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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

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 CATHOLIC CHARITIES OF THE DIOCESE OF GREEN Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 23825 City or town, state or country, and ZIP + 4 GREEN BAY, WI 54305-3825	D Employer identification number 39-0808438
		E Telephone number (920) 437-7531
		G Gross receipts \$ 2,778,227.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527 J Website: ▶ WWW.GBDIOC.ORG K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 1958 M State of legal domicile WI		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO REACH OUT, TO SERVE AND MEET CRITICAL NEEDS, ADDRESS HUMAN SUFFERING AND PROMOTE AND RESTORE THE WELL-BEING OF THOSE MOST VULNERABLE IN OUR SOCIETY OF NORTHEASTERN WISCONSIN.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,254,027.	2,150,088.
	10 Investment income (Part VIII, column (A), lines 3-4 and 7d)	305,437.	419,202.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-148,134.	140,209.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,772.	52,843.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,448,102.	2,762,342.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	93,610.	34,337.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a Professional fundraising fees (Part IX, column (A), line 11)	1,868,845.	1,852,201.
	b Total fundraising expenses, Part IX, column (D), line 25		0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,741.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	832,704.	758,400.
	19 Revenue less expenses. Subtract line 18 from line 12	2,795,159.	2,644,938.
		-347,057.	117,404.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,902,813.	1,898,239.
	22 Net assets or fund balances. Subtract line 21 from line 20.	562,970.	385,474.
		1,339,843.	1,512,765.

Part II Signature Block

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.		
	Karen P. Johnston Signature of officer	11-10-10	Date
	Karen P. Johnston, President Type or print name and title		
Paid Preparer's Use Only	RANDY M. DUMMER, CPA Firm's name (or yours if self-employed), address, and ZIP + 4 2201 E ENTERPRISE AVE., PO BOX 2459 APPLETON, WI 54912-2459	Date 10/27/2010	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 920-733-7385

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 951,122. including grants of \$) (Revenue \$ 548,351.)

ATTACHMENT 3

4b (Code:) (Expenses \$ 300,820. including grants of \$) (Revenue \$ 224,262.)

THE CHILD WELFARE SERVICES OFFERED BY CATHOLIC CHARITIES ARE IN THE AREAS OF BIRTH PARENT SERVICES, ADOPTION, AND TEEN PARENTING TARGETING AT-RISK POPULATIONS, IN THE COMMUNITIES THAT WE SERVE. ADOPTION SERVICES HAVE BEEN AVAILABLE FOR OVER 90 YEARS THROUGH CATHOLIC CHARITIES. ELEMENTS OF THE ADOPTION PROGRAM INCLUDE BIRTHPARENT SERVICES TO VARIOUS AGE GROUPS, PARENT EDUCATION SERVICES, PARENT SUPPORT, AND EARLY CHILDHOOD INITIATIVES. CONSISTENT WITH OUR SUPPORT FOR LIFE, CATHOLIC CHARITIES HAS A NO-DECLINE POLICY FOR SERVING THOSE WHO SEEK THESE SERVICES.

4c (Code:) (Expenses \$ 377,400. including grants of \$) (Revenue \$ 311,587.)

CATHOLIC CHARITIES FINANCIAL HEALTH AND DEBT MANAGEMENT SERVICES ARE DESIGNED TO MOVE PEOPLE OUT OF POVERTY TO SELF-SUFFICIENCY, TO REMAIN IN SAFE, ADEQUATE HOUSING AND TO MANAGE THEIR LIMITED RESOURCES SO THAT THEY CAN PAY BACK DEBT AND ATTAIN FINANCIAL STABILITY. FOCUSED ON HELPING PROVIDE FAMILIES WITH SERIOUS FINANCIAL PROBLEMS, THIS PROGRAM ASSISTS AND EDUCATES PARTICIPANTS ON WAYS TO MANAGE THEIR FINANCIAL RESOURCES.

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

(Expenses \$ 854,494. including grants of \$) (Revenue \$ 1,537,933.)

