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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► 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.

Department of the Treasury  
Internal Revenue Service**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> CATHOLIC CHARITIES - DIOCESE OF TYLER P.O. BOX 2016 TYLER, TX 75710	<b>D</b> Employer identification number 20-2766724
			<b>E</b> Telephone number (903) 258-9492
			<b>F</b> Group Exemption Number
			<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

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

**I Website:** ► N/A**J Tax-exempt status** (check only one) — ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

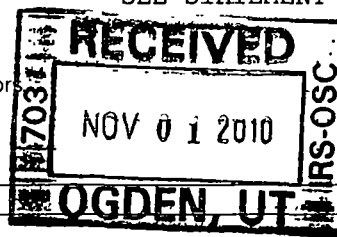
**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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.

► \$ 282,728.

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	282,585.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	143.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ► _____)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	282,728.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	28,500.
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	168,429.
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	22,720.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	12,000.
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	1,912.
<b>16</b>	Other expenses (describe ► SEE STATEMENT 2)	<b>16</b>	108,157.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	341,718.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-58,990.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	229,125.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	170,135.

**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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	175,505.	181,813.
<b>23</b> Land and buildings	24,000.	24,000.
<b>24</b> Other assets (describe ► SEE STATEMENT 3)	31,426.	36,635.
<b>25</b> <b>Total assets</b>	230,931.	242,448.
<b>26</b> <b>Total liabilities</b> (describe ► SEE STATEMENT 4)	1,806.	72,313.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	229,125.	170,135.

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

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 5

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, or other relevant information for each program title

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

28	<u>SEE STATEMENT 6</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	128,061.
29	<u>PROVIDED FUNDS FOR PARISH FOOD PANTRIES. THE FUNDS WERE PLACED ON ACCOUNT FOR THESE PANTRIES WITH THE EAST TEXAS FOOD BANK.</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	83,207.
30	<u>SEE STATEMENT 7</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	73,224.
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	284,492.

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

(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 and deferred compensation	(e) Expense account and other allowances
MSGR. XAVIER PAPPU 2800 PINE TREE RD. LONGVIEW, TX 75604-1647	CHAIRMAN 1.00	0.	2,280.	0.
DR. KATHLENE BELANGER 620 LOGANSPOUT ST. NACOGDOCHES, TX 75961	DIRECTOR 1.00	0.	0.	0.
STEPHEN HORLANDER 5614 BOSTICK DR. TYLER, TX 75707	TREAS./FINANCE 10.00	0.	0.	0.
JOSEPH MARTEL 1413 KENSINGTON TYLER, TX 75703	VICE-CHAIRMAN 1.00	0.	0.	0.
PEACHES OWEN 1700 BRANDYWINE DR. TYLER, TX 75703	SECRETARY 1.00	0.	0.	0.
LOUIS OWEN 1700 BRANDYWINE DR. TYLER, TX 75703	DIRECTOR 1.00	0.	0.	0.
LUPE NATERA 206 LEXINGTON WHITEHOUSE, TX 75791	EX-OFFICIO 1.00	0.	0.	0.
FR. MARK KUSMIREK 1023 CORINTH RD. JACKSONVILLE, TX 75766-9801	DIRECTOR 1.00	0.	0.	0.
FR. GARY ROTTMAN P.O. BOX 93 SULPHUR SPRINGS, TX 75483	DIRECTOR 1.00	0.	0.	0.
JIM SMITH 2949 SHENANDOAH TYLER, TX 75701	EX-OFFICIO 1.00	0.	0.	0.
RICHARD LAWRENCE 543 HILLIARD DR. CANTON, TX 75103	EX-OFFICIO 1.00	0.	0.	0.
NELL LAWRENCE 1015 ESE LOOP 323 TYLER, TX 75701	EXECUTIVE DIREC 50.00	58,710.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V) SEE STATEMENT 8

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</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 <b>40b</b>		X
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **NELL LAWRENCE** Telephone no **(903) 258-9492**  
 Located at **202 W. FRONT ST. TYLER TX** ZIP + 4 **75702**

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
<b>c</b> 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		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**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.

	Yes	No
<b>46</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

**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'.

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

**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'.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> <i>Nell Lawrence</i>		<b>Date</b> 10-26-10	
	<b>Type or print name and title</b> Nell Lawrence, Executive Director			
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <i>Barbara R. Bass</i>	<b>Date</b> 10/21/10	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's Identifying Number (See instructions)</b> N/A
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> GOLLOB MORGAN PEDDY 1001 ESE LOOP 323 STE 300 TYLER, TX 75701-9609		<b>EIN</b> <span style="float: right;">▶</span> N/A	
			<b>Phone no</b> <span style="float: right;">▶</span> (903) 534-0088	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**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 'unusual grants'.)	886,704.	289,588.	1,164,190.	201,278.	282,728.	2,824,488.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3	886,704.	289,588.	1,164,190.	201,278.	282,728.	2,824,488.
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)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						2,824,488.

