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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: CATHOLIC CHARITIES OF ST. LOUIS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 4532 LINDELL BLVD. Room/suite

City or town, state or country, and ZIP + 4: ST. LOUIS, MO 63108

D Employer identification number 43-0653270

E Telephone number 314-367-5500

G Gross receipts $ 9,589,399.

F Name and address of principal officer BRIAN O'MALLEY
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CCSTL.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1918 **M** State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF CATHOLIC CHARITIES OF ST. LOUIS IS TO SUPPORT CATHOLIC CHARITIES AGENCIES,

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)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	173
6	Total number of volunteers (estimate if necessary)	6	576
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,533,266.	5,252,072.
	9	Program service revenue (Part VIII, line 2g)	3,703,127.	4,110,296.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,653.	47,889.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,203.	118,956.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,300,249.	9,529,213.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,421,827.	1,537,442.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,792,125.	5,511,278.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 653,155.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,921,519.	2,739,710.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,135,471.	9,788,430.
	19	Revenue less expenses. Subtract line 18 from line 12	-835,222.	-259,217.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,589,587.	5,099,940.
	21	Total liabilities (Part X, line 26)	7,504,725.	5,662,382.
	22	Net assets or fund balances. Subtract line 21 from line 20	-2,915,138.	-562,442.

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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

▶ Signature of officer — Date 1-10-12

▶ BRIAN O'MALLEY, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
C. STEPHEN ECKHARD		1-3-12		

Firm's name ▶ KERBER, ECK & BRAECKEL LLP — Firm's EIN ▶

Firm's address ▶ ONE MEMORIAL DRIVE SUITE 950
ST. LOUIS, MI 63102 — Phone no. 314-231-6232

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED JAN 24 2012

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

18 016

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
IN RESPONSE TO THE TEACHINGS OF JESUS CHRIST, THE MISSION OF CATHOLIC CHARITIES OF ST. LOUIS IS TO SERVE THE PEOPLE IN NEED, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE; TO WORK TO IMPROVE SOCIAL CONDITIONS FOR ALL PEOPLE IN THE COMMUNITY; AND TO CALL MEMBERS OF THE

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 [X] 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 [X] 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 $ 2,198,555. including grants of $ 59,100.) (Revenue $ 115,713.)
CATHOLIC CHARITIES FUNCTIONS AS A CONSULTATIVE STRATEGIC PARTNER AND CENTRALIZED SERVICE PROVIDER TO INVOLVE AND BENEFIT EVERY CATHOLIC CHARITIES FEDERATION MEMBER. IN PARTNERSHIP WITH EACH AGENCY, CATHOLIC CHARITIES WORKS TO MAXIMIZE ANNUAL GIVING CAMPAIGNS, COORDINATES FOUNDATION AND CORPORATE GRANT REQUESTS, HELPS TO FACILITATE MAJOR GIFT DONATIONS, PROMOTES PLANNED GIVING PROGRAMS AND IMPLEMENTS BUILDING STRATEGIES. CATHOLIC CHARITIES IS A CENTRALIZED SERVICE PROVIDER TO MOST FEDERATION MEMBERS FOR ACCOUNTING, HUMAN RESOURCES, MIS, QUALITY ASSURANCE, ADVOCACY, SPIRITUAL FORMATION, AND RELIGIOUS EDUCATION.

4b (Code:) (Expenses $ 2,933,460. including grants of $ 454,108.) (Revenue $ 1,395,807.)
CATHOLIC CHARITIES COMMUNITY SERVICES SERVED INDIVIDUALS DIRECTLY AND BENEFITED INDIVIDUALS INDIRECTLY THROUGH OUTREACH AND REFUGEE SERVICES. PROGRAMS INCLUDE SOCIAL GROWTH AND DEVELOPMENT GROUPS, HEALTH SERVICES AND INTERVENTIONS, HEALTH SERVICES FOR FAMILIES, EDUCATION CLASSES, CASE MANAGEMENT AND ADVOCACY, RESETTLEMENT SERVICES FOR FAMILIES NEWLY ARRIVING IN THE COUNTRY, HUMAN TRAFFICKING, DIRECT AID SERVICES AND MENTAL HEALTH COUNSELING FOR INDIVIDUALS AND FAMILIES.

