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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.

OMB No. 1545-0047

**2008**

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

**C** Name of organization**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**1501 N CLASSEN BLVD**

City or town, state or country, and ZIP + 4

**OKLAHOMA CITY, OK 73106****F** Name and address of principal officer. **TIM O'CONNOR****1501 N. CLASSEN BLVD, OKLAHOMA CITY, OK 731****D** Employer identification number**73-0636561****E** Telephone number**(405) 523-3000****G** Gross receipts \$**4,188,371.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ **0928****I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **HTTP://WWW.CATHOLICCHARITIESOK.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1912** **M** State of legal domicile: **OK****Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>A PRIVATE, NONPROFIT, SOCIAL SERVICES AGENCY PROVIDING A WIDE RANGE OF SOCIAL, EDUCATIONAL AND</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>17</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>17</b>	
	5	Total number of employees (Part V, line 2a)	<b>79</b>	
	6	Total number of volunteers (estimate if necessary)	<b>2248</b>	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>3,898,134.</b>	<b>3,657,634.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>140,354.</b>	<b>121,088.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>90,413.</b>	<b>66,170.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>231,605.</b>	<b>292,797.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,360,506.</b>	<b>4,137,689.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>405,563.</b>	<b>498,084.</b>
	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)	<b>2,239,709.</b>	<b>2,440,753.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>75,419.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>988,251.</b>	<b>956,204.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,633,523.</b>	<b>3,895,041.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>726,983.</b>	<b>242,648.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>9,356,847.</b>	<b>9,086,070.</b>
	21	Total liabilities (Part X, line 26)	<b>1,339,173.</b>	<b>1,284,384.</b>
	22	Net assets or fund balances Subtract line 21 from line 20	<b>8,017,674.</b>	<b>7,801,686.</b>

**Part II Signature Block**

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

Sign Here

Signature of officer

**TIM O'CONNOR, EXECUTIVE DIRECTOR**

Type or print name and title

Date

**05/17/2010**

Paid Preparer's Use Only

Preparer's signature

**Phillip D. Brothman**

Date

**5/13/10**Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **(405) 843-9371**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

8

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PUT INTO PRACTICE GOSPEL VALUES OF JUSTICE, LOVE, COMPASSION AND  
HOPE THROUGH SERVICE, EMPOWERMENT AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 881,927. including grants of \$ ) (Revenue \$ )

FAMILY SUPPORT SERVICES - STRENGTHENING AND SERVING FAMILIES IN CRISIS  
IS A LONG TERM PROGRAMMATIC DIRECTION FOR CATHOLIC CHARITIES. SERVICES  
ARE OFFERED IN OUR OKLAHOMA CITY, LAWTON, CLINTON AND ENID OFFICES.  
PROGRAMS WITHIN THIS DEPARTMENT INCLUDE:

FAMILY HOPE IS A LONG TERM CASE MANAGEMENT PROGRAM THAT STRIVES TO HELP  
IMPROVE THE ECONOMIC SITUATION, HOME ENVIRONMENT AND SOCIAL SUPPORT OF  
FAMILIES. OUR CASE MANAGERS HELP FAMILIES IDENTIFY NEEDS, CREATE GOALS  
AND ACCESS AND UTILIZE COMMUNITY RESOURCES AND TOOLS. IT IS A  
PARTNERSHIP BETWEEN THE CASE MANAGER AND CLIENT WITH THE SUCCESS OF THE  
PROGRAM DEPENDING LARGELY ON THE PARTICIPATION LEVEL OF THE CLIENT.

4b (Code: ) (Expenses \$ 654,596. including grants of \$ ) (Revenue \$ )

FAMILY COUNSELING SERVICES - PROVIDES PROFESSIONAL COUNSELING AND  
RELATED SERVICES ON AN OUTPATIENT BASIS TO PEOPLE WHO ARE EXPERIENCING  
EMOTIONAL STRESS. SERVICES PROVIDED INCLUDE INDIVIDUAL, FAMILY, GROUP  
AND MARRIAGE COUNSELING, SCHOOL-BASED COUNSELING AND OTHER ACTIVITIES  
PROMOTING MENTAL HEALTH WELLNESS.