**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	886,704.	289,588.	1,164,190.	201,278.	282,728.	2,824,488.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,775.	11,338.	20,872.	5,201.	143.	46,329.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 <b>Total support.</b> Add lines 7 through 10						2,870,817.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.0 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>		

BAA

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5						
<b>7a</b> Amounts included on lines 1, 2, 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 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 on 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. <span style="float: right;">▶ <input type="checkbox"/></span>						

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

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

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

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

**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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



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

[illegible]

CLIENT 11092

CATHOLIC CHARITIES - DIOCESE OF TYLER

20-2766724

10/21/10

01 43PM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	HOLY FAMILY PARISH		
DONEE'S ADDRESS:	1614 FM 849		
	LINDALE, TX 75771		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	SACRED HEART CATHOLIC CHURCH		
DONEE'S ADDRESS:	2508 APPLEBY SAND ROAD		
	NACOGDOCHES, TX 75961		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	OUR LADY OF SORROWS PARISH		
DONEE'S ADDRESS:	1023 CORINTH ROAD		
	JACKSONVILLE , TX 75766		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	OUR LADY OF LOURDES PARISH		
DONEE'S ADDRESS:	1620 CR 353		
	CHIRENO, TX 75937		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	ST. TERESE PARISH		
DONEE'S ADDRESS:	14786 FM 859		
	CANTON, TX 75103		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	MT. PLEASANT FOOD BANK		
DONEE'S ADDRESS:	1403 EAST FIRST		
	MT PLEASANT, TX 75455		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	PRINCE OF PEACE CATHOLIC CHURCH		
DONEE'S ADDRESS:	14588 ST HWY 110 S		
	WHITEHOUSE, TX 75791		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	ST. FRANCIS OF ASSISI		
DONEE'S ADDRESS:	2514 FM 852		
	GILMER, TX 75644		
CASH AMOUNT GIVEN:		\$	3,000.
DONEE'S NAME:	ST. MARY MAGDELENE		
DONEE'S ADDRESS:	18221 FM 2493		
	FLINT, TX 75762		
CASH AMOUNT GIVEN:		\$	500.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	798.
BANK FEES		497.
BANQUET		1,658.
COMPUTER REPAIR		1,185.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,295.

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

CONTRACT LABOR	\$	2,813.
DEPRECIATION		8,935.
DUES AND MEMBERSHIPS		2,073.
FAN ASSISTANCE		8,164.
FOOD ASSISTANCE		3,857.
FUNDRAISING EXPENSES		1,000.
HOSPITALITY		608.
INSURANCE		34,766.
INTERNET		92.
MISCELLANEOUS		1,034.
OFFICE EXPENSES		2,916.
ONLINE CASE MGMT		3,752.
SPECIAL PROJECTS		319.
TAXES		48.
TELEPHONE		4,188.
TRANSPORT/MOVING		6,450.
TRAVEL		20,680.
UTILITIES		29.
<b>TOTAL</b>	<b>\$</b>	<b>108,157.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 19,446.	\$ 10,511.
PLEDGES AND GRANTS RECEIVABLE	11,980.	12,631.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	13,493.
<b>TOTAL</b>	<b>\$ 31,426.</b>	<b>\$ 36,635.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 417.	\$ 1,010.
DEFERRED REVENUE	0.	70,000.
PAYROLL LIABILITIES	1,389.	1,303.
<b>TOTAL</b>	<b>\$ 1,806.</b>	<b>\$ 72,313.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CATHOLIC CHARITIES IS DEDICATED TO SUPPORTING INDIVIDUALS DISLOCATED BY HURRICANE IKE AS WELL AS IMMIGRANTS IN THE EAST TEXAS AREA WHO ARE SEEKING A BETTER LIFE. IN ADDITION, CATHOLIC CHARITIES DESIRES TO SERVE THE POOR AND HUNGRY BY ESTABLISHING FOOD DISTRIBUTION CENTERS IN EVERY PARISH IN EAST TEXAS, ESPECIALLY IN THE UNDERSERVED AREAS OF THE TYLER DIOCESE.

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**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PARTICIPATED IN A TWO YEAR DEPARTMENT OF JUSTICE (DOJ) GRANT-FUNDED COLLABORATIVE WITH CATHOLIC CHARITIES DALLAS, CATHOLIC CHARITIES FORT WORTH, AND TWO LOCAL CRISIS CENTERS AND SHELTERS TO PROVIDE LEGAL ASSISTANCE TO IMMIGRANT VICTIMS OF DOMESTIC ABUSE AND OTHER FORMS OF VIOLENCE.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PROVIDED DIRECT SERVICES TO INDIVIDUALS DISPLACED BY HURRICANES KATRINA, RITA AND IKE. THIS INCLUDED CONDUCTING NEEDS ASSESSMENTS, ESTABLISHING LONG-TERM PLANS FOR RECOVERY, CONNECTING CLIENTS TO OTHER AVAILABLE RESOURCES, PROVIDING JOB TRAINING, AND PROVIDING PRACTICAL ASSISTANCE IN THE FORM OF RENT, UTILITIES, TRANSPORTATION, AND OTHER NECESSITIES.

**STATEMENT 8**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO