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Form **990-EZ**

Short Form

OMB No 1545-1150

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)

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

Open to Public

Website: ► N/A Check ►	A			lendar	year, or tax		ing		, 2009, an	<u>id en</u>	iding				,	_
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**Section 501(c/3) organizations and 4947(a/1) nonexempt charitable trusts must attack a completed Schedule A (Form 990 or 590-E2). Website: = N/A	\vdash	1		Specific				<u> </u>				\dashv				_
* Section 501(cX3) organizations and 4547(aX1) nonexempt charitable trusts must attach a completed Schedule & (Form 990 or 590-E2). Website: N/A Tax-exempt etatus (check only one) X 501(c) 3) * (insert no.) 4447(aX1) or 527 Tax-exempt etatus (check only one) - X 501(c) 3) * (insert no.) 4447(aX1) 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-E7 for 990 PF) Add lines \$15,60, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 \$ 114,2. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a 62, 241. 2 Pogram service revenue including government fees and contracts 1 2 2 2 2 2 2 2 2 2	\vdash	1			NADEBUT	TTE			тт	60	566	['			xemption	
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 19 Net assets or fund balances at end of year Combine lines 18 through 20 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 785,748. 22 915,2 20 Other assets (describe Occurred) (A) Beginning of year (B) End of year 785,748. 22 915,2 (A) Other assets (describe Occurred) (A) Other assets (describe Occurred) (B) End of year 785,748. 22 915,2 (Cash, savings, and investments Occurred) (B) End of year 785,748. 22 915,2 (Cash, savings, and investments Occurred)	j —-	 							िं					10	15,820	
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13 Professional fees and other payments to independent contractors 14 15 14 15 15 15 15 16 17 16 17 16 17 16 17 16 17 17 17 18 18 18 18 19 19 18 19	EX							- 9 .EU10	() ($\overline{}$		—
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 23 Land and buildings 0 . 23 24 Other assets (describe ►	P							ontractors	الأ				-		5,250) _
15 Frinting, publications, postage, and shipping 16 Other expenses (describe See Other Expenses Statement) 16 7,0) <u>ř</u>	1						EN UT	1		•			_		Ť
16 Other expenses (describe ► See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 22 Cash, savings, and investments 23 Land and buildings 0 . 23 24 Other assets (describe ► 0 . 24		1	•	•	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•		$\overline{}$		_
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 Part II) 22 Cash, savings, and investments 23 Land and buildings Other assets (describe ►	S	16		•			-	•				١			7,062	, -
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 Part II) 22 Cash, savings, and investments Land and buildings Other assets (describe ► Other assets (describe ► Other assets (describe ► Other assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 780, 4 (A) See L-20 Stmt (B) 103,7 (B) End of year 19 785, 748 . 22 915, 2 (B) End of year 19 785, 748 . 22 915, 2 (B) End of year 19 785, 748 . 22 915, 2 (Cash, savings, and investments 19 915		17										—′			28,132	-
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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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) 22 Cash, savings, and investments 23 Land and buildings Other assets (describe ► Other assets (describe ► Other assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 780, 4 19 10 10 3, 7 19 10 10 3, 7 19 10 10 10 10 10 10 10 10 10 10 10 10 10	_	+-						. <u> </u>	<u> </u>		· -			$\overline{}$	31,083	
figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 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) Cash, savings, and investments Land and buildings Other assets (describe Other assets (describe) Other assets (describe Other assets (descr	4	آ ا		•	•	•		-	(4)) (-		<u> </u>
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 915, 2 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)	NS	19	Net asset	is or tun	nd balances a	at beginning	of year (from	line 27, column	(A)) (mus	st ag	ree with end-	-от-ує	ear -	19	780.405	; .
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 915, 2 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)	ŤĘ	20					nces (attach e	volanation)	See	T	-20 Stmt			$\overline{}$		
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 785,748. 22 915,2 23 Land and buildings 0. 23 24 Other assets (describe ►) 0. 24		3 -								. ப	ZM DCIUC	-		$\overline{}$		
(See the instructions for Part II) 22 Cash, savings, and investments	D.									ma	a filo Econo	<u> </u>				<u>.</u>
22 Cash, savings, and investments 785,748. 22 915,2 23 Land and buildings 0. 23 24 Other assets (describe ►) 0. 24		ar t II	r Dala	iiice 3				iiii (b) are \$1,2	SU,UUU OF	mor						_
23 Land and buildings 0 . 23 24 Other assets (describe ►)	31		ah aa	a and		e instruction	is for mart ii)									-
24 Other assets (describe ►) 0 . 24	_				rivesiments	•		•				υυ,				<u>; .</u>
	_			-	nn Þ			`						_		<u>;</u>
25 Total assets 785, 748. 25 915, 2				(describ	Je			,				QE		_	915,216	_
25 Total assets 785,748. 25 915,2 26 Total liabilities (describe ► See L-26 Stmt) 5,343. 26				e (doso	riha.► Co	o I26	C+m+	`			 			_		<u>).</u>
								/ aree with line 2	1)		7				915,216	
	27	7 Ne	et assets or	r fund ba	alances (line	27 of colur	nn (B) must ac	aree with line 2	l)		1 7	80,	405.	27	915,216	, ر