THE WORKING POOR ARE ALSO SERVED THROUGH FAMILY HOPE, A STRENGTH-BASED  
CASE MANAGEMENT SERVICE BUILDING PARTNERSHIPS WITH FAMILIES IN CRISIS  
TO ELIMINATE BARRIERS TO SUCCESS AND SELF-SUFFICIENCY.

COUNSELING SERVICES INCLUDE UP TO SIX SESSIONS FREE OF CHARGE FOR  
INDIVIDUALS, FAMILIES AND COUPLES. THOSE NEEDING LONGER TERM OR

4c (Code: ) (Expenses \$ 723,074. including grants of \$ ) (Revenue \$ )

CATHOLIC CHARITIES REFUGEE RESETTLEMENT PROGRAM HELPS NEWLY ARRIVED  
REFUGEES FOR 90 DAYS AFTER ARRIVAL TO ENSURE SAFETY AND STABILITY, SELF  
SUFFICIENCY, AND INTEGRATION INTO THEIR NEW COMMUNITY. SINCE 1975 WE  
HAVE OPERATED AS AN AFFILIATE OF THE MIGRATION AND REFUGEE SERVICES IN  
THE UNITED STATES CATHOLIC CONFERENCE (USCC/MRS) WITH THE  
RESPONSIBILITY FOR THE PROVISION OF RECEPTION AND PLACEMENT SERVICES TO  
ALL NEWLY ARRIVED REFUGEES IN THEIR FIRST MONTH AFTER ARRIVAL IN THE  
US. WE ARE ALSO AN AFFILIATE OF VOLAG.

THE REFUGEE RESETTLEMENT PROGRAM OFFERS A WIDE RANGE OF SERVICES TO  
HELP REFUGEES GET SETTLED AND BECOME SELF SUFFICIENT. EACH  
REFUGEE/REFUGEE FAMILY IS GIVEN A CASE MANAGER WHO HELPS PROVIDES

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,298,471. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 3,558,068. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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.? <i>If "Yes," complete Schedule F, Part I.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X

Form 990 (2008)

## CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

OKLAHOMA CITY, INC

Form 990 (2008)

73-0636561 Page 4

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>

Form 990 (2008)

**Part 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	17	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	79	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	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	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Form 990 (2008)

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Form 990 (2008)

73-0636561 Page 6

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

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b 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	17	
b	Enter the number of voting members that are independent	17	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
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?		
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	X	
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		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **OK**

18 Section 6104 requires an organization to make its Forms 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    ☐ Another's website    ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **CATHOLIC CHARITIES OF THE ARCHDIOCE - (405) 523-3000**  
**1501 N CLASSEN BLVD, OKLAHOMA CITY, OK 73106-6699**

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Form 990 (2008)

73-0636561 Page 7

**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.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MOST REV EUSEBIUS BELTRA CHAIRMAN	2.00	X		X				0.	0.	0.
ANNETTE JACOBI PRESIDENT	2.00	X		X				0.	0.	0.
JIM MCAULEY VICE PRESIDENT	2.00	X		X				0.	0.	0.
MICHAEL MILLIGAN SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
SISTER MARIE BALLMANN DIRECTOR	0.50	X						0.	0.	0.
MOLLY HEBERT BERNARD DIRECTOR	0.50	X						0.	0.	0.
HANS BUTZER DIRECTOR	0.50	X						0.	0.	0.
RICHARD COYLE DIRECTOR	0.50	X						0.	0.	0.
JAMES D. DIXSON DIRECTOR	0.50	X						0.	0.	0.
JAMES EVEREST DIRECTOR	0.50	X						0.	0.	0.
SISTER DIANE KOORIE DIRECTOR	0.50	X						0.	0.	0.
REV CHARLES MURPHY DIRECTOR	0.50	X						0.	0.	0.
REV RAUL REYES DIRECTOR	0.50	X						0.	0.	0.
L. MARIE NICOLS DIRECTOR	0.50	X						0.	0.	0.
MARK RUFFIN DIRECTOR	0.50	X						0.	0.	0.
CHARLES WADE DIRECTOR	0.50	X						0.	0.	0.
MARIA MENDEZ WALLACE DIRECTOR	0.50	X						0.	0.	0.