4c (Code:) (Expenses $ 2,321,113. including grants of $ 992,557.) (Revenue $ 2,148,134.)
CATHOLIC CHARITIES HOUSING RESOURCE CENTER (CCHRC) PREVENTS HOMELESSNESS BY HELPING PEOPLE ACHIEVE STABILITY IN SAFE, AFFORDABLE, PERMANENT HOUSING. FOR THOSE WHO ARE ALREADY HOMELESS, CCHRC SERVES AS A GATEWAY TO EMERGENCY SHELTER AND SERVICES. THE CCHRC HOUSING CRISIS HOTLINE RECEIVES NEARLY 30,000 CALLS A YEAR. EACH CALLER IS THEN DIRECTED TO A ST. LOUIS CITY OR COUNTY SHELTER, OR PROVIDED OTHER RESOURCES.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 922,141. including grants of $ 31,678.) (Revenue $ 462,575.)

4e **Total program service expenses** ▶ 8,375,269.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, 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*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	2a 173			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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?		12a		
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?		13a		
	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?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9	X	

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

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

ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-7000
20 ARCHBISHOP MAY DRIVE, ST. LOUIS, MO 63119

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
MARGUERITE MCKEE BOARD CHAIR	1.00	X		X				0.	0.	0.
GERALD J. CARLSON BOARD VICE-CHAIR	1.00	X		X				0.	0.	0.
DANIEL J. DOLAN BOARD TREASURER	1.00	X		X				0.	0.	0.
MICHAEL K. HOLMES BOARD SECRETARY	1.00	X		X				0.	0.	0.
MSGR. VERNON E. GARDIN BOARD MEMBER - EX-OFFICIO	1.00	X						0.	29,725.	10,716.
CHERYL ARCHIBALD BOARD MEMBER	1.00	X						0.	0.	0.
MALCOM BRIGGS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN EBELING BOARD MEMBER	1.00	X						0.	0.	0.
RENE T. FORONDA BOARD MEMBER	1.00	X						0.	0.	0.
CON FRANEY BOARD MEMBER	1.00	X						0.	0.	0.
DON HIEMENZE BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD E. HILL BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL HOLMES BOARD MEMBER	1.00	X						0.	0.	0.
EDGARDO MAYUGA BOARD MEMBER	1.00	X						0.	0.	0.
GIGI MCKINZIE BOARD MEMBER	1.00	X						0.	0.	0.
JOAN MULLEN BOARD MEMBER	1.00	X						0.	0.	0.
JUDY NAVARRE BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANTHONY O'CONNOR BOARD MEMBER	1.00	X						0.	0.	0.
SR. CARLEEN RECK BOARD MEMBER	1.00	X						0.	0.	0.
THERESA RUZICKA BOARD MEMBER	1.00	X						0.	0.	0.
REV. MR. C. FRANK CHAUVIN BOARD MEMBER - EX-OFFICIO	1.00	X		X				0.	124,974.	6,114.
MSGR. JACK SCHULER BOARD MEMBER	1.00	X						0.	0.	0.
WM. RANDOLPH WEBER BOARD MEMBER	1.00	X						0.	0.	0.
EILEEN WOLFINGTON BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN O'MALLEY PRESIDENT	37.50			X				68,995.	0.	13,935.
COLLEEN DUSEK CHIEF FINANCIAL OFFICER	37.50			X				113,622.	0.	17,873.
1b Sub-total ▶								182,617.	154,699.	48,638.
c Total from continuation sheets to Part VII, Section A ▶								274,629.	0.	60,383.
d Total (add lines 1b and 1c) ▶								457,246.	154,699.	109,021.

