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Short Form  
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)

OMB No. 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>CATHOLIC COALITION FOR SPECIAL EDUCATION, INC.</b> Number and street (or P O. box, if mail is not delivered to street address) <b>PO BOX 673</b> City or town, state or country, and ZIP + 4 <b>KENSINGTON, MD 20895</b>	D Employer identification number <b>05-0611009</b>
	Room/suite	E Telephone number <b>301-933-8844</b>
		F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website ► **WWW.CCSE-MARYLAND.ORG**

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) —  501(c)(3) ► (insert no.)  4947(a)(1) or  527  
 K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **121,414.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<b>73,311.</b>
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	<b>45.</b>
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	<b>47,723.</b>
	a Gross revenue (not including \$ <b>54,525.</b> of contributions reported on line 1)	6b	<b>42,932.</b>
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>4,791.</b>	
8 Other revenue (describe ► <b>MISCELLANEOUS INCOME</b> )	8	<b>335.</b>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>78,482.</b>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	<b>97,500.</b>
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	<b>23,665.</b>
	13 Professional fees and other payments to independent contractors	13	<b>22,003.</b>
	14 Occupancy, rent, utilities, and maintenance	14	<b>3,491.</b>
	15 Printing, publications, postage, and shipping	15	<b>1,750.</b>
	16 Other expenses (describe ► <b>SEE STATEMENT 1</b> )	16	<b>14,581.</b>
	17 Total expenses Add lines 10 through 16	17	<b>162,990.</b>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-84,508.</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A))	19	<b>128,114.</b>
	(must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<b>43,606.</b>

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Part II	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	<b>138,439.</b>	<b>90,763.</b>
	23 Land and buildings	22	
	24 Other assets (describe ► <b>SEE STATEMENT 2</b> )	23	
	25 Total assets	<b>48,267.</b>	<b>2,492.</b>
	26 Total liabilities (describe ► <b>SEE STATEMENT 3</b> )	<b>186,706.</b>	<b>93,255.</b>
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>58,592.</b>	<b>49,649.</b>
		<b>128,114.</b>	<b>43,606.</b>

CATHOLIC COALITION FOR SPECIAL  
EDUCATION, INC.

Form 990-EZ (2009)

05-0611009

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

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE STATEMENT 7

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$ 97,500. ) If this amount includes foreign grants, check here ►  28a 122,471.

29

29a

30a

31a

32 Total program service expenses (add lines 28a through 31a) ► 32 122,471.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0- )	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRANCESCA PELLEGRINO PO BOX 673, KENSINGTON, MD 20895	PRESIDENT AND 40.00	EXECUTIVE 15,175.	0.	0.
FRANK PELLEGRINO PO BOX 673, KENSINGTON, MD 20895	VICE PRESIDENT 5.00	0.	0.	0.
PATRICIA STAROS PO BOX 673, KENSINGTON, MD 20895	SECRETARY 5.00	0.	0.	0.
PAUL NOLAN PO BOX 673, KENSINGTON, MD 20895	TREASURER 5.00	0.	0.	0.
MARY BROGAN PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
PATRICK J CAULFIELD PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
CARIN COLLINS PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
MARGUERITE KIRST COLSTON PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
DAVID KANE PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
ANN KERN PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
M. ELIZABETH LATIMER, M.D. PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
FERNAND LAVALLEE PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
PATRICK MURPHY PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
LUCY NOLAN PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
MARIA OLSEN PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.
KATHLEEN WACH PO BOX 673, KENSINGTON, MD 20895	DIRECTOR 5.00	0.	0.	0.