**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Form 990 (2008)

73-0636561 Page **8**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY O'CONNOR EXECUTIVE DIRECTOR	40.00				X			87,298.	0.	0.
<b>1b Total</b>								87,298.	0.	0.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

**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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Form **990** (2008)

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

73-0636561 Page 9

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	888,499.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,769,135.			
	g	Noncash contributions included in lines 1a-1f \$		11,483.			
	h	<b>Total.</b> Add lines 1a-1f		3657634.			
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 624100	121,088.	121,088.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		121,088.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		111,233.	111,233.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		3,228.	3,228.		
	6 a	Gross Rents	(i) Real (ii) Personal	35,023.			
		b Less: rental expenses					
		c Rental income or (loss)		35,023.			
		d Net rental income or (loss)		35,023.	35,023.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	5,619.			
		b Less: cost or other basis and sales expenses		44,723.	5,959.		
		c Gain or (loss)		<44723.>	<340.>		
		d Net gain or (loss)		<45,063.>	<45,063.>		
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	163145.			
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events		163,145.	163,145.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	DEVELOPERS FEE	624100	89,973.	89,973.			
b	OTHER REVENUE	624100	1,428.	1,428.			
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		91,401.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4137689.	480,055.	0.	0.	

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Form 990 (2008)

73-0636561 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	498,084.	498,084.		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,916,048.	1,841,702.	54,708.	19,638.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	377,018.	367,782.	4,387.	4,849.
10 Payroll taxes	147,687.	141,097.	5,145.	1,445.
11 Fees for services (non-employees):				
a Management	17,220.		17,220.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	194,270.	140,120.	47,196.	6,954.
12 Advertising and promotion	30,331.	20,690.	4,341.	5,300.
13 Office expenses	16,163.	1,709.	992.	13,462.
14 Information technology				
15 Royalties				
16 Occupancy	340,960.	307,271.	27,959.	5,730.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,215.	37,664.	10,424.	6,127.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,683.	78,501.	61,486.	696.
23 Insurance				
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.)				
a <b>TRANSPORTATION</b>	45,540.	35,875.	7,403.	2,262.
b <b>MISCELLANEOUS</b>	44,388.	31,497.	10,776.	2,115.
c <b>TELEPHONE</b>	31,443.	28,888.	2,555.	
d <b>SUPPLIES</b>	21,727.	19,320.	1,406.	1,001.
e <b>POSTAGE &amp; SHIPPING</b>	18,993.	7,868.	5,285.	5,840.
f All other expenses	271.		271.	
25 Total functional expenses. Add lines 1 through 24f	3,895,041.	3,558,068.	261,554.	75,419.
26 Joint Costs. Check here <input type="checkbox"/> 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				

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Form 990 (2008)

73-0636561 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing	2,314,270.	1	2,254,762.	2
	2 Savings and temporary cash investments	531,628.	3	611,974.	3
	3 Pledges and grants receivable, net	216,383.	4	281,878.	4
	4 Accounts receivable, net		5		5
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		6		6
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	1,590,000.	7	1,590,000.	7
	7 Notes and loans receivable, net		8		8
	8 Inventories for sale or use	17,310.	9	15,246.	9
	9 Prepaid expenses and deferred charges	3,008,890.	10a		10a
	10a Land, buildings, and equipment: cost basis	1,468,940.	10b		10b
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,632,316.	10c	1,539,950.	10c
	11 Investments - publicly traded securities	3,049,984.	11	843,205.	11
	12 Investments - other securities. See Part IV, line 11	4,956.	12		12
	13 Investments - program-related. See Part IV, line 11		13		13
	14 Intangible assets		14		14
	15 Other assets. See Part IV, line 11	0.	15	1,949,055.	15
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,356,847.	16	9,086,070.	16	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	202,631.	17	174,247.	17
	18 Grants payable		18		18
	19 Deferred revenue		19		19
	20 Tax-exempt bond liabilities		20		20
	21 Escrow account liability. Complete Part IV of Schedule D		21		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		22
	23 Secured mortgages and notes payable to unrelated third parties	1,126,542.	23	1,100,137.	23
	24 Unsecured notes and loans payable		24		24
	25 Other liabilities. Complete Part X of Schedule D	10,000.	25	10,000.	25
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,339,173.	26	1,284,384.	26
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,100,310.	27	6,717,718.	27
	28 Temporarily restricted net assets	648,230.	28	830,083.	28
	29 Permanently restricted net assets	269,134.	29	253,885.	29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		31
	32 Retained earnings, endowment, accumulated income, or other funds		32		32
	33 Total net assets or fund balances	8,017,674.	33	7,801,686.	33
	34 <b>Total liabilities and net assets/fund balances</b>	9,356,847.	34	9,086,070.	34

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
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	X
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	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC
--------------------------	---

Employer identification number  
73-0636561

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the organizations the organization supports.

