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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 2009

Open to Public

<u> </u>	For the 2006	9 calendar year, or tax year beginning 07/01/09, and ending 06/30/1	0		
	Check if applicab			D Empl	oyer identification number
	Address change	use IRS UNITED STATES CATHOLIC CONFERENCE			-, intermination number
	·	label or print or Doing Business As		59-	-0862770
	Name change	type Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
	Initial return	See 134 E. CHURCH STREET		•	
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		<b>G</b> Gross rec	eipts \$ 7,346,827
	Amended return				
	Application pend	F Name and address of principal officer		H(a) Is this	a group return for
	***************************************	WILLIAM C. BEITZ		affiliat	
		134 E. CHURCH STREET		H(b) Are all includ	l affiliates Yes No
		JACKSONVILLE FL 32202		If "No	," attach a list (see instructions)
	Tax-exempt s	<del></del>			
	Website. 🕨				exemption number > 0928
			Year of formation 1	945	M State of legal domicile FL
<u> P</u>	art I	Summary			
		y describe the organization's mission or most significant activities			
9		PROVIDE SERVICES TO ANYONE IN NEED, REGARDLESS OF RA			
ğ		OVOCATE JUSTICE, HUMAN DIGNITY AND QUALITY OF LIFE; AN			COPLE
/er	I	) JOIN IN THESE EFFORTS; THEREBY REFLECTING THE COMPAS			
Activities & Governance	I	k this box   if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1	22
<b>9</b> 5	l	ber of voting members of the governing body (Part VI, line 1a)		3	22 22
iţi	l	ber of independent voting members of the governing body (Part VI, line 1b)		4	75
;ţi	l	number of employees (Part V, line 2a)		5	549
ĕ	l	number of volunteers (estimate if necessary)		6	<u> </u>
	I	gross unrelated business revenue from Part VIII, column (C), line 12 inrelated business taxable income from Form 990-T, line 34		7a 7b	0
_	D Netu	illetated business taxable income nom Form 990-1, line 34	Prior Year		Current Year
•	8 Contr	ributions and grants (Part VIII, line 1h)	6,093	3,880	6,811,051
Revenue	9 Progr	ram service revenue (Part VIII, line 2g)	708	3,230	304,215
96	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	67	7,576	48,931
œ	11 Other	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			182,630
	12 Total	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		686,	7,346,827
		ts and similar amounts paid (Part IX, column (A), lines 1–3)	2,375	5,823	2,599,900
	14 Bene	fits paid to or for members (Park 🔀 🖾 🖦 (A 🖟 100 4)			
es		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,172	2,763	3,098,179
enses	16a Profe	ssional fundraising feest art IX, column (A), line 11e)   fundraising expenses (Part IX, column (D), line 25) ► 436, 628			<del></del>
ďχ	b Total		1 211	120	1 000 000
〇号NNVOS Assets or Balances	17 Other	r expenses (Part IX, colum <del>in (A), lines 11a_11d, 11f-24</del> 05	1,311		1,230,370
Ä	18 Total	expenses Add lines 3-17 (mester) Fart IX, balumn (A), line 25)	6,859		6,928,449
<u> </u>	19 Reve	nue less expenses Subtract line 18 from line 12	Beginning of Curr	9,970 ent Year	418,378 End of Year
E SE	20 Total	assets (Part X, line 16)	4,432		5,089,631
Ass Bal	21 Total	liabilities (Part X, line 26)		3,979	653,094
Fet /		ssets or fund balances Subtract line 21 from line 20	4,018	<del></del>	4,436,537
ω <b>P</b>		Signature Block		,	
~		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules ai	nd statements, and t	to the best o	of my knowledge
0		and belief, his true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which prep	arer has an	y knowledge
<b>∠</b> Sig	n	William C. Dutz		/	//9///
⊇Hei	re	Signature of officer		Date	
		WILLIAM BEITZ DIOCE	SAN DIRE	CTOR	
		Type or print name and title			
	. 🗆	Preparer's Date	Check if	·	Preparer's identifying number (see instructions)
Pai		signature Dabua I. lak CPD 01/1	7/11 self- employe	ed 🕨 🗌	P01236502
	parer's	James Knutzen & Assoc., C.P.A.'s		EIN D	EQ 000 CE 00
Use	e Only	f self-employed), 5150 Belfort Rd. Bldg 300		Phone	
		address, and ZIP+4 Jacksonville, FL 32256		no 🕨	904-725-5832
May	the IRS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No

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

Form **990** (2009)

orm 990 (2009) CATHOLIC CHARITIES BUREAU, INC. 59-0862770	Page 2
Part III Statement of Program Service Accomplishments	ı aye
1 Briefly describe the organization's mission TO PROVIDE SERVICES TO ANYONE IN NEED, REGARDLESS OF RACE ADVOCATE JUSTICE, HUMAN DIGNITY AND QUALITY OF LIFE; AND TO TO JOIN IN THESE EFFORTS; THEREBY REFLECTING THE COMPASSION	TO CALL ALL PEOPLE
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
<ul> <li>If "Yes," describe these changes on Schedule O</li> <li>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 grant allocations to others, the total expenses, and revenue, if any, for each program service reported</li> </ul>	
4a (Code ) (Expenses \$ 3,756,097 including grants of \$ ) (Reference Assistance Program:  This program provides the basic necessities to prevent homelessness. Program assists families who have temporary difficulty paying their rents, mortgage, or utility bills and/or rent or utility deposits due to unforeseeable circumstances such as job los or illness. In addition to assistance with paying bills program provides food from its food pantry, gasoline cards, and assistance with prescription medications.	Revenue \$
4b (Code )(Expenses \$ 563,820 including grants of \$ ) (Refriger Resettlement Program helps resettle displaced people who have been designated as legal refugees by the US State Department and the United Nations High Commission on Refugees. Refugees and their families flee their countries to escape religious and political persecutions that endanger their lives. Staff of the program provide a wide variety of services:housing, food, school enrollment, access to health care job readiness training, job development and follow up and more. Through services provided by this program refugees acquire cross-cultural information,	evenue \$
4c (Code ) (Expenses \$ 273,404 including grants of \$ ) (Red Disabilities Ministry:  The Disabilities Office assists people with disabilities to the life of the church. The ministry provides: Camp I am Promise and Camp Care for special children and young adult Sharing retreat program, mini camps, annual social events equipment exchange.	Special, Camp ts, Faith and

 Form <b>990</b> (2009)

) (Revenue \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

1,028,696 including grants of \$ ce expenses ▶ 5,622,017

						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?			- 1			Х
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						х
_	Schedule C, Part II				4		
5	Section 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				_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			ŀ	5		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ŀ			
	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			F			- 25
•	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,"			ŀ			
-	complete Schedule D, Part III			ľ	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			ľ			
	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,			Ī			
	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			Γ			
	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					ĺ	
	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 related 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				i		
	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			İ		ĺ	
40	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			-		77	
42A	Schedule D, Parts XI, XII, and XIII		,, T		12	X	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	424	Yes	No X		J	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12A			42		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			-	13 14a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			-	144		
_	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			F			
	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			ſ			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				ļ	I	_
	If "Yes," complete Schedule G, Part III			L	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20	[	<u> </u>
						AQA	(0000)

			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_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
_	to defease any tax-exempt bonds?	24c		
d ar-	3gg	24d		
25a	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
þ	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	l ;		77
00	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			77
27	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			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	-	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
	Schedule L, Part IV	206		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		
•	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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- 23		
	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	Х	
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-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u> </u>
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	Х	
		_	000	(0000)

	Statements Regarding Other IRS Finings and Tax Compliance					
4.	Fates the court has considered a Rev Coffee or 4000 A 10				Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,		227			 
<b>L</b>	U.S. Information Returns. Enter -0- if not applicable	1a	0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?	lable		4-	x	•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		1c_		
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	$\overline{}$		2b	x	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			25		
	instructions)					}
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
	this return?	,		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	hority		12		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
	Prohibited Tax Shelter Transaction?			5c		
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?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
_	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			_		
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	-	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi		,			
Ĭ	benefit contract?	Ullai		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7 <del>6</del>		<del></del>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<b>3</b>		- 3		
	required?			7h		
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?			8	]	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter	, ,				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter	1 1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
٠	amounts due or received from them )	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1		12a	-	
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			990	(2009)
				Form	・ココリ	(2009)

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.

1a Enter the number of voting members of the governing body be lifter the number of voting members that are independent 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 980 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Did be organization on the proving body subject to approval by members, stockholders, or other persons? 5 Did the organization on the morphoraneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 7 Yes in 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? 10a Does the organization have a written conflict of interest policy? If "No," go to line 13 1 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 1 Does the organization have a written conflict of interest policy? If "No," go to line 13 2 Are officers, dire	Sec	tion A. Governing Body and Management					
b Enter the number of volong members that are independent 2 Ded any officer, director, Instale, or key employee? 3 Ded the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employee? 4 Ded the organization of officers, director or trustees, or key employees to a management company or other person? 5 Ded the organization have any significant changes to its organizational documents since the prior Form 950 was fleet? 5 Ded the organization have aware during the year of a material diversion of the organization saces ? 6 Desite organization have members a stockholders? 7 Does the organization have members a stockholder, or other persons who may elect one or more members of the governing body? 7 Ta 7 Does the organization have members as other of the organization of the organization stopped to the organization of the governing body? 8 Ded the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Es there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 8 It be reaganization standard to the standard sta			١.			Yes	No
Del da ny ufficer, director, fusities, or key employee have a family relationship or a business relationship with any other officer, director, fusities, or key employee?  1 Del the organization delegate control over management duties cuistomarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other pressor?  3 Del the organization nake any spificiant changes to its organizational company or other pressor?  4 Del the organization nake any spificiant changes to its organizational documents ance the prior Form \$90 was filed?  4 Designation have members a stockholders?  7 Designation have members a stockholders?  8 Designation have members and such pressors who may elect one or more members of the governing body?  8 Designation have members and subject to approval by members, stockholders, or other persons?  7 Designation have members and the subject to the provider of the governing body?  8 Designation the governing body subject to approval by members, stockholders, or other persons?  7 Designation of the governing body subject to approval by members, stockholders, or other persons?  8 Designation for the governing body subject to approval by members, stockholders, or other persons?  9 Designation for the governing body?  9 Designation for the governing body for the governing body?  9 Designation for the governing body for the governing body?  9 Designation for the governing body for the governing body for governing body before filing the form?  10 Designation for the governing body for governing the organization?							l
any other officer, director, instales, or key employee?  2 2 2  3 Ded the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or instales, or key employees to a management company or other person?  4 Ded the organization have any significant changes to its organizational documents sende the prore Porti 990 was filed?  5 Deb the organization have members or stockholders?  7 Des the organization have members or stockholders?  8 Des the organization have members a stockholders, or other persons who may elect one or more members of the governing body?  7 A Des the organization have members and the properties of the governing body?  8 Des the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  9 Is there any officer, director, furbate, or key employee listed in Part VII, Section A, who cannot be reached 10 Experiment of the organization shall provide the similes and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal  Revenue Code.)  10a Does the organization have breath the provide the names and addresses in Schedule O  11b If Yes, Tokes the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are comisstent with those of the organization?  11b If Yes, Tokes the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are comisstent with those of the organization?  11b If Yes, Tokes the organization have written policies and procedures governing the properties of the organization or required by the process, of any, used by the organization to revew this Form 990 to line 13  12c X  13c Does the organization have a written organization or revew this Form 990 to line 13  13c Does the organization ha			1b	22			
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b Are officers, directors or trustees, and key employees required to disclose annually interests that could give is se to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  13 X  14 Does the organization have a written whistleblower policy?  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  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  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  Section C. Disclosure  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 X Upon request  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  State the name, physical address, and telephone number of the person who possesses the books and records of the	11a						<u> </u>
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c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c  X  13  Does the organization have a written whistleblower policy?  14  Does the organization have a written document retention and destruction policy?  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  b  Other officers or key employees of the organization  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?  16a  J  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 ▶ None  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  State the name, physical address, and telephone number of the person who possesses the books and records of the	b						
describe in Schedule O how this is done  12c	_				126		<del>                                     </del>
13	С				40-	<b>.</b>	
14 Does the organization have a written document retention and destruction policy?  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?  18 The organization's CEO, Executive Director, or top management official  19 Other officers or key employees of the organization  19 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  10 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  10 What is taxable entity during the year?  11 Dif "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?  12 List the states with which a copy of this Form 990 is required to be filed ▶ None  13 Section 6.104 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  13 Own website  Another's website  Upon request  14 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	40						<del> </del>
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Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dither officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did 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  List the states with which a copy of this Form 990 is required to be filed ▶ None  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 X Upon request  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  State the name, physical address, and telephone number of the person who possesses the books and records of the					14	_	<u> </u>
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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 ▶ None  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 X 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	D						
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<ul> <li>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</li> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the</li> </ul>							
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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  State the name, physical address, and telephone number of the person who possesses the books and records of the							
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the	19		Sī				
			_				
	20						

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**JACKSONVILLE** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	did not compen	sate	any o	curre	nt o	fficer,	dıre	ctor, or trustee		
(A)	(B)		.4		C)			(D)	(E)	(F)
Name and Title	Average hours per week	or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM BEITZ		1				T				
DIOCESAN DIR	40.00	X		X				82,742	0	11,135
BISHOP VICTOR B.	ALEONE							•		
PRESIDENT	4.00	X						o	0	0
SR. MAUREEN KELLY	4									
DIRECTOR	4.00	X						0	0	0
MARK ALLEN										
DIRECTOR	4.00	X						0	0	0
CAROL BAUMER										
DIRECTOR	4.00	X						o	0	0
ERNIE BONO										
DIRECTOR	4.00	X						0	0	0
LOUIS COSTANZA										
DIRECTOR	4.00	X						0	0	0
JOHN COUSINS										
DIRECTOR	4.00	X		_				0	0	0
ATHANASE JONES						1				
DIRECTOR	4.00	X						0	0	0
JOSEPH KEMKER										
DIRECTOR	4.00	X			ļ			0	0	0
NANCY O'BYRNE								_		
DIRECTOR	4.00	X	<u> </u>	ļ				0	0	0
REV. FRED PARKE								_		_
DIRECTOR	4.00	X	<u> </u>	<u> </u>				0	0	0
REBECCA PEREZ		1								_
DIRECTOR	4.00	X				lacksquare		0	0	0
IRENE PULEO		l								_
DIRECTOR	4.00	X			<u> </u>	$\vdash$		0	0	0
ROBERT ROSE	4 25								<u></u>	_
DIRECTOR	4.00	X	<b> </b>	<u> </u>	<u> </u>	$\vdash$		0	0	0
CARRIE CORREIA					Ì				<b>A</b> .	_
DIRECTOR	4.00	X	├—	├—	<u> </u>	$\vdash \vdash$		0	0	0
SHIRLEY FIANO	4 00				ŀ				•	_
DIRECTOR	4.00	X	Į.	l	l	1 1		0	0	0

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	plo	yees	and	d Highest Compensated E	mployees (continued)					
' (A)	(B)	<u>ا _</u>			C)			(D)	(E)		(F)			
Name and Title	Average hours per week	ndividual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	C	Estimated amount of other ompensate from the organization and related reganization of the organization of	of ion on ed		
CARRIE LEE DIRECTOR	4.00	x						0	0			0		
DENNIS KOMPARE DIRECTOR	4.00	х						0	0			0		
KATHRYN WEEDON DIRECTOR	4.00	x						0	0			0		
ALICIA SOMERS DIRECTOR	4.00	х						0	0			0		
JEAN WILLIAMS DIRECTOR	4.00	х						0	0			0		
											_			
								00.740				105		
Total     Total number of individuals (included)	-		to th	ose I	isted	d abo	ve) v	82,742 who received more than \$10	00,000 in		13	L,135		
reportable compensation from to					1					Г	Y	es No		
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization.</li> <li>Did any person listed on line 1a</li> </ul>	complete Schedu 1a, is the sum of ganizations greate	le J i repo er tha	for su ortab an \$1	uch (i le co 150,0	ndivi impe 000?	dual Insati	on a es,"	and other compensation from complete Schedule J for su			3 4	x		
services rendered to the organi	zation? If "Yes," o										5	x		
Section B. Independent Contractor     Complete this table for your five compensation from the organization.	highest compen	sate	d ind	leper	nder	it con	trac	tors that received more than	n \$100,000 of			<del></del>		
	(A) business address							Descript	(B) ion of services		Comp	C) ensation		
					·									
2 Total number of independent co	•	-				to th	ose	listed above) who received				<del></del> -		
more than \$100,000 in compen	sation from the o	rgan	ızatıd	on ►						l	0 Form <b>9</b>	90 (2009)		

Statement of Revenue (B) Related or (A) (C) Unrelated (D) Revenue .5 Total revenue exempt function excluded from tax under sections 512, 513, or 514 business revenue revenue 546,911 1a Federated campaigns 1a b Membership dues 1b 322,811 c Fundraising events 1c 1,332,795 1d d Related organizations Contributions, and other sim 2,556,628 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,051,906 1f 235,562 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 6,811,051 Program Service Revenue Busn. Code 304,215 304,215 2a SERVICE FEES b C d f All other program service revenue 304,215 Total. Add lines 2a-2f Investment income (including dividends, interest, and 48,931 48,931 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (ı) Securities (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 322,811 (not including \$ of contributions reported on line 1c) 182,630 See Part IV, line 18 b Less direct expenses ▶ 182,630 182,630 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d 0 535,776 7,346,827 Total Revenue. See instructions

#### 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).

	All other organizations must o				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		· · · · · · · · · · · · · · · · · · ·		· -
•	organizations in the U.S. See Part IV, line 21			}	
2	Grants and other assistance to individuals in			ĺ	
_	the U.S. See Part IV, line 22	2,599,900	2,599,900		
3	Grants and other assistance to governments,		,		
	organizations, and individuals outside the				
	U.S. See Part IV. lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	82,742		82,742	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,338,474	1,711,566	443,360	183,548
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	192,782	136,278	41,890	14,614
9	Other employee benefits	300,274	210,579	64,201	25,494
10	Payroll taxes	183,907	130,733	39,371	13,803
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees	122 252	112 404	15 626	4 010
g	Other	133,953	113,404	15,636	4,913
12	Advertising and promotion	100 405	160 606	22 626	0.042
13	Office expenses	192,485	160,606	22,636	9,243
14	Information technology				
15	Royalties	323,025	280,666	21 400	10,860
16	Occupancy	82,368	71,519	31,499 10,275	574
17 18	Travel	62,300	11,319	10,273	3/4
10	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	33,861	19,682	14,179	<del></del>
19 20	Conferences, conventions, and meetings Interest	2,394	2,226	151	17
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	79,119	58,392	18,677	2,050
23	Insurance	19,841	17,386	2,240	215
		,			
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 )				
а	FUNDRAISER EXP	66,180			66,180
b	EQUIPMENT RENT & MAINT	56,693	46,735	5,244	4,714
С	FUNDRAISER EXP	53,265			53,265
đ	MISCELLANEOUS	48,205	33,180	15,025	
е	DONATIONS	42,556	458	42,098	
f	All other expenses	96,425	28,707	20,580	47,138
25	Total functional expenses. Add lines 1 through 24f	6,928,449	5,622,017	869,804	436,628
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation	19,562	5,207	7,796	6,559
DAA					Form <b>990</b> (2009)

<u>Part</u>	X Balance Sheet			(A)		(B)				
				Beginning of year		End of year				
1	Cash—non-interest bearing				1					
2	Savings and temporary cash investments			1,370,657	2	1,567,076				
3				178,036		190,592				
4				26,286		779				
5	Receivables from current and former officers, directors,	key	•							
	employees, and highest compensated employees. Comp									
	Schedule L				5					
6	Receivables from other disqualified persons (as defined			_						
	4958(f)(1)) and persons described in section 4958(c)(3)(									
	Part II of Schedule L	•	<i>'</i>		6					
Assets	Notes and loans receivable, net				7					
SS 8	Inventories for sale or use				8					
و   ک	Prepaid expenses and deferred charges			14,754	9	12,799				
10	a Land, buildings, and equipment cost or									
	other basis Complete Part VI of Schedule D	10a	1,335,421							
	b Less accumulated depreciation	10b	651,355	692,456	10c	684,066				
11	Investments—publicly traded securities	55,319		46,977						
12	Investments—other securities See Part IV, line 11			2,035,944	12	2,161,627				
13	Investments—program-related See Part IV, line 11			13						
14	Intangible assets				14					
15	Other assets See Part IV, line 11			58,686	15	425,715				
16	Total assets. Add lines 1 through 15 (must equal line 34	)		4,432,138	16	5,089,631				
17	Accounts payable and accrued expenses		148,180	17	166,037					
18	Grants payable	Ī		18						
19	Deferred revenue		2,500	19	300					
20	Tax-exempt bond liabilities			-	20					
ဖ္ထု 21	Escrow or custodial account liability Complete Part IV of	Schedu	le D		21					
Liabilities 52	Payables to current and former officers, directors, trustee	es, key								
<u>=</u>	employees, highest compensated employees, and disqui	alified								
<u> </u>	persons Complete Part II of Schedule L		Ĺ		22					
23	Secured mortgages and notes payable to unrelated third	parties		40,806	23	234,378				
24	Unsecured notes and loans payable to unrelated third pa	Unsecured notes and loans payable to unrelated third parties								
25	Other liabilities Complete Part X of Schedule D		222,493	25	252,379					
26	Total liabilities. Add lines 17 through 25	•								
တ္ထ	Organizations that follow SFAS 117, check here ▶ [	X and								
Balances 28	complete lines 27 through 29, and lines 33 and 34.			3,725,579		3,946,605				
27	Unrestricted net assets	Unrestricted net assets								
m   28	Temporarily restricted net assets		292,580	28	489,932					
[ 29	Permanently restricted net assets	_		29						
교	Organizations that do not follow SFAS 117, check he	ге ▶ _	_							
Net Assets or Fund	and complete lines 30 through 34.	and complete lines 30 through 34.								
ري عربي 30	Capital stock or trust principal, or current funds	Ļ		30						
g 31	Paid-in or capital surplus, or land, building, or equipment	Ļ		31						
& 32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	····				
등 33	Total net assets or fund balances		Ļ	4,018,159		4,436,537 5,089,631				
Z 34	Total liabilities and net assets/fund balances			4,432,138	34	5,089,631				

Form 990 (2009)

orm	990 (2009) CATHOLIC CHARITIES BUREAU, INC. 59-0862770		Pa	ge <b>12</b>
Pă	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	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	1		
	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	ļ		
	the Single Audit Act and OMB Circular A-133?	3a	X	
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	3b	X	
		Form	990	(2009)

SCHEDULE A' (Form 990 or 990-EZ)

**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.

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES BUREAU, INC. UNITED STATES CATHOLIC CONFERENCE

Employer identification number 59-0862770

P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ons.		
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, ch	eck only o	ne box )							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E)									
3	П			e organization described in sect	ion 170(b)	(1)(A)(iii)							
4	П	•		in conjunction with a hospital de				)(A)(iii).	Enter th	ne hospi	tal's name.		
		city, and state	•	,				,, ,,		·	•		
5		An organizati	on operated for the benefit of	a college or university owned o	r operated	by a gove	ernmenta	al unit de	scribed	ın			
	ليسا	_	b)(1)(A)(iv). (Complete Part I	•	·	, ,							
6		-		vernmental unit described in se	ction 170(	b)(1)(A)(v	r).						
7	X			ubstantial part of its support fron				n the ae	neral ou	iblic			
•		•	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,				e ge	о. с. р				
8				'0(b)(1)(A)(vi). (Complete Part I	1)								
9	H	·		more than 33 1/3 % of its supp	-	ntribution	s memb	ership f	ees and	d aross			
	Ш			ot functions—subject to certain e						-			
				d unrelated business taxable inc	•								
		• • • • • • • • • • • • • • • • • • • •	<del>-</del>	, 1975 See section 509(a)(2).				o bao.					
10		•	<u> =</u>	clusively to test for public safet		•	a)(4)						
11	H	-	•	clusively for the benefit of, to pe	-	•		cauv on	t the				
•		_	<del>-</del>	d organizations described in sec				•		tion			
		-		e type of supporting organization	•								
		a Type		c Type III–Function		•	ď		e III–Oti	her			
е			/·	nization is not controlled directly			-						
Ŭ	ш		•	ind other than one or more publ				•		ction			
		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										Ш		
9		following per	- · · · · · · · · · · · · · · · · · · ·	on accepted any give or common		.,							
				ntrols, either alone or together w	ith persons	s describe	ed in (ii)					Yes	No
			pelow, the governing body of		ролоот.		()				11g(i)		
		, ,	member of a person describe	.,							11g(ii)		
		•	ontrolled entity of a person de								11g(iii)		
h		• •	ollowing information about the	** **							<u>[a(/</u>	L	
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did s	ou notify	(vı)	ls the	(vii) Am	ount of	•
(-)		ganization	(,	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	supp		
				above or IRC section	governing	document?		of your port?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes				
	-												
					Į		}						
									<b></b>				
					+	<del> </del>			<u> </u>				
						]							
					+	<del>                                     </del>	<del> </del>	<u> </u>	<b>†</b>	-			
					+	<del> </del>	<b>†</b>	<u> </u>		$\vdash$			
Tota	ıl						İ						

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

	equie A (Form 990 or 990-EZ) 2009 CA1	HOLIC CHA	KILIED DOL	CEAU, INC.	. 59-	-0862//0	Page 2
°P;	art II Support Schedule for O				)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I.)			
$\overline{}$	tion A. Public Support	T T			т-		
Ca	lendar 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")	6,155,479	6,126,378	6,172,414	6,198,486	6,811,051	31,463,808
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	6,155,479	6,126,378	6,172,414	6,198,486	6,811,051	31,463,808
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				ľ		31,463,808
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	6,155,479	6,126,378	6,172,414	6,198,486	6,811,051	31,463,808
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,795	106,829	118,899	67,576	48,931	414,030
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10	1,283,569	544,213	642,584	708,230	486,845	3,665,441 35,543,279
12	Gross receipts from related activities, etc. (s	see instructions)	•			12	
13	First five years. If the Form 990 is for the o	rganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	<del></del>	
	organization, check this box and stop here	,		,			▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2009 (line 6,	column (f) divided by	line 11, column (f)			14	88.52%
15	Public support percentage from 2008 Scheo	Jule A, Part II, line 14	1			15	86.35%
16a	33 1/3 % support test—2009. If the organiz	zation did not check	the box on line 13, a	and line 14 is 33 1/3	3 % or more, chec		
	and stop here. The organization qualifies a				·		<b>▶</b>   <b>X</b>
b	33 1/3 % support test—2008. If the organiz	zation 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 qualifie						▶ □
17a	10%-facts-and-circumstances test—2009			on line 13, 16a, or	16b, and line 14 is	s 10% or	ىــا
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta						▶ □
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstation meets the "facts-and-circumstation meets".	If the organization of the transfer of th	did not check a box es" test, check this b	on line 13, 16a, 16 ox and <b>stop here</b> .	b, or 17a, and line Explain in Part IV		▶ □
18	Private foundation. If the organization did	_	•		•	tructions	

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

Schedule A (Form 990 or 990-EZ) 2009 CATHOLIC CHARITIES BUREAU, INC. 59-0862770

\*\*Rart IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10,

Page 4

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

Part II, Line 10 - Other Income Detail

Program Service Fees

\$ 3,178,596 SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

# **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** Name of the organization CATHOLIC CHARITIES BUREAU, INC. 59-0862770 UNITED STATES CATHOLIC CONFERENCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 Tax 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009	CATHOLIC	CHARITIES	BUREAU,	INC.		<u>59-086</u>	52770			Page 2
Pa	art III Organization	ns Maintaining	Collections of	Art, Histori	cal Treas	ures, or	Other S	imilar Ass	ets (con	tinue	d)
3	Using the organization's ac collection items (check all t		n, and other records, o	check any of th	e following t	that are a s	ignificant us	se of its			
а	Public exhibition		d 🗌 L	oan or exchar	nge program	iS					
b	Scholarly research		<del></del>	Other							
c	Preservation for future	generations	- 🗀	- <b>-</b>		· <b>-</b> - ·			_		
4	Provide a description of the Part XIV	_	lections and explain ho	ow they further	the organiz	ation's exe	mpt purpos	e ın			
5	During the year, did the org assets to be sold to raise fu						ır		Г	Yes	No
Pa			angements. Con				wered "Y	'es" to For	m 990 F		
, ,			mount on Form 9			ition and	110104 1	00 10 1 01	000, 1	u. t	
12	Is the organization an agen					accete not					
ıa	included on Form 990, Part		in or other intermediary	y ioi continuatio	JIIS OF OUTE	assets flut			X	Yes	☐ No
<b>.</b>	If "Yes," explain the arrange		and complete the fellow	una tablo						163	
D	ii res, explain the arrange	ement in Part AIV a	and complete the follow	wing table				[	Δn	nount	
	Dan en en balanca							-			978
	• •							1c			
đ	Additions during the year							1d			235
0	,	ır						1e			951
f	Ending balance							1f			262
	Did the organization include		rm 990, Part X, line 21	?					L	Yes	X No
	If "Yes," explain the arrange		<del> </del>								
1Ra	art V Endowment	Funds. Comp	lete if organizatio								
			(a) Current year	(b) P	rior year	(c) Two ye	ears back	(d) Three years	back (e)	Four ye	ears back
1a	Beginning of year balance										
	Contributions										
C	Net investment earnings, ga	ains,							- 1		
	and losses										
d	Grants or scholarships										
е	Other expenditures for facil	ities									
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	entage of the year	end balance held as				-			_	
а			%								
	Permanent endowment	%									
С	Term endowment ▶										
3a	Are there endowment funds	not in the posses	sion of the organization	n that are held	and admini	stered for t	he				
	organization by	•	J							Y	es No
	(i) unrelated organizations	<b>3</b>							3	a(i)	
	(ii) related organizations									a(ii)	
ь	If "Yes" to 3a(ii), are the rela	ated organizations	listed as required on S	Schedule R?						3b	
4	Describe in Part XIV the int	•	•						<u></u>	<del></del> .1	
Pa			ings, and Equip		Form 990	). Part X	line 10	•			
	Description of invest		(a) Cost or other b		(b) Cost or oth		(c) Accu	mulated	(d)	Book va	lue
	<b>-</b>		(investment)		basis (other		depred		(-/		
12	Land		<u> </u>			,725				24	5,725
					233	<del>, , <u>-</u></del>					,,,
	Buildings			<del></del>	<del></del>				<b></b>		
	Leasehold improvements				1,089	606			1	000	9,696
	Equipment				1,009	, 090		51,355			L, 355
	Other	Column (d)	Tuel Form 000, D-4 Y	column (D)	20 10/5\ \	L.		•	<u> </u>		
ota	I. Add lines 1a through 1e (C	Joiumn (d) must ed	quai Form 990, Part X,	column (B), lir	ie TU(C) )			<u> </u>	<u> </u>		1,066
								6.0	hadula D (		3001 200

Schedule D (Form 990) 2009 CATHOLIC CHARITIES BUR		<u>59-0862770</u>	
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 o Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests			
Other INVESTMENTS WITH DIOCESE	1,603,640	Market	
CERTIFICATES OF DEPOSIT	557,987	Market	· · · · · · · · · · · · · · · · · · ·
_CERTIFICATES OF DEPOSIT	331,961	Market	<del></del> -
<del> </del>			
	·		
			<del>.</del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2 <u>,</u> 161,627		
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
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
CONSTRUCTION IN PROGRESS	<u> </u>		370,468
OTHER			55,247
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	425,715
Part X Other Liabilities. See Form 990, Part X, line 25.			H-17-7-1-11
1 (a) Description of liability	(b) Amount		
Federal income taxes			
ADVANCE CONTRACT PAYMENTS	233,527		
CAPITAL LEASE	18,852		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	252,379		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	tion's financial statements t	hat reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC. 59-086277	0	Page <b>4</b>
<u>R</u> a	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,346,827
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,928,449
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	418,378
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	418,378
	irt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	7,369,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u></u>
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 22,966	1	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV )		
e	Add lines 2a through 2d	2e	22,966
3	Subtract line 2e from line 1	3	7,346,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	H	7,340,027
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4.	
5		4c	7,346,827
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Int XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	6,951,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		0,931,413
	Donated services and use of facilities 22,966		
a			
b	· · ·		
C	Other losses Other (Describe in Part XIV) 2d		
d	,		22,966
е 3	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	6,928,449
4	ì	3	0,920,449
~	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a		
		i	
	Other (Describe in Part XIV )  Add lines 4a and 4b	_	
		4c	6,928,449
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0,920,449
	Int XIV Supplemental Information		<del></del>
	plete 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		
	tb, 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		
•	art to provide any additional information	B	
_=-	art IV, Line_1b - Explanation for Unreported_Contributions_c	<u>r</u> A	ssers
_ <b>T</b> ]	ne_organization administers distribution of funds for the Do	nna	· <u> </u>
To .	undation. These amounts are not included in the Form 000		
_ = -	oundation. These amounts are not included in the Form 990 c	<u>r</u> <u>a</u>	<u> </u>
_ <b>f</b> :	inancial_statements		
_			
_		_	

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization CATHOLIC CHARITIE UNITED STATES CAT				1	Employer identification number 59-0862770			
Fundraising Activities. Complete Form 990-EZ filers are not require				ered "Yes" to Form	n 990, Part IV, lin	e 17.		
1 Indicate whether the organization raised funds through				eck all that apply				
a Mail solicitations	e Solicitation	of nor	n-aove	ernment grants				
b Internet and email solicitations	f Solicitation		_	-				
c Phone solicitations	g Special fun	_		_				
d In-person solicitations	<b>3</b> ( <u></u> ) openeries		.5					
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity						Yes No		
b If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization	fundraisers) pursuant	to ag	reeme	ents under which the ful	ndraiser is			
(i) Name of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
		+ -						
Total			•					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

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Sche	dule G (Form'990 or 990-EZ) 2009 CA	THOLIC	CHARITIES	BUREAU,	INC.	59-0	862770	F	Page 3
13 a b	Indicate the percentage of gaming activity operathe organization's facility An outside facility Provide the name and address of the person with and records	ated in				13a 13b	%	Yes	
	Name ► Address ►								
l5a	Does the organization have a contract with a the revenue?	ird party from	whom the organizati	on receives gam	ning				
b	If "Yes," enter the amount of gaming revenue re	eceived by the	e organization ►	\$		and the	15	1	
	amount of gaming revenue retained by the third	l party ▶	\$						
С	If "Yes," enter name and address of the third pa	irty							
	Name ▶								
	Address ▶								
16	Gaming manager information								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Employee		Independent contr	actor					
7	Mandatory distributions								
а	Is the organization required under state law to n	nake charitat	ole distributions from	the gaming proce	eeds to				1
L	retain the state gaming license?	4-4- ! !					178	1	
b	Enter the amount of distributions required under in the organization's own exempt activities durin			mpt organization	s or spent				
	again and a second to deline	.g tan you	· · · · · · · · · · · · · · · · · · ·			0.1.1.0			

Schedule G (Form 990 or 990-EZ) 2009

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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

► Attach to Form 990.

UNITED STATES CATHOLIC CONFERENCE

CATHOLIC CHARITIES BUREAU, INC.

Name of the organization

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number 59-0862770

Part	General Information on Grants and Assistance	Assistance							
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ie amount of the g	rants or as:	sistance, the grantees'	eligibility for the grant	s or assistance, and	В	X Yes	8
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments ar vernments ar scipient that re if additional s	grant runds  td Organ ceived r	Organizations in the United States. Complete if the organization answered "Yes" to evived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	ilted States. Con Check this box if	nplete if the org no one recipie	anization ansv nt received mo	vered "Yes" to ore than \$5,000. Use	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
_									
_									
_									
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Schedule I (Form 990) 2009

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

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Schedule I (	Schedule   (Form 990) 2009 CATHOLIC CHARITIES BUREAU,	ARITIES BUREAU	INC.	59-0862770		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Con Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	United States. Com nal space is needed.	nplete if the organizat	Inited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. I 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
FOOD	FOOD AND HOUSING	57532	2,318,953	280,947	FMV	FOOD
-						
;						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatio	on required in Part I, I	ine 2, and any other addition	onal information.

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC CHARITIES BUREAU, INC.

UNITED STATES CATHOLIC CONFERENCE

Employer identification number 59-0862770

Pa	rt I Types of Property				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinin revenues	9		_
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household		-					,
•	goods	x		29,790				
6	Cars and other vehicles	X	3	7,360				
7	Boats and planes	<del></del>		.,,,,,,				
8	Intellectual property							
9	Securities—Publicly traded	-						
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,		<del> </del>				-	
•	or trust interests							
12	Securities—Miscellaneous							-
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	1	198,412				
20	Drugs and medical supplies		<del></del>					
21	Taxidermy							
22	Historical artifacts						_	
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (							
26	Other ► ( )							
27	Other ► (							
28	Other ► (				· -			
29	Number of Forms 8283 received by the	=	= =					
	which the organization completed For	rm 8283, Pa	art IV, Donee Acknowled	gement [	29			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years from			, and which is not required t	o be			
	used for exempt purposes for the ent		period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revi	ew of any non-standard				**
••	contributions?					31	<del> </del>	X
32a	Does the organization hire or use thir	d parties or	related organizations to	solicit, process, or sell nonc	ash			7.5
_	contributions?					32a		Х
b	If "Yes," describe in Part II		/2/ 5	and the first of the second	about a d		'	
33	If the organization did not report reve	nues in coli	umn (c) for a type of prop	erty for which column (a) is	cnecked,			
	describe in Part II							

Page 2

Schedule M (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC. 59-0862770

Part II' Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

SCHEDULE O

(Form 990)

**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.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CATHOLIC CHARITIES BUREAU, INC. UNITED STATES CATHOLIC CONFERENCE

Employer identification number 59-0862770

Form 990, Part III, Line 4b - Second Achievement skills and a social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and achieve educational, economic and civic participation goals.

Form 990, Part III, Line 4d - All Other Achievements

Counseling, Maternity, Adoptions, Lawn Service Program and other services.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The audit committee of the board reviews the IRS Form 990 prior to it being filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are required to sign a conflict of interest policy when they
become board members, and they are required to disclose any conflicts.

Board members with conflicts are not permitted to vote on any matters in
which they have a conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Salaries in comparable organizations are considered when making the initial employment offer the the Executive Director. After that time, the Executive Director receives the standard percentage raise given to all employees.

Name of the organization

CATHOLIC CHARITIES BUREAU, INC.

Employer identification number 59-0862770

Form 990, Part VI, Line 15b - Compensation Process for Officers

Salaries in comparable organizations are condsidered when making the inital employment offer to officers and key employees. After that time, the employee receives the standard percentage raise given to all other employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available upon request.

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Employer ide    Employer ide   Se-08627   Se-08627   Se-08627	(Form 990)		Netated Organizations and Officiated Partitle Simps  Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	on answered "Yes" to F	orm 990, Part IV, line 3	3, 34, 35, 36, or 37.		2009
(b)   Legal domicile (state at a variant)   (c)   (d)   Legal domicile (state at a variant)   (e)   (foreign country)   (foreign country)   (e)   (foreign country)   (e)   (foreign country)   (foreign cou	Department of the Treasury Internal Revenue Service		▼ Attach to F	corm 990. ► Sc	ee separate instructions			Open to Public Inspection
(b)   Legal domicle (state   Total income   End-of-year assets   (c)   Legal domicle (state   Total income   End-of-year assets   (d)   Legal domicle (state   Total income   End-of-year assets   (d)   Legal domicle (state   Exempt Code section   (d)   Public chair(state   Exempt Code section   (d)   Public chair(state   Exempt Code section   (d)   (d	Name of the organization	CATHOLIC CHARITIES E UNITED STATES CATHOL	BUREAU, INC. LIC CONFERENCE				Employer 59-086	identification number
(b)   Primary activity   Legal dominile (state or foreign country)   Continuo	ation of Disregarded Entiti		rganization answer	ed "Yes" to Form 9	90, Part IV, line 33			
Pipelte if the organization answered "Yes" to Form 990, Part IV, line 34 because teax year.	Na	(a) me, address, and EIN of disregarded ent	uty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Plete of the organization answered "Yes" to Form 990, Part IV, line 34 because tax year.)   Primary activity   Legal domicile (site of foreign country)   Legal domicile (site of foreign country)   Legal domicile (site of foreign country)   CHURCH   FL   501 (C)   7   1   2   2   2   2   2   2   3   3   3   3								
plete if the organization answered "Yes" to Form 990, Part IV, line 34 because tax year.)  (b) Primary activity Legal domine (state orforeign counity)  CHURCH FI SO1 (C) 1  CHARITY FI SO1 (C) 7								
plete if the organization answered "Yes" to Form 990, Part IV, line 34 because tetax year.)  (b) Legal domicile (state or foreign country) activity or foreign country)  CHURCH FL 501 (C) 1  CHARITY FL 501 (C) 7	_							
Plete if the organization answered "Yes" to Form 990, Part IV, line 34 because tax year.)   (b)	:							
plete if the organization answered "Yes" to Form 990, Part IV, line 34 because tax year.)  (b) Public charty status or foreign country)  CHURCH  CHARITY  FL  CHARITY  FL  CHARITY  FL  CHARITY  FL  SO1 (C)  7  8								
plete if the organization answered "Yes" to Form 990, Part IV, line 34 because to the tax year.)  (b) Public charity status or foreign country)  CHURCH  CHARITY  FI  CHARITY  FI  CHARITY  FI  CHARITY  FI  CHARITY  FI  CHARITY  FI  SO1 (C)  7  R  CHARITY  FI  SO1 (C)  7  R  SO1 (C)  7  R  SO1 (C)  7  R  SO1 (C)  7  R  FI  SO1 (C)  7  R  CHARITY  FI  SO1 (C)  7  R  R  R  CHARITY  FI  SO1 (C)  7  R  R  R  R  R  R  R  R  R  R  R  R								
(b)         (c)         (c)         (d)         (e)         (e)           Primary activity         Legal domicile (state or foreign country)         Exempt Code section (if section 501(c)(3))         (if section 501(c)(3))           CHURCH         FL         501 (C)         1         P           CHARITY         FL         501 (C)         7         P		ation of Related Tax-Exem or more related tax-exempt	npt Organizations (Cot organizations during	omplete if the orga the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 be	cause it
CHURCH         FL         501(C)         1           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	Nar	(a) ne, address, and EIN of related organizat		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHURCH         FL         501(C)         1           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	ROMAN CATHOLIC	сниксн						
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	OF ST TILLE	FL	59-2026532	СНОВСН	FL	501 (C)	н	N/A
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	CATHOLIC CHARI		E0_069437E					
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7		FL	C / C # 290 - 6C	CHARITY	FL	501 (C)	7	N/A
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	CATHOLIC CHARI	ries gainesville	59-1785681					
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7	GAINESVILLE	FL		CHARITY	FL	501 (C)	7	N/A
CHARITY         FL         501(C)         7           CHARITY         FL         501(C)         7		SI	59-1660798					
CHARITY FL 501(C) 7	ST AUGUSTINE	FL		CHARITY	FL	501 (C)	7	N/A
CHARITY FL 501(C) 7	CATHOLIC CHARI: 258 NW BURK AVI	IES LAKE	14-1993816					
	LAKE CITY	FL 32055			FL	501 (C)	7	N/A

Part III	Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	ons Taxable as a regardant real	Partnership (Completed as a partnership	implete if the org ship during the t	Janization answe	ered "Yes" to Forn	m 990, Part I	V, line 34	
	(a)  Name, address, and EIN of related organization	(b) Primary activity Le don (state of the control o	(c) (d) Legal Direct controlling domicile (state or foreign country)	Predominant income (related, unrelated, excluded from sax under sections 512-514)	Share of total income	Share of end-of-year assets	(h) Disproportionate alloc ?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)	(i) General or managing partner? Yes No
Part IV		ns Taxable as a	Corporation or I	 <b>Frust</b> (Complete corporation or tru	if the organizati	ion answered "Ye x year.)	ss" to Form 9	to Form 990, Part IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage	age hip
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CATHOLIC CHARITIES BUREAU,

INC. Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
  - d Loans or loan guarantees to or for other organization(s)
    - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
  - 1 Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
  - n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

r Othe	her transfer of cash or property from other organization(s)		1r
2 If the	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tra	saction thresholds	
	(a)	(q)	(3)

	Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	CATHOLIC DIOCESE OF ST AUGUSTINE	O	1,332,795
(2)	CATHOLIC DIOCESE OF ST AUGUSTINE	O	234,378
(3)	CATHOLIC DIOCESE OF ST AUGUSTINE	0	192,782
(4)	CATHOLIC DIOCESE OF ST AUGUSTINE	Ħ	146,540
(5)	CATHOLIC CHARITIES JACKSONVILLE	q	449,320

202,045

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CATHOLIC CHARITIES GAINESVILLE

9

Schedule R (Form 990) 2009

Page 4

Yes No

managing partner? General or

59-0862770

CATHOLIC CHARITIES BUREAU, INC.

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

amount in box 20 of Schedule K-1 Code V--UBI (Form 1065) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets (f)
Disproportionate allocations? ŝ Yes (e) Share of end-of-year assets 501(c)(3) organizations? (d) Are all partners Yes or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

SCHEDULE R-1 Continuation	n Sheet for Sc	Continuation Sheet for Schedule R (Form 990)	(066 u		OMB No 1545-0047
► Attach to (Form 990), Service	o Form 990 to list additional information for Sc.), Part I; Part II; Part III; Part IV, Part V, line 2; o. ▼ See instructions for Schedule R (Form 990).	► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990).	dule R art VI.		2009 Open to Public Inspection
ONITED STATES CATHOLIC CONE	C. ENCE		Employer identificatio	Employer identification number 59-0862770	
Part I Continuation of Identification of Disregarded Entities					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				,	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			Schedul	Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC.  Part II Continuation of Identification of Related Tay_Exempt Organizations	- 1	59-0862770			Page 2
	rigailizations				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
			2000		
DAA				Schedule	Schedule R-1 (Form 990) 2009

59-0862770 Part III Continuation of Identification of Related Organizations Taxable as a Partnership Schedule R-1 (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC.

Page 3

Numer, additional or   Numer, additional or	Tail III COmmunion of Identification of Actated Organizations Takable as a Partification	related Olyan	ודמווחווא	I AVADIC AS A	raitheisinp					
Name, addresse, and ElN of France shade ElN of France shade and ended and addresse, and ElN of France shade ElN of France shade and ended and ende	(a)	(q)	(၁)	(Đ	(e)	<b>(j)</b>	<b>(6)</b>	Ξ	€	9
Mathematical Control of the Contro	Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related,	Share of total income	Share of end-of-year	Disproportionate	Code V—UB! amount on	General or managing
			(state or foreign country)	<b>Smp</b>	unrelated, excluded from tax under		2000			partner?
			;		sections 512-514)					Yes No
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Schadule B.1 (Form 990) 2009										
								_ _	obodulo D 4 (Eorm	1000

-	IES BUREAU,	INC.	59-0862770	70			Page 4
Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	ted Organizations	Taxable as a	Corporation or	. Trust			•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage • ownership
DAA						Schedule R-	Schedule R-1 (Form 990) 2009

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	Schedule R-1	Schedule R-1 (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC. 59-0862770  Part V. Continuation of Transactions With Related Organizations (Schedule R (Form 900), Doct V, line 2)		Page 5	
ST AUGUSTINE byw (e-/) LAKE CITY b	,	Continuation of Hansactions with Related Organizations (Schedule & (Politi 990), Part V, IIITE Z)		•	
LAKE CITY b  LAKE CITY b  LAKE CITY   D  LAKE CITY   D		(a) Name of other organization	(b) Transaction type (a-r)	(C) Amount involved	
LAKE CITY   B  LAKE CITY  B  L		CHARITIES	q	109,730	
			q	53,328	

CCBINC 01/14/2011 5 43 PM

Schedule R-1 (Form 990) 2009 CATHOLIC CHARITIES BUREAU, INC.

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59-0862770

Part VI	Continuation of Unrelated Organizations Taxable as	ble as a Partnership	hip						٠	( <b>*</b> )
	(a)	(p)	(၁)	(p)	(e)	Œ		(6)	(r)	
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	onate ns?	Code V—UBI amount on box 20 of K-1	General or managing partner?	al or ging er?
				Yes No		Yes	No		Yes	2
1 1 1										
1 1 1										
DAA								Schedule R-1 (Form 990) 2009	огт 990	5000

990 / 990-PF		Mortgages and Other Notes Payable 20				
	For calendar year 20	09, or tax year beginning	07/01/09	, and ending	06/30/10	
lame					Employer lo	lentification Number
	RITIES BUREAU S CATHOLIC CO				59-086	52770
UNITED STATE	S CATHOLIC CC	MEERENCE				52770
Form 990, Pa	rt X, Line 23	- Additional	Informatio	on		
	Name of lender			Relationship	to disqualified perso	on
	ST. AUGUSTIN					
	ST AUGUSTINE	<u></u>		<u> </u>	<del></del>	
(3) (4)				<del></del>		
(5)						
6)						
7)						
8)	<del></del>					
9)		·	<del>                                     </del>			
	· · · · · · · · · · · · · · · · · · ·					
Original amoui		Maturity				Interest
borrowed	Date of loan	date		Repayment ter	ms	rate
1) 85, 2) 200,			NONE	<u> </u>		7.00
2) <b>200</b> , 3)	04/01/1		HOME			
4)						
5)						
6)						
7)						
8) 9)		-				
10)				<u> </u>		
	0			_		
1)	Security provided by borrov	ver		Puŋ	oose of loan	
2)	<del></del>		CONSTRUCT	ION LOA	N - GAINES	SVILLE
3)						
4)						
5)						
6) 7)			+			
8)		<u> </u>				
9)						
10)			1			
·			<del></del>			
Consu	deration furnished by lender		Balance	due at	В	alance due at end of year
1)	solution farmoned by lender			40,806		34,378
2)						200,000
3)						
4)						
5) 6\		· <u> </u>				
6) 7)		<del></del>				
8)	<del></del> -		+			-
9)		· · · · · · · · · · · · · · · · · · ·				
10)						
Totals			1	40,806		234,378