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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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO
349 CEDAR STREET
SAN DIEGO, CA 92101-3197

D Employer Identification Number

23-7334012

E Telephone number

619.231.2828

G Gross receipts \$ 14,650,068.

F Name and address of principal officer SR RAYMONDA DUVAL
349 CEDAR STREET SAN DIEGO, CA 92101H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?
If 'No,' attach a list (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CCDS.D.ORG

H(c) Group exemption number 0928

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation 1974

M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE EXIST TO WITNESS ACTIVELY ON BEHALF OF THE SCRIPTURAL VALUES OF MERCY AND JUSTICE. ACKNOWLEDGE THE SACREDNESS OF THE HUMAN PERSON MADE IN THE IMAGE OF GOD. ARE DEDICATED TO ENHANCING THE QUALITY OF LIFE, AND ARE COMMITTED TO ADVOCATE FOR A JUST SOCIETY.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	252
	6	Total number of volunteers (estimate if necessary)	800
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,566,220. Current Year 1,464,475.
	9	Program service revenue (Part VIII, line 2g)	17,656,279. 12,606,187.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,120. 145,278.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	258,674. 271,160.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,626,293. 14,487,100.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,607,297. 5,371,409.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,404,868. 7,418,281.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,740.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,664,389. 2,143,865.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,676,554. 14,933,555.
	19	Revenue less expenses. Subtract line 18 from line 12	-50,261. -446,455.
	20	Total assets (Part X, line 16)	Beginning of Current Year 13,898,830. End of Year 12,799,998.
21	Total liabilities (Part X, line 26)	3,637,621. 2,808,876.	
22	Net assets or fund balances. Subtract line 21 from line 20	10,261,209. 9,991,122.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ☒ SR Raymond Duval Signature of officer ☒ Jan 31, 2012 Date
 ▶ SR. RAYMONDA DUVAL EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name STEVEN W. NORTHCOTE Preparer's signature Steven W. Northcote Date 1/24/12 Check ☒ if self-employed PTIN P00085554
 Firm's name ▶ LEAF & COLE, LLP Firm's EIN ▶ 95-2076568
 Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108-3820 Phone no 619.294.7200

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

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

TEEA0113L 12/21/10

Form 990 (2010)

SCANNED FEB 15 2012

G17 14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 8,255,878. including grants of \$ 3,705,717.) (Revenue \$ 8,426,217.)

THE REFUGEE RESETTLEMENT PROGRAM PROVIDES RECEPTION AND PLACEMENT SERVICES, INCLUDING CULTURAL ORIENTATION, CASH ASSISTANCE, CASE MANAGEMENT, PREVENTIVE HEALTH SCREENING AND HEALTH EDUCATION, AND EMPLOYMENT AND SOCIAL SERVICES. THE SERVICES ARE FOR NEWLY ARRIVED REFUGEES, ASYLEES, PAROLEES, VICTIMS OF HUMAN TRAFFICKING AND SPECIAL IMMIGRANTS FROM IRAQ AND AFGHANISTAN. THE RESETTLEMENT PROGRAM ASSISTED 1,646 PERSONS AND THE REFUGEE HEALTH PROGRAM SERVED 2,232 PERSONS FOR THE YEAR ENDED JUNE 30, 2011.

4b (Code) (Expenses \$ 1,555,187. including grants of \$ 261,475.) (Revenue \$ 1,615,895.)

SENIOR SERVICES INCLUDES FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAMS WHICH PROVIDE MEANINGFUL OPPORTUNITIES FOR RETIRED SENIORS WHO ARE ON A FIXED INCOME TO VOLUNTEER AND MAKE AN IMPACT IN THEIR COMMUNITIES. DURING THE YEAR, A COMBINED TOTAL OF 116 FOSTER GRANDPARENTS AND SENIOR COMPANIONS SERVED 1,354 CHILDREN, AT-RISK YOUTH, AND FRAIL SENIORS. THE SENIOR RESIDENTIAL SERVICES PROGRAM PROVIDED SOCIAL AND SUPPORT SERVICES TO 836 SENIORS/DISABLED ADULTS LIVING IN SENIOR HOUSING. THE SENIOR NUTRITION PROGRAM LOCATED IN IMPERIAL COUNTY PROVIDES A NUTRITIOUS LUNCH FOR PERSONS 60 YEARS OF AGE AND OLDER. THE 9 CONGREGATE SITES PROVIDED 55,187 MEALS TO 1,374 SENIORS FOR THE YEAR ENDED JUNE 30, 2011. IN ADDITION, OVER 299 HOMEBOUND SENIORS HAD 43,325 MEALS DELIVERED TO THEIR HOMES DURING THE YEAR.