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

## CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

Schedule A (Form 990 or 990-EZ) 2008 OKLAHOMA CITY, INC

73-0636561 Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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.") ....	2,727,298.	3,284,913.	3,312,536.	3,898,134.	3,657,634.	16,880,515.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 - 3 .....	2,727,298.	3,284,913.	3,312,536.	3,898,134.	3,657,634.	16,880,515.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public Support. Subtract line 5 from line 4.						16,880,515.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	2,727,298.	3,284,913.	3,312,536.	3,898,134.	3,657,634.	16,880,515.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	110,166.	215,730.	362,493.	145,985.	104,421.	938,795.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	84,255.	80,269.	74,685.	176,033.	254,546.	669,788.
11 Total support. Add lines 7 through 10 .....						18,489,098.
12 Gross receipts from related activities, etc. (see instructions) .....					12	729,689.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	91.30 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	92.26 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3% support 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 ☐
- b 33 1/3% support 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 ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

Schedule A (Form 990 or 990-EZ) 2008 OKLAHOMA CITY, INC

73-0636561 Page 4

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

OTHER



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2008**

Open to Public  
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC</b>	Employer identification number <b>73-0636561</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check ☐ if the filing organization belongs to an affiliated group.  
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

## CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

Schedule C (Form 990 or 990-EZ) 2008

OKLAHOMA CITY, INC

73-0636561 Page 3

**Part II-B.** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**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.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC**

Employer identification number  
**73-0636561**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	12	
2 Aggregate contributions to (during year)	249,262.	
3 Aggregate grants from (during year)	131,013.	
4 Aggregate value at end of year	2,358,023.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☒ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- |  |      |
|--|------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- |  |      |
|--|------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X              | ▶ \$ |

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2040250.				
b Contributions	263,657.				
c Investment earnings or losses	<297,125.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	58,031.				
f Administrative expenses					
g End of year balance	1948751.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ 89.00 %  
 b Permanent endowment ☐ %  
 c Term endowment ☐ 11.00 %

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	104,602.			104,602.
b Buildings	2,393,264.		1,035,540.	1,357,724.
c Leasehold improvements				
d Equipment	511,024.		433,400.	77,624.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,539,950.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests .. . . .		
Other _____		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

<b>Part VIII</b>	<b>Investments - Program Related.</b> See Form 990, Part X, line 13.
------------------	--

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
ENDOWED FUNDS	1,948,751.
OTHER	304.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	1,949,055.

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25.
---------------	--

(a) Description of liability	(b) Amount
Federal income taxes	
ADVANCE FROM U.S. CONFERENCE OF CATHOLIC BISHOPS	10,000.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	10,000.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,137,689.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,895,041.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	242,648.
4	Net unrealized gains (losses) on investments	4	<453,680.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<4,956.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<458,636.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<215,988.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,625,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<451,852.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	<60,602.>
e	Add lines 2a through 2d	2e	<512,454.>
3	Subtract line 2e from line 1	3	4,137,689.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,137,689.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,836,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	<58,774.>
e	Add lines 2a through 2d	2e	<58,774.>
3	Subtract line 2e from line 1	3	3,895,041.
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)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,895,041.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: TO PROVIDE FUNDING FOR PROGRAMS AND PROVIDE ADEQUATE**

**RETURNS FOR INVESTED FUNDS.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**LOSS ON INVESTMENT**

**INVESTMENT AND MANAGEMENT FEES NETTED WITH REVENUE ON FINANCIALS**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

INVESTMENT AND MANAGEMENT FEES NETTED WITH REVENUE ON FINANCIALS



Department of the Treasury  
Internal Revenue Service

▶ **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.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

Name of the organization **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC**

Employer identification number  
73-0636561

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations  
 b ☐ Email solicitations  
 c ☐ Phone solicitations  
 d ☐ In-person solicitations  
 e ☐ Solicitation of non-government grants  
 f ☐ Solicitation of government grants  
 g ☐ Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

[illegible]

Total

3 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.