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Form 990-EZ (2009)

## Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a   0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	40b	X
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ► MD		
42a The organization's books are in care of ► THE ORGANIZATION Located at ► PO BOX 673, KENSINGTON, MD	Telephone no ► 301-933-8844	ZIP + 4 ► 20895
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43   N/A	► □
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

**NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	► Signature of officer <i>Francesca Pellegrino</i>	Date <b>109/01/2010</b>	Preparer's identifying number (See instr.)
► Type or print name and title <b>FRANCESCA PELLEGRINO, PRESIDENT</b>			
Paid Preparer's Use Only	Preparer's signature ► <i>Carrie Mount</i>	Date <b>AUG 25 2010</b>	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed) address and ZIP + 4 ► <b>HALT, BUZAS &amp; POWELL, LTD. 99 CANAL CENTER PLAZA, SUITE 230 ALEXANDRIA, VA 22314</b>	Preparer's identifying number (See instr.)	
		EIN ► <input type="checkbox"/>	Phone no. ► <input type="checkbox"/>
		no. <b>(703) 836-1350</b>	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **CATHOLIC COALITION FOR SPECIAL EDUCATION, INC.** Employer identification number **05-0611009**

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2009

**CATHOLIC COALITION FOR SPECIAL  
EDUCATION, INC.**

Schedule A (Form 990 or 990-EZ) 2009

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**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	63,300.	86,369.	152,525.	143,035.	73,311.	518,540.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	63,300.	86,369.	152,525.	143,035.	73,311.	518,540.
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)						148,764.
6 Public support. Subtract line 5 from line 4						369,776.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	63,300.	86,369.	152,525.	143,035.	73,311.	518,540.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	701.	4,444.	3,006.	1,403.	45.	9,599.
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)						
11 Total support. Add lines 7 through 10						528,139.
12 Gross receipts from related activities, etc (see instructions)				12		88,526.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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 <b>stop here</b>						► <input type="checkbox"/>

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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



Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **CATHOLIC COALITION FOR SPECIAL EDUCATION, INC.** Employer identification number **05-0611009**

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- a**  Mail solicitations
- b**  Internet and 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.

**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 COALITION FOR SPECIAL  
EDUCATION, INC.**

Schedule G (Form 990 or 990-EZ) 2009

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**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>SPRING BENEFIT</b> (event type)	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col (a) through col. (c))
		(event type)	(total number)	(total number)	
Revenue	1 Gross receipts	102,248.			102,248.
	2 Less: Charitable contributions	54,525.			54,525.
	3 Gross income (line 1 minus line 2)	47,723.			47,723.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,500.			7,500.
	7 Food and beverages	23,375.			23,375.
	8 Entertainment				
	9 Other direct expenses	12,057.			12,057.
	10 Direct expense summary Add lines 4 through 9 in column (d)				► ( 42,932 )
	11 Net income summary Combine line 3, column (d), and line 10				► 4,791.

**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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column (d), and line 7				►

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

Yes      No

9a

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?

10a

b If "Yes," explain

11

11 Does the organization operate gaming activities with nonmembers?

12

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?

**CATHOLIC COALITION FOR SPECIAL  
EDUCATION, INC.**

Schedule G (Form 990 or 990-EZ) 2009

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

- a The organization's facility
- b An outside facility

**14** Enter 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?

**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 of the third party

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?

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

**17a**

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INSURANCE		2,011.
PAYROLL TAXES		2,120.
WEB SITE		1,450.
SOFTWARE		1,885.
PARKING		465.
DUES		200.
BOOKS, SUBSCRIPTIONS & REFERENCE		29.
SUPPLIES		1,901.
TRAVEL		419.
MERCHANT ACCOUNT		731.
BANK AND CREDIT CARD CHARGES		230.
MEALS/ENTERTAINMENT		1,224.
CONFERENCE, CONVENTION, MEETING		475.
MISCELLANEOUS EXPENSES		1,041.
DONATION		400.
TOTAL TO FORM 990-EZ, LINE 16		14,581.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	38,441.	1,460.	
PREPAIDS	7,500.	0.	
OTHER DEPRECIABLE ASSETS	2,326.	1,032.	
TOTAL TO FORM 990-EZ, LINE 24	48,267.	2,492.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE/ACCRUED EXPENSES RELATED TO UNPAID GRANTS DEFERRED REVENUE	58,592. 0.	44,649. 5,000.	
TOTAL TO FORM 990-EZ, LINE 26	58,592.	49,649.	

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	1,294.
OTHER EXPENSES	2,197.
TOTAL TO FORM 990-EZ, LINE 14	3,491.

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FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
TEACHER SALARY AND CLASSROOM SUPPORT ST. MARY OF THE MILLS SCHOOL 106 ST. MARY'S PLACE LAUREL, MD 20707	NONE	37,500.
TEACHER SALARY AND CLASSROOM SUPPORT HOLY CROSS SCHOOL 4900 STRATHMORE AVENUE GARRETT PARK, MD 20806	NONE	10,000.
TEACHER SALARY AND CLASSROOM SUPPORT ST. JOHN THE EVANGELIST 10201 WOODLAND DRIVE SILVER SPRING, MD 20902	NONE	10,000.
TEACHER SALARY AND CLASSROOM SUPPORT OUR LADY OF LOURDES SCHOOL 17301 OLD VIC BOULEVARD OLNEY, MD 21771	NONE	30,000.
TEACHER SALARY AND CLASSROOM SUPPORT SACRED HEART OF MARY SCHOOL 6726 YOUNGSTOWN AVENUE DUNDALK, MD 21222	NONE	5,000.
TEACHER SALARY AND CLASSROOM SUPPORT ST. CAMILLUS SCHOOL 1500 ST. CAMILLUS DRIVE SILVER SPRING, MD 20903	NONE	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		97,500.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

IN 2009 CCSE AWARDED, THROUGH ITS "BELIEVE IN ME! GRANT-MAKING PROGRAM" GRANTS TO CATHOLIC SCHOOLS IN MARYLAND TO SUPPORT SPECIAL EDUCATION SERVICES TO STUDENTS WITH DISABILITIES. ALONG WITH ITS GRANTS, CCSE ALSO PROVIDED TECHNICAL ASSISTANCE TO CATHOLIC SCHOOLS IN MARYLAND TO HELP IN THE CREATION OR EXPANSION OF SPECIAL EDUCATION SERVICES. THROUGH ITS "SHARE THE WORD" CAMPAIGN CCSE CONTINUED TO RAISE DISABILITY AWARENESS AMONG SCHOOLS, PARENTS AND PARISHIONERS TO ENSURE THAT EVERYONE UNDERSTANDS THE IMPORTANCE OF WELCOMING STUDENTS WITH DISABILITIES. THIS IS A KEY FACTOR IN THE SUCCESS OF PROGRAMS SERVING THOSE WITH DISABILITIES.

THE MISSION OF THE CATHOLIC COALITION FOR SPECIAL EDUCATION IS TO ENSURE THAT CHILDREN WITH SPECIAL NEEDS ARE ABLE TO ATTEND, AND RECEIVE AN APPROPRIATE EDUCATION IN THEIR LOCAL CATHOLIC ELEMENTARY SCHOOLS AND HIGH SCHOOLS. IN THE WORDS OF POPE BENEDICT XVI "NO CHILD SHOULD BE DENIED HIS OR HER RIGHT TO AN EDUCATION IN FAITH, WHICH IN TURN NURTURES THE SOUL OF A NATION." CCSE PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO HELP CATHOLIC SCHOOLS IN WASHINGTON, D.C. AND MARYLAND ACHIEVE THIS GOAL.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>CATHOLIC COALITION FOR SPECIAL EDUCATION, INC.</b>	Employer identification number <b>05-0611009</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 673</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KENSINGTON, MD 20895</b>	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**THE ORGANIZATION**

- The books are in the care of ► **PO BOX 673 - KENSINGTON, MD 20895**

Telephone No ► **301-933-8844** FAX No ► 

- 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 will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

►  calendar year **2009** or►  tax year beginning , and ending 

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a 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	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

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 <b>CATHOLIC COALITION FOR SPECIAL EDUCATION, INC.</b>		Employer identification number <b>05-0611009</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>PO BOX 673</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>KENSINGTON, MD 20895</b>		

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

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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.**

### THE ORGANIZATION

- The books are in the care of ► **PO BOX 673 - KENSINGTON, MD 20895**

Telephone No. ► **301-933-8844** FAX No. ► \_\_\_\_\_

- 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 **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

### ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

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 Balance Due. 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 ► *Carol Mount*

Title ► CPA

Date ► **8/15/2010**

Form 8868 (Rev. 4-2009)