia Home

6300 N Ridge Ave

Chicago, IL60660 36-2170153

1140 W Jackson Blvd

721 N LaSalle Street

Chicago, IL606543503

36-2171726

36-2171745

Chicago, IL606072907

Mission of our Lady of Mercy

St Joseph Carondelet Child Center

(F)

Direct Controlling

Entity

Catholic Charities of the

Catholic Charities of the

Arch of Chicago

Arch of Chicago

Catholic Bishop of

Catholic Bishop of

Arch of Chicago

Catholic Charities of the

Chicago

Chicago

Software ID: Software Version:

EIN: 36-2170821

(B)

Primary Activity

Skilled Nursing Facility

Subsidized Housing

Name: Catholic Charities of the Archdiocese of Chicago

(C)

Legal Domicile

(State

or Foreign Country)

ΙL

ΙL

(D)

Exempt Code

section

501(c)(3)

501(c)(3)

(E)

Public charity

status

(ıf 501(c)(3))

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A)

Name, address, and EIN of related organization

30-3300403					
Catholic Charities Housing Development 721 N LaSalle Street Chicago, IL606543503	Subsidized Real Estate Development	IL	501(c)(3)	11	Catholic Charities of the Arch of Chicago
36-4325317 Roseland Senior Housing Corporation					
721 N LaSalle Street Chicago, IL606543503 36-3519061	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
Hayes Senior Housing Corporation					
721 N LaSalle Street Chicago, IL606543503 36-3686967	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
Matthew Senior Housing Corporation 721 N LaSalle Street Chicago, IL606543503 36-3867486	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
Tolton Senior Housing Corporation 721 N LaSalle Street Chicago, IL606543503	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
36-3932659 Frances Manor Senior Housing Corporation					
721 N LaSalle Street Chicago, IL606543503 36-3867489	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
Lawrence Manor Senior Corporation					Cathalia Chambra
721 N LaSalle Street Chicago, IL606543503 36-3932662	Senior Housing	IL	501(c)(3)	7	Catholic Charities Housing Development
Bernardın Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4188920	Senior Housing	IL	501(c)(3)	7	Housing Development
Ailbe Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-3985169	Senior Housing	IL	501(c)(3)	7	Housing Development
Sabina Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4223533	Senior Housing	IL	501(c)(3)	7	Housing Development
Ailbe Assisted Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4223536	Assisted Housing	IL	501(c)(3)	7	Housing Development
Peter Claver Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4188922	Senior Housing	IL	501(c)(3)	7	Housing Development
Brendan Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4435695	Senior Housing	IL	501(c)(3)	7	Housing Development
Goedert Senior Housing Corporation					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 36-4526043	Senior Housing	IL	501(c)(3)	7	Housing Development
North Center Senior Housing NFP					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 80-0097745	Senior Housing	IL	501(c)(3)	7	Housing Development
Northlake Senior Housing NFP					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 90-0213451 St.Leo Assisted Housing NER	Senior Housing	IL	501(c)(3)	7	Housing Development
St Leo Assisted Housing NFP					Catholic Charities
721 N LaSalle Street Chicago, IL606543503 47-0950766	Assisted Housing	IL	501(c)(3)	7	Housing Development
Catholic Bishop of Chicago					
835 N Rush Street Chicago, IL60611 36-2170826	Church	IL	501(c)(3)	1	
Maryville Academy					Catholic Bishop of
1150 N River Road Des Plaines, IL60016 36-2170873 Misericordia Home	Social Services	IL	501(c)(3)	9	Chicago

Social Services

Social Services

Social Services

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ΙL

ΙL

501(c)(3)

501(c)(3)

501(c)(3)

Form	990, Schedule R, Part V - Transactions with Related Organizations		
FOIIII	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Holy Family Villa	К	483,890
(2)	Holy Family Villa	P	119,863
(3)	Options for Housing Inc	K	123,467
(4)	Options for Housing Inc	P	26,932
(5)	Catholic Charities Housing Development	K	142,270
(6)	Catholic Charities Housing Development	P	33,594
(7)	Roseland Senior Housing Corporation	K	73,906
(8)	Roseland Senior Housing Corporation	P	18,692
(9)	Hayes Senior Housing Corporation	K	62,651
(10)	Hayes Senior Housing Corporation	P	15,749
(11)	Matthew Senior Housing Corporation	K	99,612
(12)	Matthew Senior Housing Corporation	P	25,687
(13)	Tolton Senior Housing Corporation	K	60,689
(14)	Tolton Senior Housing Corporation	P	15,350
(15)	Frances Manor Senior Housing Corporation	K	56,957
(16)	Frances Manor Senior Housing Corporation	P	14,684
(17)	Lawrence Manor Senior Corporation	K	76,618
(18)	Lawrence Manor Senior Corporation	P	19,905
(19)	Bernardın Senior Housing Corporation	К	122,465
(20)	Bernardın Senior Housing Corporation	P	30,976
(21)	Ailbe Senior Housing Corporation	К	108,300
(22)	Ailbe Senior Housing Corporation	Р	28,582
(23)	Sabina Senior Housing Corporation	К	68,455
(24)	Sabina Senior Housing Corporation	Р	17,283
(25)	Ailbe Assisted Housing Corporation	К	7,693
(26)	Ailbe Assisted Housing Corporation	Р	2,073
(27)	Peter Claver Senior Housing Corporation	К	60,675
(28)	Peter Claver Senior Housing Corporation	Р	15,561
(29)	Brendan Senior Housing Corporation	К	68,639
(30)	Brendan Senior Housing Corporation	Р	17,558
(31)	Goedert Senior Housing Corporation	К	69,657
(32)	Goedert Senior Housing Corporation	Р	16,200
(33)	North Center Senior Housing NFP	К	69,443
(34)	North Center Senior Housing NFP	Р	18,146
(35)	Northlake Senior Housing NFP	К	57,297
(36)	Northlake Senior Housing NFP	Р	15,262
(37)	St Leo Assisted Housing NFP	К	13,064
(38)	St Leo Assisted Housing NFP	Р	3,329