## CATHOLIC CHARITIES OF THE ARCHDIOCESE OF

Schedule G (Form 990 or 990-EZ) 2008

OKLAHOMA CITY, INC

73-0636561 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GRAND MARSHALL BALGIFTS (event type)	MEMORIAL (event type)	2 (total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts	153,259.	4,580.	5,306.	163,145.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	153,259.	4,580.	5,306.	163,145.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				( )
	9 Net income summary. Combine lines 3 and 8 in column (d)				163,145.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

Yes No

9a

10a

11

12

Schedule G (Form 990 or 990-EZ) 2008

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Schedule G (Form 990 or 990-EZ) 2008

**73-0636561 Page 3**

**13** Indicate the percentage of gaming activity operated in:

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2008

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1548-0047

2008

**Open to Public Inspection.**

Employer identification number  
73-0636561

Part I	General Information on Grants and Assistance
--------	--

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

☒ Yes ☐ No

## Part II

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations**

-HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF**

**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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPORT OF OTHER ORGANIZATIONS	50	13,643.	0.	COST	
DEVELOPMENT GRANTS	50	9,583.	0.	COST	
CLIENT ASSISTANCE	50	43,160.	0.	COST	
EMERGENCY & MEDICAL ASSISTANCE	50	48,518.	0.	COST	
INASMUCH CLIENT ASSISTANCE	50	66,527.	0.	COST	

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

Part II	Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)
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[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Employer identification number  
**73-0636561**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
TRINITY PLACE RET		X	1,474,000.	1,474,000.		X	X		X	
TRINITY PLACE RET	X		831,560.	815,480.		X	X		X	
CASA MARIA HOUSIN	X		321,387.	284,657.		X	X		X	
Total				▶ \$ 2,574,137.						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**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.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

Employer identification number

73-0636561

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEGAL SERVICES TO THE PEOPLE OF OKLAHOMA CITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

TRANSITIONAL HOUSING - 14 UNITS OF TRANSITIONAL HOUSING ARE AVAILABLE  
TO CLIENTS PARTICIPATING IN THE HOPE PROGRAM. INDIVIDUALS LIVING IN  
ONE OF THE TRANSITIONAL HOUSING UNITS HAVE MONTHLY RENT PAYMENTS BASED  
ON THEIR INCOME AND DO NOT PAY ANY UTILITY BILLS. A CASE MANAGER MEETS  
WITH EACH OF THE TENANTS ON A WEEKLY BASIS TO ASSIST THEM IN DEVELOPING  
AN INDIVIDUALIZED PLAN TOWARDS PERMANENT HOUSING AND SELF SUFFICIENCY.  
TENANTS RECEIVE ASSISTANCE IN ACCESSING EDUCATIONAL AND/OR VOCATIONAL  
TRAINING WITHIN THE COMMUNITY AS WELL AS ACCESSING COMMUNITY RESOURCES.

DISASTER RECOVERY - CATHOLIC CHARITIES PROVIDES CASE MANAGEMENT TO  
FAMILIES AND INDIVIDUALS AFFECTED BY FEDERALLY DECLARED DISASTERS. THE  
CASE MANAGER WORKS WITH CLIENTS TO DEVELOP A RECOVERY PLAN AND THEN  
COORDINATES WITH RESOURCES IN THE COMMUNITY TO HELP PROVIDE UNMET  
NEEDS. THERE IS ALSO UNLIMITED FINANCIAL ASSISTANCE AVAILABLE.

EMERGENCY ASSISTANCE - RENT AND UTILITY ASSISTANCE IS PROVIDED IN  
COLLABORATION WITH REFERRING AGENCIES AND SPECIAL GRANT PROGRAMS.