4e Total program service expenses ► 2,483,836.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b Is the organization 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.	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	47	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	7	
1b Enter the number of voting members that are independent	7	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KAREN JOHNSTON 1825 RIVERSIDE DRIVE GREEN BAY, WI 54301**
920-437-7531

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
---	---	---

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

- | | | |
|---|--|---|
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | 0 |
|---|--|---|

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	366,138.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,783,950			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,150,088			
Program Service Revenue				Business Code			
	2a	FEES FOR SERVICES		900099	419,202.	419,202	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		419,202.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			17,013.		17,013
	4	Income from investment of tax-exempt bond proceeds . . .			0.		
	5	Royalties			0.		
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			2,050.		2,050.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		123,196			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		123,196.			
	d	Net gain or (loss)			123,196.		123,196.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	37,104.			
	b	Less: direct expenses	b	15,885			
	c	Net income or (loss) from fundraising events			21,219.		21,220
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		900099	29,574.	29,574.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			29,574.			
12	Total Revenue. See instructions			2,762,342	448,776.	163,479.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,950.	2,950.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,387.	31,387.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	114,825.	97,601.	11,483.	5,741.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,285,104.	1,279,904.	5,200.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	103,169.	102,658.	511.	
9 Other employee benefits	265,728.	263,642.	2,086.	
10 Payroll taxes	83,375.	82,990.	385.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	5,926.	5,926.		
c Accounting	130,964.	17,000.	113,964.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	44,481.	44,481.		
12 Advertising and promotion	9,335.	9,335.		
13 Office expenses	54,925.	54,925.		
14 Information technology	102,553.	102,553.		
15 Royalties	0.			
16 Occupancy	166,384.	166,384.		
17 Travel	52,726.	52,726.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	21,881.	21,881.		
20 Interest	8,425.	8,425.		
21 Payments to affiliates	2,325.	2,325.		
22 Depreciation, depletion, and amortization	3,066.	3,066.		
23 Insurance	10,718.	10,718.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RECRUITMENT	1,102.	1,102.		
b MEMBERSHIP DUES	8,048.	8,048.		
c BAD DEBT EXPENSE	44,300.	44,300.		
d PURCHASED SERVICES	85,654.	63,922.	21,732.	
e INSTRUCTIONAL MATERIALS	2,181.	2,181.		
f All other expenses	3,406.	3,406.		
25 Total functional expenses. Add lines 1 through 24f	2,644,938.	2,483,836.	155,361.	5,741.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,973.	1	4,784.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	221,524.	3	166,763.
	4 Accounts receivable, net	175,882.	4	87,153.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,013.	9	9,444.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	92,040.		
	10b Less: accumulated depreciation	30,013.	10c	62,027.
	11 Investments - publicly traded securities	1,447,108.	11	1,568,068.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,902,813.	16	1,898,239.	
Liabilities	17 Accounts payable and accrued expenses	171,463.	17	151,188.
	18 Grants payable		18	
	19 Deferred revenue	105,466.	19	143,192.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	286,041.	25	91,094.
	26 Total liabilities. Add lines 17 through 25	562,970.	26	385,474.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	674,077.	27	864,657.
	28 Temporarily restricted net assets	665,766.	28	648,108.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,339,843.	33	1,512,765.
	34 Total liabilities and net assets/fund balances	1,902,813.	34	1,898,239.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (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 CHARITIES OF THE DIOCESE OF GREEN BAY, INC.**

Employer identification number
39-0808438

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? _____

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

h Provide the following information about the supported organization(s)

(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	Yes	No	Yes	No	
Total									

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

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")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 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		
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		

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")	1,742,069.	2,326,896.	2,291,646.	2,254,027.	2,150,088.	10,764,726.
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	351,425	299,373.	296,173	314,734.	442,471.	1,704,176
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,093,494.	2,626,269.	2,587,819.	2,568,761	2,592,559.	12,468,902.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						12,468,902.

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.	2,093,494	2,626,269.	2,587,819.	2,568,761.	2,592,559	12,468,902.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,152	48,350.	55,059.	40,931	17,013	200,505.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	39,152.	48,350.	55,059	40,931	17,013.	200,505.
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.)	23,289	25,071.	29,762.	27,475.	29,574.	135,171.
13 Total support. (Add lines 9, 10c, 11, and 12)	2,155,935	2,699,690.	2,672,640.	2,637,167.	2,639,146.	12,804,578.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.38 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	97.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.57 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.65 %

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 ☐

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

EXPLANATION OF OTHER INCOME

PART III, SECTION B, LINE 12

OTHER INCOME INCLUDES HEALTH SERVICES RETAINERS, STIPENDS AND
HONORARIUMS, AND OTHER MISCELLANEOUS INCOME AMOUNTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF GREEN
BAY, INC.

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
39-0808438

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	990,385.	1,319,148.			
b Contributions	1,800.	1,000			
c Net investment earnings, gains, and losses	151,589.	-259,013.			
d Grants or scholarships					
e Other expenditures for facilities and programs	61,500.	70,750.			
f Administrative expenses					
g End of year balance	1,082,274.	990,385.			

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

- a Board designated or quasi-endowment ► 100.0000 %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		92,040.	30,013.	62,027.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				62,027.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS DUE-CATHOLIC DIOCESE OF GREEN	91,094.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	91,094.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,762,342.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,644,938.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	117,404.
4	Net unrealized gains (losses) on investments	4	55,518.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	55,518.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	172,922.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,817,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	55,518.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	55,518.
3	Subtract line 2e from line 1	3	2,762,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,762,342.

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

1	Total expenses and losses per audited financial statements	1	2,644,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,644,938.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,644,938.

Part XIV Supplemental Information

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

PART V, LINE 4

THE REVEREND WILLIAM SPALDING FUND FOR CATHOLIC CHARITIES WAS ESTABLISHED

TO PROVIDE A PERMANENT, GROWING TRUST WHICH WILL BE USED TO SUPPLEMENT

THE SUPPORT AND MAINTENANCE OF ALL ACTIVITIES OF CATHOLIC CHARITIES OF

THE DIOCESE OF GREEN BAY, INC.

Part XIV Supplemental Information *(continued)*

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

	(a) Event #1		(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
	GOLF OUTING (event type)	MISCELLANEOUS (event type)		0 (total number)	
Revenue					
1 Gross receipts	33,731.	3,373.			37,104.
2 Less: Charitable contributions					
3 Gross income (line 1 minus line 2)	33,731.	3,373.			37,104.
Direct Expenses					
4 Cash prizes					
5 Noncash prizes					
6 Rent/facility costs					
7 Food and beverages					
8 Entertainment					
9 Other direct expenses	13,751.	2,134.			15,885.
10 Direct expense summary. Add lines 4 through 9 in column (d)					(15,885.)
11 Net income summary. Combine line 3, column (d), and line 10					21,219.

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))
	Yes	No	Yes	No	Yes	No	
Revenue							
1 Gross revenue							
Direct Expenses							
2 Cash prizes							
3 Noncash prizes							
4 Rent/facility costs							
5 Other direct expenses							
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	Yes _____ % No	Yes _____ % No	Yes _____ % 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							

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____		
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____		
b If "Yes," explain. _____		
11 Does the organization operate gaming activities with nonmembers? _____		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____		

13 Indicate the percentage of gaming activity operated in:

- | | | | Yes | No |
|---|---------------------------------------|--------------|-----|----|
| a | The organization's facility | 13a % | | |
| b | An outside facility | 13b % | | |

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? **15a**

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

- c If "Yes," enter name and address 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?
- 17a**

- 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 ► \$ _____

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING ASSISTANCE	12	4,328			
PERSONAL LOAN REPAYMENT	1	476			
ENERGY ASSISTANCE	6	1,383			
ASSISTANCE TO REPLACE FURNACE, BOILER/WATER HEATER	4	2,312			
FARM RELIEF	7	3,500			
INFANT CAR SEAT PROGRAM FEE	7	245			
TRANSPORTATION ASSISTANCE	30		2,073	COST	BUS PASSES

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

MONITORING USE OF GRANTS

CATHOLIC CHARITIES OF THE DIOCESE OF GREEN BAY, INC. DOES NOT MAKE GRANTS

BUT RATHER EXPENDS FUNDS IN THE FORM OF DONATIONS TO OTHER CHARITABLE

ORGANIZATIONS AND DIRECT ASSISTANCE TO INDIVIDUALS. DIRECT ASSISTANCE

PAYMENTS ARE MADE DIRECTLY TO VENDORS ON BEHALF OF INDIVIDUALS DETERMINED

ON A CASE BY CASE BASIS.

[illegible]

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

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
BAY, INC.

CATHOLIC CHARITIES OF THE DIOCESE OF GREEN

Employer identification number
39-0808438

ATTACHMENT 1

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

CATHOLIC CHARITIES PROVIDES SERVICES IN THE AREA OF FAMILY COUNSELING,
DISASTER SERVICES, REFUGEE AND IMMIGRATION SERVICES AS WELL AS OTHER
FORMS OF COUNSELING AND SUPPORT TO THE COMMUNITY APART FROM THSOE
DESCRIBED IN PART III, LINES 4A, 4B AND 4C. OTHER PROGRAM REVENUE
INCLUDES ALL REVENUE NOT SPECIFICALLY ASSIGNED TO OR RECEIVED BY THOSE
PROGRAMS DESCRIBED ON LINES 4A, 4B AND 4C.