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

Form **990-EZ** (2009)

Form	990-EZ (2009) CATHOLIC ORDER				-391	9971 Page 2
Par			(See the instruction	ons.)	(Pos	Expenses
What	s the organization's primary exempt purpose? <u>WE</u>	LFARE & RELIEF			501(uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	ses. In a clear and con-	cise manner,	orgai	nîżations and section
prog	ram title	persons benefited, or other re		acii	for of	thers.)
28	FRATERNAL, CHARITABLE, O	R EDUCATIONAL PURP	OSES			
	_ '					
	(Grants \$ 15,820.) If th	is amount includes foreign gra	ants, check here	·	28 a	15,820.
29						
				·		
				·		
	(Grants \$) If th	s amount includes foreign gra		·─────────────────────────────────────	29 a	
20	(Grants 2) II til	is amount includes foreign gra	ants, check here		<u> 25 a</u>	
30						
				·		
	70			· <u>-</u>	20	
21		is amount includes foreign gra	ants, cneck nere	····	<u>30 a</u>	
31	Other program services (attach schedule		anda abaali basa		21 -	
22		is amount includes foreign gra	ants, check here	<u></u>	31 a 32	15,820.
	Total program service expenses (add III					
للككل	List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	is and	(e) Expense account and other allowances
DAV	ID HUBER					
	W. SHUMAN BLVD., P.O. BOX 3012	TRUSTEE				
		1.00	ο.		Ο.	
	JART BUCHANAN	1.00		·	<u> </u>	
		TO LICTURE]		
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		1.00	<u> </u>		0.	
	ID KREBS					
	W. SHUMAN BLVD., P.O. BOX 3012	1	_		_	
NAE	PERVILLE IL 60566	1.00	0.		<u>0.</u>	
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BAA		TEEA0812 0	1/30/10			Form 990-EZ (2009)

	1 990-EZ (2009) CATHOLIC ORDER OF FORESTERS WELFARE AND RELIEF FUND 36-3919971 1 V Other Information (Note the statement requirements in the instrs for Part V.)		P	age 3
aı	CV Other Information (Note the Statement requirements in the insus for 1 art V.)	$\neg \neg$	Yes	No
22	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	110
3.,		33		<u>x</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		<u>X</u> _
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.			
ā	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?	35 a		<u>x</u>
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35ь		
		36		<u>x</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
t	Did the organization file Form 1120-POL for this year?	37 b		<u> X</u>
38 a	a 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?	38 a		<u>x</u>
ŧ	of f 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			Ì
	Section 501(c)(7) organizations. Enter.	- }	ļ	}
	a Initiation fees and capital contributions included on line 9		Ì	
	Gross receipts, included on line 9, for public use of club facilities	- 1		
40 8	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►		İ	
ŀ	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	40 ь		x
(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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
		40 e		X
41	List the states with which a copy of this return is filed Illinois			
	The organization's books are in care of ► ANN BAKER Located at ► 355 W. SHUMAN BLVD., P.O. BOX 3012 NAPERVILLE At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		- <u>01</u> 4	5 No
-	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:	42b		X
(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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:	42 c		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 .	. •	· 🗆	
4.5	Did the assessment assessment and described and 2 to West Francisco COO assess he assessment and assessment		Yes	No
44		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		<u>x</u>