4c (Code) (Expenses \$ 1,247,563. including grants of \$ 20,303.) (Revenue \$ 615,301.)

HOMELESS WOMEN'S SERVICES- PROVIDES A CONTINUUM OF SERVICES FOR HOMELESS WOMEN IN SAN DIEGO AND IMPERIAL COUNTIES. THE PROGRAM ASSISTS HOMELESS WOMEN BY MOVING THEM FROM HOMELESS TO SHELTER, WITH OPPORTUNITIES FOR WORK READINESS TRAINING, TRANSITIONAL AND PERMANENT HOUSING. THE PROGRAMS INCLUDE A DROP-IN DAY CENTER, NIGHT SHELTER, TRANSITIONAL HOUSING, AND INDEPENDENT LIVING APARTMENTS AND PERMANENT HOUSING. APPROXIMATELY 3,000 WOMEN AND 200 CHILDREN USED THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2011.

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 2,987,835. including grants of \$ 89,935.) (Revenue \$ 1,912,117.)4e Total program service expenses ▶ 14,046,463.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b 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	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	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, Parts III and IV	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 (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	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? <i>If 'Yes,' complete Schedule J</i>	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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28	
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	87	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	252	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	18	
1 b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH. O	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

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. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ LISA BRUNER 349 CEDAR STREET SAN DIEGO CA 92101 619.231.2828