ADOPTION - CATHOLIC CHARITIES OF OKLAHOMA CITY BEGAN PROVIDING ADOPTION  
SERVICES IN 1912 WITH THE MISSION OF MAKING CHRIST'S LOVE FOR ALL HUMAN  
BEINGS A VISIBLE AND LIVING REALTY FOR THOSE IN NEED. BECAUSE OF  
UNPLANNED PREGNANCY CAN CREATE PRESSURE, CONFUSION, ANXIETY, AND A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08



**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.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

Employer identification number

73-0636561

SENSE OF URGENCY, WE OFFER THE FOLLOWING SERVICES TO HELP EASE THE STRESS OF THE SITUATION: PREGNANCY COUNSELING; ADOPTION COUNSELING; IF BIRTHMOTHER DECIDES TO PLACE CHILD; BEFORE AND AFTER PLACEMENT; HOME VISITS IF NEEDED; ASSIST THE BIRTHMOTHER ON CHOOSING AND MEETING A FAMILY FOR PLACEMENT; PLANNING HOSPITAL STAY; HOW MUCH CONTACT SHE WANTS AFTER PLACEMENT; TRANSPORTATION TO DOCTOR'S APPOINTMENTS; CASE MANAGEMENT; AND LIMITED FINANCIAL ASSISTANCE.

HOLY FAMILY HOME - CATHOLIC CHARITIES OFFERS A LOVING AND NURTURING RESIDENTIAL ENVIRONMENT FOR TEENAGE GIRLS WHO ARE EXPERIENCING THE OVERWHELMING EMOTIONAL EFFECTS OF THE UNTIMELY PREGNANCIES. THE HOLY FAMILY HOME PROGRAM PROMOTES THE RESPECT AND DIGNITY OF LIFE THROUGH ASSISTING EACH RESIDENT AND HER FAMILY IN MAKING AND CARRYING OUT PLANS THAT WILL ENSURE A POSITIVE FUTURE FOR HERSELF AND HER CHILD. HOLY FAMILY HOME RESIDENCY AND SERVICES ARE AVAILABLE TO GIRLS AGES 12-17. GIRLS MUST HAVE PARENTAL PERMISSION TO LIVE AT THE HOME, AND WE OFFER PLACEMENT TO GIRLS FROM OKLAHOMA. THE HOLY FAMILY HOME IS DHS LICENSED AND PROVIDES 24 HOUR CARE AND SUPERVISION IN A SAFE AND COMFORTABLE HOME ENVIRONMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  
SPECIALIZED CARE WILL BE PROVIDED ASSISTANCE IN OBTAINING AN APPROPRIATE REFERRAL WHENEVER POSSIBLE. SPANISH COUNSELING MAY BE CONDUCTED AT ST. JOSEPH'S OR ONSITE AT THE PARISH. SERVICES INCLUDE: CRISIS MANAGEMENT & STABILIZATION SERVICES; COMMUNITY EDUCATION - PROGRAMS ON TOPICS SUCH AS COMMUNICATION, COMMUNITY BUILDING,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

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Name of the organization

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

Employer identification number  
73-0636561

DEVLEOPMENT STRAGEGIES, MENTAL HEALTH, PARENTING AND SUBSTANCE ABUSE  
ARE OFFERED TO THE PARISH; EMERGENCY RESPONSE COUNSELING - IN THE EVENT  
OF AN EMERGENCY, COUNSELING STAFF WILL COME TO THE PARISH OR SCHOOL;  
AND DISASTER RESPONSE COUNSELING - IN THE EVENT OF DISASTER, BOTH  
CATHOLIC CHARITIES COUNSELING AND DISASTER TEAM STAFF WILL RESPOND  
IMMEDIATELY.

BOTH LONG TERM AND SHORT TERM COUNSELING IS ALSO AVAILABLE IN THE  
CLINTON AND LAWTON OFFICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
FAMILIES FOR UP TO SIX MONTHS FROM THE TIME OF ARRIVAL. OTHER SERVICES  
PROVIDED INCLUDE; AIRPORT RECEPTION; ORIENTATION; FOOD; CLOTHING;  
APARTMENT; FINANCIAL ASSISTANCE; FURNITURE/LIVING SUPPLIES; ASSISTANCE  
WITH MEDICAIDE/SOCIAL SECURITY/DOCUMENATION; TRANSPORTATION ASSISTANCE;  
EDUCATION; HEALTH CARE; JOB DEVELOPMENT; SKILLS TRAINING; AND  
EMPLOYMENT OPPORTUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
PARISH SOCIAL MINISTRY - PROVIDES EDUCATION AND OUTREACH WITHIN THE  
ARCHDIOCESE, INCLUDING TECHNICAL ASSISTANCE TO PARISHES WANTING TO  
START SOCIAL MINISTRY PROGRAMS AND ADVOCACY PROJECTS. THE DEPARTMENT  
ALSO ADMINISTERS THE PARISH NURSING PROGRAM THAT SERVES AS A HEALTH  
RESOURCE TO PARISHES AND INDIVIDUALS.

EXPENSES \$ 330190. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**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.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

Employer identification number  
**73-0636561**

**MATERNITY HOME**

**EXPENSES \$ 271151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**SOCIAL ACTION**

**EXPENSES \$ 103474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**IMMIGRATION**

**EXPENSES \$ 416513. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**WOMENS SANCTUARY**

**EXPENSES \$ 177143. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S EXECUTIVE  
DIRECTOR AND THE GOVERNANCE COMMITTEE REVIEW THE FORM 990 BEFORE ITS  
FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND MEMBERS OF THE BOARD  
OF DIRECTORS ARE ASKED TO MAKE ANNUAL DISCLOSURES OF ANY CONFLICTS OF  
INTERESTS IN SEPTEMBER OF EACH YEAR.**

**FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEE'S COMPENSATIONS ARE BASED  
ON A CALCULATION INCLUDING A SURVEY OF REGIONAL SALARIES OF NON-PROFIT  
AGENCIES AND THEIR INDIVIDUAL SKILL AND KNOWLEDGE SET.**

**FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION MAKES ITS GOVERNING**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

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Inspection

Name of the organization

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

Employer identification number  
73-0636561

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ONLINE.

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR MEETING  
WITH THE AUDITORS WITHOUT STAFF AND OVERSEE THE AUDIT PROCESS AND  
COMMUNICATE THE FINDINGS OF THE AUDITOR TO THE FINANCE COMMITTEE AND  
THE BOARD OF DIRECTORS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: TRINITY PLACE RETIREMENT PROJECT

(A) PURPOSE OF LOAN: LOW INCOME HOUSING CONSTRUCTION

(A) NAME OF PERSON: TRINITY PLACE RETIREMENT PROJECT

(A) PURPOSE OF LOAN: LOW INCOME HOUSING CONSTRUCTION

(A) NAME OF PERSON: CASA MARIA HOUSING PROJECT

(A) PURPOSE OF LOAN: REFURBISHMENT OF A PROPERTY IN 613 NW 30TH STREET

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

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

2008

2008

**Open to Public Inspection**

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC

**Employer identification number**  
**73-0636561**

[illegible]

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
VILLA ISENBART, INC. - 73-1438479	DEVELOPS & OPERATES				
398060 WEST 2200 ROAD	INDEPENDENT LIVING HOUSING				
BARTLESVILLE, OK 74006	UNITS	OKLAHOMA	501(A)	9	CATHOLIC CHARITIES
3825 NW 19TH, INC. - 73-1483973	AFFORDABLE TAX CREDIT				
WEST 2200 ROAD	HOUSING DEVELOPMENT FOR THE				
BARTLESVILLE, OK 74006	ELDERLY	OKLAHOMA	501(A)	9	CATHOLIC CHARITIES

Schedule R (Form 990) 2008

### Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

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

[illegible]

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF  
OKLAHOMA CITY, INC**

**Part V Transactions With Related Organizations**

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]



## FOOTNOTES

STATEMENT 1

SCHEDULE I, PART III (B) NUMBER OF RECIPIENTS VARIES.  
THE EXACT NUMBER OF RECIPIENTS OF ASSISTANCE IS NOT KNOWN.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC	73-0636561	
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	
	1501 N CLASSEN BLVD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	OKLAHOMA CITY, OK 73106		

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.****CATHOLIC CHARITIES OF THE ARCHDIOCE**

- The books are in the care of **1501 N CLASSEN BLVD - OKLAHOMA CITY, OK 73106-6699**  
Telephone No. **(405) 523-3000** FAX No. **(405) 523-3030**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2010**.
- 5 For calendar year **JUL 1, 2008**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Phillip D. Buchanan Title CPA Agent Date 2/12/10

Form 8868 (Rev. 4-2009)