Part VI	Section 5 501(c)(3)	01(c)(3) organizations organizations and second complete the tables	and section 4947(a)(1) nonexemp exempt charitab	t charitable trusts only le trusts must answer	. All se	ction	age 4
47 Did'th 48 Is the 49 a Did th	he organization e organization a he organization	engage in direct or indirect Yes,' complete Schedule C, engage in lobbying activitie a school as described in sect in make any transfers to an e	s? If 'Yes,' complete So ion 170(b)(1)(A)(ii)? If ' xempt non-charitable re	hedule C, Part II Yes,' complete Sche		46 47 48 49 a	Yes	No X X X X
50 Comp	plete this table	ated organization a section 5 for the organization's five his	ghest compensated emp	oloyees (other than o	officers, directors, trustees a If there is none, enter 'None	49b nd key		
) Name and address	s of each employee paid n \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owance:	
NONE								
						-		
				<u> </u>				
								-
f Total	number of other	er employees paid over \$100),000 . >					
51 Comp	plete this table bensation from	for the organization's five hit the organization If there is i	ghest compensated inde	ependent contractors	s who each received more that	an \$100,	000 of	
		d address of each independent contra			(b) Type of service	(c) Com	pensatio	n
NONE _								
d Total	number of other	er independent contractors e	each receiving over \$10	0,000 .	•			
Sign Here	Under penalties of true, correct, and Signature of of	complete Declaration of preparer (of	ned this return, including accom her than officer) is based on al	npanying schedules and st I information of which prep	atements, and to the best of my know arer has any knowledge //-/// Date	edge and b	etief, it i	s
	Type or print	name and title		Date	Charles 4 Prepa	rer's Identi	fying Nu	mber
Paid Pre- parer's Use	Preparer's signature Firm's name (or yours if self employed),	CAHILL & JENSEN, 135 S. PALMER DR	MEN CPO LLC ., SUITE 100	2 11/12/	Check if self-employed > See	instructions		
Only May the IR	address, and ZIP + 4 S discuss this i	ELMHURST return with the preparer show	vn above? See instructi	IL 60126	Phone no ► (630)	530- X Yes		No No
BAA						Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ame c	f the	organization							Employer	identificat	tion number	
CAT	HO	LIC ORDER OF	FORESTERS WEI	FARE AND RELIEF	FUNI)	_		36-39	19971	L	
Part	: [Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstruct	ions	
he o	rgai	nization is not a priv	ate foundation becaus	e it is: (For lines 1 throug	jh 11, ch	neck only	y one bo	ox.)				
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section 1	70(b)(1))(A)(i).				
2		A school described	in section 170(b)(1)(A	Xii). (Attach Schedule E)							
3		A hospital or coope	rative hospital service	organization described in	section	n 170(b)	iiiXAXiii).				
4		A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın sectio	on 1 70 (b)(1)(A) (iii) Ente	er the hospita	ıl's
5		name, city, and star An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of	of a college or university of	owned o	r operati	ed by a	governr	nental u	nıt desci	ribed in secti	 on
6				overnmental unit describe								
7		An organization tha in section 170(b)(1)	it normally receives a ((A)(vi). (Complete Pa	substantial part of its sup art II.)	port from	n a gove	ernment	al unit d	or from t	he gene	ral public des	scribed
8	Ш	A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	Part II.)						
9		from activities relate	ed to its exempt functi	more than 33-1/3 % of ons — subject to certain of staxable income (less somplete Part III.)	exceptio	ns. and	(2) no n	nore tha	an 33-1/3	3 % of it	s support fro	m gross
10		An organization org	janized and operated	exclusively to test for pub	lic safet	y See s	ection 5	609(a)(4).			
11		more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or s	ection 50	09(a)(2)	ions of, . See s e	or carry e ction 5 (out the 09(a)(3).	purposes of Check the b	one or oox that
		a Type I	b Type II	c 🗌 Type ill	- Func	tionally	integrate	ed		d 🗌	Type III C	Other
е		By checking this bo than foundation ma 509(a)(2)	ex, I certify that the org inagers and other than	ganization is not controlle n one or more publicly sup	d directl oported	y or indi organiza	rectly by itions de	y one or escribed	more d I in secti	isqualifie on 509(a	ed persons o a)(1) or secti	other on
f		If the organization r	received a written dete	ermination from the IRS th	nat is a	Туре І, Т	ype II o	r Type	III suppo	rting org	ganızatıon,	
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?	[-	Yes No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	gether v	with pers	ons des	scribed	ın (ıı) an	ıd (III)	11 g (i)	ies No
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)	
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?					•	11 g (iii)	
h		Provide the following	ng information about th	ne supported organization	s							
	(1	Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in col in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vil) Amount	of Support
					Yes	No	Yes	No	Yes	No		
												· · · · · · · · · · · · · · · · · · ·
												_
otal			1	!	I	1	l	l		1 1		

Section B	. Total Support						
Calendar yea beginning in	ar (or fiscal year) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amoun	ts from line 4 .	73,000.	321.	343.	373,165.	0.	446,829.
dividen on seci royaltie	ncome from interest, ds, payments received urities loans, rents, is and income form sources	36,422.	37,577.	36,022.	39,155.	52,001.	201,177.
busines	ome from unrelated ss activities, whether or business is regularly on						
gain or	ncome Do not include loss from the sale of assets (Explain in .) .	0.	0.	29.	600.	0.	629.
11 Total s	upport. Add lines 7						648,635.

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

CC	tion c. computation of rubiic support referriage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	68.89%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	69.81%

16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box **►** [x] and stop here. The organization qualifies as a publicly supported organization

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.

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.

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.

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

12

12

Gross receipts from related activities, etc. (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2009	CATHOLIC ORDER C	F FORESTERS WEI	FARE AND RELIEF FU	ND 36-3919971	Page 4
Part II, line 17a or 17b;	on. Complete this and Part III, line	s part to provide 12. Provide any	the explanations other additional ir	required by Part II nformation. See ins	, line 10; structions.
Other Income Part II, Lin	<u>e_10</u>				- -
Description: OTHER INCOME				-	
2005: 0.					
2006: 0.	-				
2007: 29.					
2008: 600.					- -
2009: 0.	·				
		~			
		~			
					_~

Other Assets and Liabilities

2009

Name as Show			FORESTERS	WELFARE	AND	RELIEF	FUND		loyer Identification No. 3919971
Line 24	· Other A	\ \sse	ets:				Beginnii of Yea	_	End of Year

Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,250.	0.
DUE TO CATHOLIC ORDER OF FORESTERS	93.	0.
Totals to Form 990-EZ, Part II, line 26	5,343.	0.

TEEW1801 SCR 02/11/10

CATHOLIC ORDER OF FORESTERS WELFARE AND RELI	IEF FUND	36-391997	71 1
Form 990-EZ, Part I, Line 16 Other Expenses Statement			
Other expenses (describe) ANNUAL REPORT FEE BANK SERVICE CHARGES MISCELLANEOUS EXPENSE REFUND OF CONTRIBUTIONS SUPPLIES Total		215. 5. 20. ,804. 18.	
Form 990-EZ, Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balances			
Description			Amount
SECURITIES FAIR VALUE ADJUSTMENT			103,729.

103,728.

ROUNDING

Total

Supporting Statement of:

Form 990-EZ/Line 5a

Description	Amount				
PUBLICLY TRADED SECURITIES:					
CITIGROUP CAP XVI 6.45%	32,219.				
FIRST AMERICAN FUNDS	30,022.				

Supporting Statement of:

Form 990-EZ/Line 5b

mount	Description
	LICLY TRADED SECURITIES:
25,000. 30,027.	ITIGROUP CAP XVI 6.45% IRST AMERICAN FUNDS
-	

Supporting Statement of:

Form 990-EZ/Line 10

Description	Amount
ABCD - AFTER BREAST CANCER DIAGNOSIS	500.
CATHOLIC OFFICE OF THE DEAF	500.
CORD FOUNDATION	500.
CORNERSTONE OF HOPE	500.
DAKOTA COVINGTON FIRE DEPARTMENT	500.
DIGNITY GROUP	250.
FEED MY STARVING CHILDREN	1,000.
FOOD PANTRY	500.
GOOD LEADERS GOOD SHEPHERDS	1,000.
GOOD SAMARITAN FUND	250.
HOLY FAMILY PARISH MISSION	500.
LASALLE CATHOLIC SCHOOL	500.
LEE NATIONAL DENIM DAY	570.
MOST HOLY TRINITY SCHOOL	500.
NCSML FLOOD RELIEF FUND	250.
NORTHERN ILLINOIS FOOD BANK	1,000.
PLAINVIEW Q125 CELEBRATION	500.
PRINCE OF PEACE SCHOOLS	500.
PWA CHARITABLE FUND	250.
SAINTS PETER & PAUL CATHOLIC CHURCH	500.
SHARE FOUNDATION	250.
SIMPLE GIFTS FOUNDATION	1,000.
ST BERNADETTE CHURCH	500.
ST BERNARD'S SCHOOL	250.
ST IRENE SCHOOL	250.

Continued

Supporting Statement of:

Form 990-EZ/Line 10

Description	Amount
ST JAMES PARISH	250.
ST JOHN'S CATHOLIC CHURCH	500.
ST MARY'S HOME	500.
ST MATTHEW'S SCHOOL	250.
ST PAUL'S SCHOOL	500.
ST VINCENT CATHOLIC CHARITIES	250.
TABLE OF PLENTY - ST PATRICK'S CHURCH	250.
THERESA HOUSE	500.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month I	Extension, complete only Part I and check this box				► X
•		matic) 3-Month Extension, complete only Part II (on pag	•	•		
		dy been granted an automatic 3-month extension on a pro-		d Form 886	8.	
Paril /	Automatic 3-Month Extens	ion of Time. Only submit original (no copies r	needed).			
A corporation	required to file Form 990-T and r	requesting an automatic 6-month extension — check this	box and con	nolete Part	Lonly	▶ □
All other corp	orations (including 1120-C filers),	partnerships, REMICS, and trusts must use Form 7004 t		•	•	, ,
ıncome tax re						
returns noted the additional Form 990-T. I	below (6 months for a corporatio (not automatic) 3-month extension	ectronically file Form 8868 if you want a 3-month automat n required to file Form 990-T). However, you cannot file F on or (2) you file Forms 990-BL, 6069, or 8870, group reti c completed and signed page 2 (Part II) of Form 8868. Fo -file for Charities & Nonprofits	Form 8868 e	lectronically	y if (1) you wa consolidated	ant I
	Name of Exempt Organization			Employer ide	ntification numbe	ır
Type or						
print	CATHOLIC ORDER OF FO	RESTERS WELFARE AND RELIEF FUND		36-3919	9971	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions	•	•		
filing your return See	355 W. SHUMAN BLVD.,					
instructions.	City, town or post office, state, and ZIP cod	de For a foreign address, see instructions				
	NAPERVILLE			IL	60566	
_ ^	f return to be filed (file a separat	¬ · ·	7	•		
Form 990		Form 990-T (corporation)	Form 472			
X Form 990		Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above)	Form 522 Form 606			
Form 990		Form 1041-A	Form 887			
Telephone If the orga If this is for check this	or a Group Return, enter the orga		If		_	. ► [] ip,
1 reques	st an automatic 3-month (6 month	s for a corporation required to file Form 990-T) extension	of time			
	ug 16 , 20 10 _ , to file ension is for the organization's re	the exempt organization return for the organization name turn for	ed above.			
► X	calendar year 20 09 or					
► □	tax year beginning	, 20, and ending, 20				
2 If this ta	ax year is for less than 12 months	, check reason Initial return Final return	c	hange in ac	counting peri	od
	pplication is for Form 990-BL, 990 ndable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	any .	3a \$		0.
	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated tax pay nt allowed as a credit	ments	3b \$		0.
deposit		Ba. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment System	n).	3 c \$		0.
Caution. If yo payment instr		c fund withdrawal with this Form 8868, see Form 8453-EC	O and Form	8879-EO fo)r	
BAA For Priv	acy Act and Paperwork Reduction	on Act Notice, see instructions.		Form	n 8868 (Rev. 4	4-2009)

Form 8868	(Rev 4-2009) CATHOLIC ORDER OF FORESTERS WELFARE AND RELIEF FUND	36-39199/1 Pag	ge z
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this t	box ►	X
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previously fi	iled Form 8868.	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Ratural Park	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n		
•	Name of Exempt Organization	Employer identification number	
Type or			
print	CATHOLIC ORDER OF FORESTERS WELFARE AND RELIEF FUND		
File by the	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only	
extended due date for			SECTION .
filing the return See	355 W. SHUMAN BLVD., P.O. BOX 3012		影響
instructions	City, town or post office, state and ZIP code. For a foreign address, see instructions		
	NAPERVILLE IL 60566		於理
	of return to be filed (File a separate application for each return)		
Form 9		Form 6069	
Form 9		☐ Form 8870	
X Form 9			
	not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly filed Form 8868.	
	oks are in care of ANN BAKER		
	one No. ► (800) 552-0145 FAX No. ►	_	
	rganization does not have an office or place of business in the United States, check this box		L
	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is for th	1e
	p, check this box . \blacktriangleright . If it is for part of the group, check this box \blacktriangleright . and attach a list with	the names and EINs of all	
	he extension is for.		
	uest an additional 3-month extension of time until Nov 15 , 20 10.		
	alendar year 2009 , or other tax year beginning , 20 , and ending		
		Change in accounting period	
	in detail why you need the extension WE_RESPECTFULLY_REQUEST_AN_EXTENSION		· — —
<u>_IN</u> _	ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE A	AND ACCURATE RETURN	<u>-</u> – -
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any effundable credits. See instructions	8a S	0.
		100.00	- • ·
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated ta ents made, include any prior year overpayment allowed as a credit and any amount paid previously.		
with f	Form 8868	8b \$	0.
c Balar with f	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	. 8c \$	0.
	Signature and Verification		
Under penaltie correct, and co	s of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my known place, and that I am authorized to prepare this form	wledge and belief, it is true,	
Signature >	David Jumen Tille - CPA	Date -8/16/1	٥
			_
BAA	FIFZ0502 03/11/09	Form 8868 (Rev 4-2	2009)