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NIKKI CLAY DIRECTOR	1	X						0.	0.	0.
(2) THOMAS J. BRADY BOARD MEMBER	1	X						0.	0.	0.
(3) SUE BRANDT BOARD MEMBER	1	X						0.	0.	0.
(4) PETER F. BRIDE BOARD MEMBER	1	X						0.	0.	0.
(5) HARRY GUESS TREASURER	1	X						0.	0.	0.
(6) DAVID HICKEY DIRECTOR	1	X						0.	0.	0.
(7) LILIA E. GARCIA BOARD MEMBER	1	X						0.	0.	0.
(8) ANTONIO MASONI DIRECTOR	1	X						0.	0.	0.
(9) KENT PETERS DIRECTOR	1	X						0.	0.	0.
(10) DENNIS MORGIGNO BOARD MEMBER	1	X						0.	0.	0.
(11) ANNE O'DONNELL CHAIRMAN	1	X		X				0.	0.	0.
(12) SR RAYMONDA DUVALL PRESIDENT/ED	40	X		X	X			117,790.	0.	5,241.
(13) JAMES W. BRENNAN SECRETARY	1	X						0.	0.	0.
(14) LILIA GARCIA DIRECTOR	1	X						0.	0.	0.
(15) JOMI SHEGA BOARD MEMBER	1	X						0.	0.	0.
(16) CARMEN M. VAZQUEZ BOARD MEMBER	1	X						0.	0.	0.
(17) JEFFREY HESTER DIRECTOR	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN THOMAS FORMER CFO	40				X		X	97,285.	0.	5,241.
(19) ROBERT J. MOSER DEPUTY DIRECTOR	40					X		107,213.	0.	4,770.
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1b Sub-total								322,288.	0.	15,252.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								322,288.	0.	15,252.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 154,226.				
	b Membership dues	1b				
	c Fundraising events	1c 54,665.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,255,584.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		1,464,475.			
PROGRAM SERVICE REVENUE		Business Code				
	2a GOVERNMENT CONTRACTS	624200	11,459,541.	11,459,541.		
	b PROGRAM SERVICE REVENUE	624200	1,146,646.	1,146,646.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f		12,606,187.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		144,322.			144,322.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real 50,325.				
	b Less: rental expenses					
	c Rental income or (loss)	50,325.				
	d Net rental income or (loss)		50,325.			50,325.
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 1,199.				
	b Less: cost or other basis and sales expenses		243.			
	c Gain or (loss)		956.			956.
	d Net gain or (loss)		956.			956.
	8a Gross income from fundraising events (not including \$ 54,665. of contributions reported on line 1c) See Part IV, line 18.	a 85,557.				
	b Less: direct expenses	b 32,481.				
	c Net income or (loss) from fundraising events		53,076.			53,076.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 298,003.				
	b Less: cost of goods sold	b 130,244.				
	c Net income or (loss) from sales of inventory		167,759.	167,759.		
	Miscellaneous Revenue	Business Code				
	11a -----					
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		14,487,100.	12,773,946.	0.	248,679.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	948,678.	948,678.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,422,731.	4,422,731.		
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	318,642.	95,400.	223,242.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	5,774,183.	5,039,249.	734,934.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	218,251.	173,521.	44,730.	
9 Other employee benefits	593,517.	533,806.	59,711.	
10 Payroll taxes	513,688.	434,756.	78,932.	
11 Fees for services (non-employees)				
a Management				
b Legal	4,480.		4,480.	
c Accounting	50,920.	48,545.	2,375.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	18,570.	18,570.		
12 Advertising and promotion	13,787.	4,299.	788.	8,700.
13 Office expenses	115,913.	95,006.		20,907.
14 Information technology	39,235.	39,235.		
15 Royalties				
16 Occupancy	894,112.	894,112.		
17 Travel	96,567.	86,545.	9,800.	222.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,214.		3,214.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	212,880.		212,880.	
23 Insurance	96,666.	53,841.	42,825.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONTRACT SERVICES	391,100.	358,482.	30,228.	2,390.
b SUPPLIES AND EQUIP	334,683.	276,955.	57,404.	324.
c MISCELLANEOUS	115,340.	42,999.	71,144.	1,197.
d VOLUNTEER EXPENSE	18,993.	12,165.	6,828.	
e STIPENDS	2,077.		2,077.	
f All other expenses	-264,672.	467,568.	-732,240.	
25 Total functional expenses. Add lines 1 through 24f	14,933,555.	14,046,463.	853,352.	33,740.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	898,461.	1	317,017.
	2 Savings and temporary cash investments	653,469.	2	869,511.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,187,077.	4	1,140,029.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,395,292.		
	b Less accumulated depreciation.	10b 3,454,234.	3,705,967.	10c 3,941,058.
	11 Investments – publicly traded securities	3,640,421.	11	1,363,709.
	12 Investments – other securities. See Part IV, line 11	1,710,608.	12	1,646,108.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,102,827.	15	3,522,566.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,898,830.	16	12,799,998.	
LIABILITIES	17 Accounts payable and accrued expenses	996,723.	17	1,030,175.
	18 Grants payable		18	
	19 Deferred revenue	265,815.	19	291,213.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	831,787.	23	1,007,783.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,543,296.	25	479,705.
	26 Total liabilities. Add lines 17 through 25	3,637,621.	26	2,808,876.
	UNRESTRICTED NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		7,969,786.	27	8,013,394.
28 Temporarily restricted net assets		2,291,423.	28	1,977,728.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		10,261,209.	33	9,991,122.
34 Total liabilities and net assets/fund balances		13,898,830.	34	12,799,998.

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Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,487,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,933,555.
3	Revenue less expenses Subtract line 2 from line 1	3	-446,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,261,209.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	176,368.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,991,122.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

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

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

- 1 ☒ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

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

Name of the organization

Supplemental Financial Statements

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection**

Employer identification number

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23-7334012

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If 'Yes,' explain the arrangement in Part XIV

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,936,526.		1,936,526.
b Buildings		4,020,143.	2,489,188.	1,530,955.
c Leasehold improvements		123,173.	123,173.	0.
d Equipment				
e Other	252,745.	1,062,705.	841,873.	473,577.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 3,941,058.

BAA

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>CERTIFICATES OF DEPOSIT</u>	333,374.	END OF YEAR MARKET VALUE
(A) <u>AGENCY FUNDS-SD FOUNDATION</u>	11,370.	END OF YEAR MARKET VALUE
(B) <u>MUTUAL FUNDS</u>	809,327.	END OF YEAR MARKET VALUE
(C) <u>PARTNERSHIP INVESTMENT</u>	492,037.	END OF YEAR MARKET VALUE
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	1,646,108.	