FORM 990, PART VI, SECTION B, LINE 11

THE COMPLETED FORM 990 AND ITS SCHEDULES WERE REVIEWED BY THE PRESIDENT
OF THE CORPORATION WITH THE PRESIDENT AND AN ACCOUNTING MANAGER FROM ST.
THERESE OF THE LITTLE FLOWER, INC. - A SERVICE CORPORATION HIRED BY THE
CORPORATION TO PROVIDE ACCOUNTING SERVICES - TO ANSWER QUESTIONS AND GIVE
EXPLANATIONS OF THE RETURN. A REPORT OF THIS MEETING AND A COPY OF THE
FORM 990 WERE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION
PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C

THE CORPORATION HAS DEVELOPED A CONFLICT OF INTEREST DOCUMENT TO BE
SIGNED ANNUALLY BY EACH OF THE BOARD MEMBERS TO ENSURE THERE IS ADEQUATE
DISCLOSURE AND SUBSTANTIATION OF ANY POTENTIAL CONFLICT OF INTEREST
BETWEEN ANY OF THE BOARD MEMBERS AND THE CORPORATION.

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF GREEN
BAY, INC.

Employer identification number
39-0808438

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, SECTION B, LINE 15

THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL IS DETERMINED BY AN
OUTSIDE HUMAN RESOURCES CORPORATION. THE CORPORATION TAKES INTO
CONSIDERATION OTHER INDIVIDUALS IN SIMILAR NOT-FOR-PROFIT ORGANIZATIONS
IN CONJUNCTION WITH POLICIES AND WAGE SCALES ADOPTED BY THE CORPORATION.
THE PROPOSED COMPENSATION IS THEN APPROVED BY AN INDEPENDENT COMMITTEE;
WHICH CONSISTS OF TWO INDEPENDENT INDIVIDUALS AND THE VICE-CHAIRMAN OF
THE CORPORATION. THIS PROCEDURE IS FOLLOWED ANNUALLY FOR ALL EMPLOYEES
OF THE CORPORATION.

FORM 990, PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS OF CHARITIES OF THE DIOCESE OF GREEN BAY, INC. ARE
MADE AVAILABLE TO THE PUBLIC UPON SPECIFIC REQUEST AS WELL AS BEING
POSTED ON THE WEBSITE FOR THE CATHOLIC DIOCESE OF GREEN BAY AT
WWW.GBDIOC.ORG. THE GOVERNING DOCUMENTS OF THE CORPORATION ARE AVAILABLE
TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ORGANIZE, DIRECT AND ADMINISTER THE RESPONSE TO CHARITABLE AND
SOCIAL WELFARE NEEDS OF THE PEOPLE OF THE DIOCESE OF GREEN BAY, BOTH
CATHOLIC AND NON-CATHOLIC ALIKE, FOR THE PURPOSE OF ADVANCING THE
INTERESTS OF THE ROMAN CATHOLIC CHURCH IN ACCORD WITH AND IN SUPPORT
OF THE MISSION OF THE CATHOLIC DIOCESE OF GREEN BAY AND OTHER
CATHOLIC ENTITIES WITHIN THE DIOCESE OF GREEN BAY, WHICH ARE UNDER
THE GUIDANCE OF THE BISHOP OF THE DIOCESE OF GREEN BAY. THE

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF GREEN
BAY, INC.

Employer identification number
39-0808438

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ACTIVITIES SHALL BE CONSISTENT WITH THE TEACHINGS OF THE CATHOLIC
CHURCH, AND IN ACCORD WITH THE CODE OF CANON LAW OF THE CATHOLIC
CHURCH AS INTERPRETED BY THE BISHOP OF THE DIOCESE OF GREEN BAY.

ATTACHMENT 3

4A PROGRAM SERVICE

INDIVIDUAL AND FAMILY MENTAL HEALTH COUNSELING SERVICES FOR PEOPLE
WHO ARE DISENFRANCHISED AND UNABLE TO ACCESS OR AFFORD SERVICES.
THEY ARE LARGELY SERVICES DESIGNED TO LIFT PEOPLE FROM POVERTY,
ASSIST THEM IN ADJUSTMENT OR ACCLIMATION TO CULTURE AND ROOTED IN
BOTH MISSION AND MOVE TOWARD SELF SUFFICIENCY. MANY OF THE
PARTICIPANTS OF THESE SERVICES WOULD BE UNABLE TO ACCESS SERVICES
ELSEWHERE IF CATHOLIC CHARITIES DID NOT OFFER THEM. A WIDE RANGE
OF FUNDING FOR THESE SERVICES ALLOWS FOR TARGETED CASE MANAGEMENT
AND COLLABORATIVE PARTNERSHIPS TO BE MOST EFFECTIVE IN THE SERVICE
DELIVERY. ADDITIONALLY, THE AGENCY IS WELL KNOWN FOR ITS
CULTURALLY SENSITIVE DELIVERY SYSTEMS THAT SERVE REFUGEE AND
IMMIGRATION POPULATIONS, THE MEDICAL ASSISTANCE AND MEDICARE
POPULATION AND THOSE WITHOUT HEALTH INSURANCE.