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1) CUSTODIAL FUNDS	328,789.
(2) DONATED LAND	30,000.
(3) DUE FROM RELATED PARTIES	665,000.
(4) FIXED INCOME FUNDS	2,608,774.
(5) LESS CUSTODIAL FUNDS	-122,032.
(6) OTHER ASSETS	12,035.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	3,522,566.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CUSTODIAL FUNDS	328,789.
(3) OTHER NONCURRENT LIABILITIES	150,916.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	479,705.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

SEE PART XIV

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,487,100.
2	Total expenses (Form 990, Part IX, column (A), line 25)	14,933,555.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-446,455.
4	Net unrealized gains (losses) on investments	176,368.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	176,368.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-270,087.

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

1	Total revenue, gains, and other support per audited financial statements	1	14,826,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	176,368.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	162,968.
e	Add lines 2a through 2d	2e	339,336.
3	Subtract line 2e from line 1	3	14,487,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,487,100.

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

1	Total expenses and losses per audited financial statements	1	15,096,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	162,968.
e	Add lines 2a through 2d	2e	162,968.
3	Subtract line 2e from line 1	3	14,933,555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,933,555.

Part XIV Supplemental Information

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

PART X- FIN 48 FOOTNOTE

THE AGENCY USES A FINANCIAL ACCOUNTING STANDARDS BOARD STATEMENT NO 5 "LOSS

CONTINGENCIES" APPROACH FOR EVALUATING UNCERTAIN TAX POSITIONS AND CONTINUALLY

EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 08-12

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23-7354012

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SALE OF FIXED ASSET	\$	243.
SALES OF INVENTORY EXPENSES		130,244.
SPECIAL EVENT EXPENSES		32,481.
TOTAL	\$	<u>162,968.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ASSET SOLD	\$	243.
SALES OF INVENTORY EXPENSES		130,244.
SPECIAL EVENT		32,481.
TOTAL	\$	<u>162,968.</u>

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23-7334012

Part I

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

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

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 MATTHEW 25 (event type)	(b) Event #2 BEEF & WINE (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	102,722.	28,405.	9,095.	140,222.
	2 Less: Charitable contributions	40,598.	9,959.	4,108.	54,665.
	3 Gross income (line 1 minus line 2)	62,124.	18,446.	4,987.	85,557.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,469.	1,345.	3,536.	13,350.
	8 Entertainment	250.	1,250.	2,475.	3,975.
	9 Other direct expenses	2,629.	1,634.	10,893.	15,156.
	10 Direct expense summary Add lines 4- through 9 in column (d)				32,481.
	11 Net income summary Combine line 3, column (d), and line 10				53,076.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?

☐	Yes	☐	No
--------------------------	-----	--------------------------	----

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____.

c If 'Yes,' enter name and address of the third party:

Name

Address ▶

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

Part I General information on Grants and Assistance

1 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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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.

Part II can be duplicated if additional space is needed

1 (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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHALDEAN MIDDLE EASTERN 343 E MAIN STREET EL CAJON, CA 92020	20-3502737		33,180.	0.			REFUGEE RESETTLEMENT
(2) INTERNATIONAL RESCUE CO 5348 UNIVERSITY AVENUE, SAN DIEGO, CA 92105	13-5660870		632,062.	0.			REFUGEE RESETTLEMENT
(3) JEWISH FAMILY SERVICES 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024		278,336.	0.			REFUGEE RESETTLEMENT
(4) REGIONAL COMMUNITY RECO 10035 BLOSSOM VALLEY RD EL CAJON, CA 92021	26-2237161		5,100.	0.			SAN DIEGO FIRE RELIEF
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations 4
3 Enter total number of other organizations 0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EMERGENCY ASSISTANCE	57	35,088.			
2 FOOD DISTRIBUTION	117,854		257,010.		
3 REFUGEE RESETTLEMENT					
4 ASSISTANCE	2,232	3,705,717.			
5 STIPENDS FOR PARTICIPANTS	141	338,760.			
6 TRANSPORTATION	1,673		6,283.		
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANT FUNDS ARE MONITORED WITH CONTROLS BY PROGRAM MANAGER, REVIEW BY BUSINESS

OFFICE, AND ON GOING OVERSIGHT FROM THE GRANTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

EFSP FEDERAL PASS-THROUGH - \$1,065,830

THE ORGANIZATION IS THE LOCAL RECIPIENT ORGANIZATION (LRO) FOR FEDERAL EMERGENCY
FOOD AND SHELTER PROGRAMS (EFSP) ADMINISTERED THROUGH THE UNITED WAY NATIONAL OFFICE.
CATHOLIC CHARITIES RECEIVES FEDERAL FUNDS WHICH ARE THEN PASSED THROUGH TO OTHER
LOCAL ORGANIZATIONS PROVIDING EFSP SERVICES.
DURING THE FYE ENDED 6/30/11, A TOTAL OF \$1,065,830 WAS RECEIVED BY CATHOLIC
CHARITIES AND PASSED THROUGH TO THE LOCAL ORGANIZATIONS AS APPROVED BY A LOCAL
BOARD.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WE EXIST TO WITNESS ACTIVELY ON BEHALF OF THE SCRIPTURAL VALUES OF MERCY AND
JUSTICE, ACKNOWLEDGE THE SACREDNESS OF THE HUMAN PERSON MADE IN THE IMAGE OF GOD,
ARE DEDICATED TO ENHANCING THE QUALITY OF LIFE, AND ARE COMMITTED TO ADVOCATE FOR A
JUST SOCIETY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EMERGENCY SERVICES PROGRAMS PROVIDE IMMEDIATE NEEDS ASSISTANCE TO HOMELESS AND
LOW-INCOME INDIVIDUALS AND FAMILIES IN SAN DIEGO AND IMPERIAL COUNTIES.

* FOOD RESOURCE CENTERS (FRC) - PROVIDE FOOD, REFERRALS, AND CALFRESH FOOD STAMP
APPLICATION ASSISTANCE FOR WORKING POOR FAMILIES, SENIORS AND HOMELESS PERSONS. THE
FOUR FRC'S PROVIDED SERVICES TO 47,487 HOUSEHOLDS REPRESENTING 117,854 PEOPLE OF
WHICH 29,463 WERE CHILDREN. IN ADDITION, OVER 471,463 BAGS OF GROCERIES WERE
DISTRIBUTED FOR THE YEAR ENDED JUNE 30, 2011.

* THRIFT STORE IN VISTA - OFFERS QUALITY CLOTHING, FURNITURE AND HOUSEHOLD ITEMS AT
EXTREMELY LOW COST TO POOR FAMILIES IN NORTH SAN DIEGO COUNTY.

* CASE MANAGEMENT SERVICES - WORKS WITH FAMILIES AND INDIVIDUALS IN A CASE
MANAGEMENT ENVIRONMENT TO IDENTIFY ESTABLISHED BARRIERS TO SUCCESS AND ESTABLISH
GOALS THAT CAN LEAD FAMILIES OUT OF THEIR CURRENT CRISIS SITUATION.

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CASA SAN JUAN IS A SHELTER FOR ADULT FEMALES AND THEIR CHILDREN WHO ARE IN THE CUSTODY OF THE U.S. MARSHALL, THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT, OR THE OFFICE OF CUSTOMS AND BORDER ENFORCEMENT. SERVICES PROVIDED TO THE RESIDENTS INCLUDE A CLEAN, SAFE, SECURE HOMELIKE ENVIRONMENT, MEALS, CLOTHING, MEDICAL SCREENING, REFERRAL TO MEDICAL, DENTAL AND MENTAL HEALTH SERVICES, EDUCATIONAL PROGRAMS AND RECREATIONAL ACTIVITIES. CASA SAN JUAN SERVED 233 ADULT WOMEN, CHILDREN AND ADOLESCENTS FOR THE YEAR ENDED JUNE 30, 2011.

IMMIGRANT SERVICES PROVIDES ASSISTANCE TO INDIVIDUALS WHO QUALIFY FOR IMMIGRATION BENEFITS, REGARDLESS OF RELIGIOUS OR ETHNIC BACKGROUND. THE OFFICES IN SAN DIEGO AND IMPERIAL COUNTIES OFFER IMMIGRATION COUNSELING AND APPLICATION ASSISTANCE TO VERY LOW TO MODERATE INCOME CLIENTELE. THIS PROGRAM ASSISTS APPROXIMATELY 10,000 PEOPLE ANNUALLY BETWEEN INDIVIDUAL CASEWORK AND GROUP ORIENTATION SESSIONS HELD IN A VARIETY OF VENUES.

HOMELESS MEN'S SERVICES PROVIDES SHORT-TERM EMERGENCY SHELTER AND CASE MANAGEMENT TO HOMELESS MEN, PARTICULARLY DAY LABORERS. LA POSADA DE GUADALUPE IS LOCATED IN NORTH SAN DIEGO COUNTY AND OUR LADY OF GUADALUPE IS LOCATED IN CALEXICO IN IMPERIAL COUNTY. HOMELESS MEN'S SERVICES PROVIDED SERVICES FOR 651 UNDUPLICATED MEN FOR THE YEAR ENDED JUNE 30, 2011. THIS PROGRAM PROVIDED 64,181 MEALS, 201 HEALTH REFERRALS, AND 367 HOUSING REFERRALS DURING THE SAME PERIOD.

PREGNANCY AND ADOPTION SERVICES - CATHOLIC CHARITIES ADOPTION AGENCY (THE "ADOPTION AGENCY") IS STATE-LICENSED AND PROVIDES SERVICES TO BIRTH PARENTS AND ADOPTIVE COUPLES. THE SERVICES INCLUDE COUNSELING, REFERRAL TO SUPPORT SERVICES, PLACEMENT, ADOPTION EDUCATION CLASSES, HOME STUDIES, TEMPORARY FOSTER CARE, FINALIZATION

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SERVICES, POST-ADOPTION SUPPORT AND PARENTING SUPPORT. ADDITIONALLY, INFANT CLOTHING AND SUPPLIES ARE GIVEN TO BIRTH PARENTS WHO CHOOSE TO PARENT. THE ADOPTION AGENCY CERTIFIED 11 PROSPECTIVE ADOPTIVE PARENTS, FINALIZED 4 ADOPTIONS AND PROVIDED COUNSELING AND SUPPORT SERVICES TO 40 BIRTH MOTHERS AND 3 BIRTH FATHERS FOR THE YEAR ENDED JUNE 30, 2011. IN ADDITION, THE ADOPTION AGENCY COMPLETED 18 HOME STUDIES AND 11 FINALIZATIONS THROUGH THE COUNTY-CONTRACTED CAREGIVER ADOPTION PROGRAM.

CLINICAL SERVICES IS A STATE LICENSED PSYCHOLOGY CLINIC PROVIDING COUNSELING AND ASSESSMENT SERVICES. INDIVIDUAL, COUPLE, FAMILY, AND GROUP COUNSELING AND ASSESSMENT SERVICES ARE AIMED TOWARD DEVELOPING AND PRESERVING THE INNATE DIGNITY OF THE INDIVIDUAL AND ENHANCING LIFE SKILLS. DURING THE LAST YEAR, OUR PROFESSIONAL STAFF PROVIDED 4,760 INDIVIDUAL, COUPLE, FAMILY OR GROUP COUNSELING SESSIONS TO 452 UNDUPLICATED CLIENTS. APPROXIMATELY 90% OF THESE INDIVIDUALS LIVED IN HOUSEHOLDS WITH INCOMES AT OR BELOW THE FEDERAL POVERTY LEVEL. THROUGH THE SCHOOL COUNSELING PROGRAM, LONG-TERM COUNSELING AND/OR ASSESSMENT SERVICES WERE PROVIDED TO 75 CHILDREN AND THEIR FAMILIES FOR THE YEAR ENDED JUNE 30, 2011.

SPECIAL PROJECTS ARE TEMPORARY PROJECTS THAT DEVELOP TO MEET SPECIFIC NEEDS. FUNDS WERE USED THIS YEAR FOR SAN DIEGO FIRE DISASTER RELIEF.

EMPLOYMENT CASE MANAGEMENT ASSISTS RECIPIENTS OF PUBLIC ASSISTANCE TO ACHIEVE EMPLOYMENT AND SELF-SUFFICIENCY BY LINKING THEM TO EMPLOYMENT OPPORTUNITIES, VOCATIONAL TRAINING AND OTHER COMMUNITY RESOURCES. THE PROGRAM WAS DISCONTINUED AS OF JUNE 2010.

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

LEAH'S RESIDENCE IS A 24 UNIT PERMANENT HOUSING PROJECT. THE TARGET POPULATION IS HOMELESS WOMEN WITH VERY LOW INCOMES AND SPECIAL NEEDS. CATHOLIC CHARITIES PROVIDES A SERVICE COORDINATOR TO WORK WITH THE RESIDENTS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION AMENDED THE BYLAWS DURING THE YEAR

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE FORM 990 AND THEN PRESENTS THE DRAFT TO THE CORPORATE BOARD FOR FINAL REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE POLICY IS REVIEWED ANNUALLY

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE CEO AND MANAGEMENT STAFF SALARY IS DETERMINED UPON HIRING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE AGENCY'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE DIRECTOR OF FINANCE AND CAN BE SENT VIA E-MAIL OR US MAIL, AT NO CHARGE. COPIES ARE AVAILABLE FOR IN-PERSON INSPECTION AT THE AGENCY'S MAIN OFFICE.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 06-120

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23 7334012

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL	\$	176,368.
	\$	<u>176,368.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Employer identification number

23-7334012

OMB No 1545-0047

2010

Open to Public
Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CATHOLIC CHARITI 17150 VIA DEL CA SAN DIEGO, CA 92 20-0340372	LOW-INCOME	CA	N/A	RELATED	-20.	492,037.		X	N/A	X		0.01
(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) -----							

(2) -----							

(3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		1o X
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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 or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- ----- -----										
(2) ----- ----- ----- -----										
(3) ----- ----- ----- -----										
(4) ----- ----- ----- -----										
(5) ----- ----- ----- -----										
(6) ----- ----- ----- -----										
(7) ----- ----- ----- -----										
(8) ----- ----- ----- -----										

Part VII **Supplemental Information**
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

Name(s) shown on return

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

Identifying number

23-7334012

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	212,880.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	212,880.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2010

FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT 08-122

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23-7534012

PROGRAM SERVICE REVENUE
RELATED OR EXEMPT FUNCTION INCOME
PROGRAM SERVICE REVENUE

PROGRAM GENERATED INCOME PER AUDIT	\$	1,444,649.
LESS SALES REPORTED ON 10A		-298,003.
TOTAL	\$	<u>1,146,646.</u>

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 08-122

CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO

23-7334012

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDING IMPROVEMENTS																
2	BUILDING	VARIOUS		1,528,777							1,528,777	2,521,887				35,640
	TOTAL BUILDING IMPROVEMENTS			1,528,777		0	0	0	0	0	1,528,777	2,521,887				35,640
BUILDINGS																
5	BUILDING IMPROVEMENTS	VARIOUS		2,491,366							2,491,366	1,319,259				99,388
	TOTAL BUILDINGS			2,491,366		0	0	0	0	0	2,491,366	1,319,259				99,388
FURNITURE AND FIXTURES																
3	FURNITURE & EQUIPMENT	VARIOUS		1,062,705							1,062,705	764,021				77,852
	TOTAL FURNITURE AND FIXTURE			1,062,705		0	0	0	0	0	1,062,705	764,021				77,852
IMPROVEMENTS																
4	LEASEHOLD IMPROVEMENTS	VARIOUS		123,173							123,173	123,173				0
	TOTAL IMPROVEMENTS			123,173		0	0	0	0	0	123,173	123,173				0
LAND																
1	LAND	VARIOUS		1,936,525							1,936,525					0
	TOTAL LAND			1,936,525		0	0	0	0	0	1,936,525	0				0
	TOTAL DEPRECIATION			7,142,546		0	0	0	0	0	7,142,546	4,728,340				212,880

১৭/৬/২৫

23, 33, 40, 12

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			7,142,546		0	0	0	0	0	7,142,546	4,728,340				212,880

Form **8868**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only... ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Type or print File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	CATHOLIC CHARITIES, DIOCESE OF SAN DIEGO	23-7334012
	Number, street, and room or suite number. If a P.O. box, see instructions	
	349 CEDAR STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN DIEGO, CA 92101-3197	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ANN THOMAS

Telephone No ▶ 619.231.2828

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
 ▶ ☒ tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 1-2011)