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 ▶ 1

		Yes	No
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*	3		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*	4		X
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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DATOTEL, 710 N. TUCKER BLVD. STE 400, ST LOUIS, MO 63101	OFFICE SPACE & COMPUTER SERVICE	240,279.
SENTRY SECURITY AGENCY, INC. 9021 RIVERVIEW DR, ST LOUIS, MO 63137	SECURITY SERVICE	127,531.

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 ▶ 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a	430,775.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,478,035.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,343,262.				
	g Noncash contributions included in lines 1a-1f $ 120,975.						
	h **Total.** Add lines 1a-1f ▶			5,252,072.			
Program Service Revenue			Business Code				
	2 a HOUSING RESOURCE CENTE		624200	2,147,634.	2,147,634.		
	b CATHOLIC COMMUNITY SER		624200	1,389,499.	1,389,499.		
	c CLAM & CATHEDRAL TOWER		624200	461,864.	461,864.		
	d CENTRALIZED SERVICES		624200	111,299.	111,299.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			4,110,296.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			24,462.			24,462.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	23,427.					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)	23,427.					
	d Net gain or (loss) ▶			23,427.			23,427.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	167,209.				
	b Less: direct expenses	b	60,186.				
	c Net income or (loss) from fundraising events ▶			107,023.			107,023.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
	11 a OTHER REVENUE		900099	11,933.	11,933.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			11,933.			
	12 **Total revenue.** See instructions. ▶			9,529,213.	4,122,229.	0.	154,912.

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	59,100.	59,100.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,478,342.	1,478,342.		
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	582,171.	399,300.	116,646.	66,225.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,344,144.	2,869,173.	180,173.	294,798.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	662,380.	613,934.	18,413.	30,033.
9 Other employee benefits	643,198.	536,232.	51,168.	55,798.
10 Payroll taxes	279,385.	232,765.	20,132.	26,488.
11 Fees for services (non-employees):				
a Management	130,949.	6,186.	123,258.	1,505.
b Legal				
c Accounting	188,396.	124,344.	64,052.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	739,625.	600,416.	7,518.	131,691.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	486,217.	438,054.	48,163.	
17 Travel	84,596.	75,049.	7,908.	1,639.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,714.	15,464.	250.	
20 Interest	743.	403.	340.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	227,465.	203,588.	23,877.	
23 Insurance	105,092.	93,334.	7,990.	3,768.
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 SUPPLIES EXPENSE	232,322.	222,718.	9,306.	298.
b TELEPHONE EXPENSE	218,229.	195,380.	22,849.	
c EQUIPMENT RENTAL AND MA	145,023.	126,646.	18,377.	
d MISCELLANEOUS EXPENSES	46,770.	23,961.	17,432.	5,377.
e PRINTING AND PUBLICATIO	42,952.	14,251.	1,414.	27,287.
f All other expenses	75,617.	46,629.	20,740.	8,248.
25 **Total functional expenses.** Add lines 1 through 24f	9,788,430.	8,375,269.	760,006.	653,155.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		36,192.	1	58,118.
	2	Savings and temporary cash investments		108,617.	2	950,014.
	3	Pledges and grants receivable, net		188,006.	3	193,291.
	4	Accounts receivable, net		924,066.	4	636,933.
	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		61,563.	7	51,078.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		21,725.	9	47,207.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,307,867.			
	b	Less: accumulated depreciation	10b 2,528,062.	1,925,960.	10c	1,779,805.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		1,210,382.	12	1,306,436.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		113,076.	15	77,058.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,589,587.	16	5,099,940.
Liabilities	17	Accounts payable and accrued expenses		1,415,287.	17	1,796,406.
	18	Grants payable			18	
	19	Deferred revenue		548,851.	19	412,485.
	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		18,014.	23	12,766.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		5,522,573.	25	3,440,725.
	26	**Total liabilities.** Add lines 17 through 25		7,504,725.	26	5,662,382.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-3,959,459.	27	-2,201,621.
	28	Temporarily restricted net assets		1,032,391.	28	1,627,249.
	29	Permanently restricted net assets		11,930.	29	11,930.
		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		-2,915,138.	33	-562,442.
	34	Total liabilities and net assets/fund balances		4,589,587.	34	5,099,940.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,529,213.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,788,430.
3	Revenue less expenses. Subtract line 2 from line 1	3	-259,217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,915,138.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,611,913.
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	-562,442.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [X] 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

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 OF ST. LOUIS

Employer identification number: 43-0653270

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

08400103 131623 430653270 2010.04000 CATHOLIC CHARITIES OF ST. L 43065321

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 any "unusual grants.")	6685891.	6141395.	6176291.	5533266.	5382522.	29919365.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6685891.	6141395.	6176291.	5533266.	5382522.	29919365.
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						29919365.

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	6685891.	6141395.	6176291.	5533266.	5382522.	29919365.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,761.	54,505.	7,738.	23,739.	24,462.	185,205.
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.)	69,769.	13,610.	7,081.			90,460.
11 **Total support.** Add lines 7 through 10						30195030.

12 Gross receipts from related activities, etc. (see instructions) 12 16,825,152.

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 99.09 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 99.02 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 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 ▶ ☐

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 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 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 year 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOHN CLEARY VICE PRESIDENT	22.50			X				71,013.	0.	16,488.
JOSPEH KOHLBERG SENIOR DIRECTOR HR	37.50			X				79,061.	0.	19,997.
GAYLE SHANK MANAGING DIRECTOR	37.50			X				84,649.	0.	20,480.
PAT DOUGHERTY SENIOR DIRECTOR	20.00			X				39,906.	0.	3,418.
Total to Part VII, Section A, line 1c								274,629.		60,383.

032201 12-21-10

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

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.

1a 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,099.	11,411.	14,509.		
b Contributions					
c Net investment earnings, gains, and losses	3,063.	1,823.	-2,987.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	154.	135.	111.		
g End of year balance	16,008.	13,099.	11,411.		

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii) X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b X	

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		200,120.		200,120.
b Buildings		3,312,922.	1,981,736.	1,331,186.
c Leasehold improvements				
d Equipment		201,012.	62,148.	138,864.
e Other		593,813.	484,178.	109,635.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,779,805.

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		
(A) ENDOWMENTS	16,008.	END-OF-YEAR MARKET VALUE
(B) ANNUITIES	521,582.	END-OF-YEAR MARKET VALUE
(C) OTHER RESTRICTED FUND		
(D) DEPOSITS	768,846.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,306,436.	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) UNFUNDED PENSION BENEFIT COST	1,163,830.
(3) PENSION OBLIGATION - FASB 158	1,866,380.
(4) PV OF ANNUITIES PAYMENTS LIABILITY	362,908.
(5) PV OF OTHER PLAN GIFTS PAYMENTS	
(6) LIABILITY	47,607.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3,440,725.

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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,529,213.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,788,430.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-259,217.
4	Net unrealized gains (losses) on investments	4	162,136.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,449,777.
9	Total adjustments (net). Add lines 4 through 8	9	2,611,913.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,352,696.

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	10,096,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	567,034.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	567,034.
3	Subtract line **2e** from line **1**			3	9,529,213.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	9,529,213.

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

1	Total expenses and losses per audited financial statements			1	10,355,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	567,034.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	567,034.
3	Subtract line **2e** from line **1**			3	9,788,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,788,430.

Part XIV Supplemental Information

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

PART V, LINE 4: AT THIS TIME, THE ORGANIZATION IS NOT USING AND HAS NO PLANS TO USE THE ENDOWMENT FUND.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION - FASB 158 ADJUSTMENT 2,449,777.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

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

2 a 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? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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.

LHA **Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

08400103 131623 430653270 2010.04000 CATHOLIC CHARITIES OF ST. L 43065321

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 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CARDINAL NIGHT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	40,671.	73,954.	52,584.	167,209.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	40,671.	73,954.	52,584.	167,209.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,340.	25,706.	3,140.	60,186.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(60,186.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	107,023.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	

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 contract 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, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

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? [X] Yes [ ] No

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

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
INSTITUTE OF PEACE AND JUSTICE 475 E. LOCKWOOD AVE. ST. LOUIS, MO 63119	23-7451530	501(C)3	6,000.	0.	BOOK		TO PROVIDE INCOME OPPORTUNITY TO THE POOR AND HOMELESS.
METROPOLITAN CONGREGATIONS UNITED 4501 WESTMINSTER PLACE ST. LOUIS, MO 63108	43-1842404	501(C)3	10,000.	0.	BOOK		TO PROVIDE INCOME OPPORTUNITY TO THE POOR AND HOMELESS.
ST CHARLES LWANGA CENTER 4746 CARTER ST ST. LOUIS, MO 63108	43-0653244	501(C)3	13,600.	0.	BOOK		TO PROVIDE INCOME OPPORTUNITY TO THE POOR AND HOMELESS.

2 Enter total number of section 501(c)(3) and government organizations ▶ 3.

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

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
HOUSING ASSISTANCE (HOME REPAIR, RENT, UTILITIES, SECURITY DEPOSITS, RELOCATION, MOTEL VOUCHERS)	11960	1,196,348.	0.		
CASH ALLOWANCE	596	57,712.	0.		
GROCERIES, FURNITURE, MEDICINE	569	19,270.	0.		
OTHER	1677	205,012.	0.		

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

SCHEDULE I, PART I, LINE 2: FOR GRANT FUNDS PROVIDED TO ORGANIZATIONS, GRANT RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN TO CATHOLIC CHARITIES OF ST. LOUIS, A FORM DOCUMENTING HOW THE FUNDS WERE SPENT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

032111
12-21-10

08400103 131623 430653270 2010.04000 CATHOLIC CHARITIES OF ST. L 43065321

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
REV. MR. C. FRANK	(i)	0.	0.	0.	0.	0.	0.	0.
1 CHAUVIN	(ii)	124,974.	0.	0.	0.	0.	124,974.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ 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 OF ST. LOUIS

Employer identification number: 43-0653270

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2010

032131 12-21-10

08400103 131623 430653270 2010.04000 CATHOLIC CHARITIES OF ST. L 43065321

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
DAVID BROWN	DAVID BROWN IS THE	420,269.	THE COMPANY		X
MARGUERITE MCKEE	MARGUERITE MCKEE OW	420,269.	THE COMPANY		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID BROWN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAVID BROWN IS THE SON-IN-LAW OF MARGUERITE MCKEE THE BOARD PRESIDENT.

(D) DESCRIPTION OF TRANSACTION:

THE COMPANY OWNED BY DAVID BROWN, DATOTEL, PROVIDES CATHOLIC CHARITIES FEDERATION WITH INFORMATION TECHNOLOGY SERVICES AND SUPPORT.

(A) NAME OF PERSON: MARGUERITE MCKEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARGUERITE MCKEE OWNS 30% OF SON-IN-LAW'S BUSINESS, DATOTEL.

(D) DESCRIPTION OF TRANSACTION: THE COMPANY OWNED BY DAVID BROWN,DATOTEL, PROVIDES CATHOLIC CHARITIES FEDERATION WITH INFORMATION TECHNOLOGY SERVICES AND SUPPORT.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		25.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	18	120,950.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2010)**

032141
12-23-10

08400103 131623 430653270 2010.04000 CATHOLIC CHARITIES OF ST. L 43065321

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

SCHEDULE M, LINE 32B: ALL STOCK DONATIONS ARE PROCESSED THROUGH THE ARCHDIOCESE OF ST. LOUIS (THE ST. LOUIS ARCHDIOCESAN FUND).

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 OF ST. LOUIS

Employer identification number: 43-0653270

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HELP THEM CARRY OUT THEIR MISSION, AND PURSUE THEIR TAX EXEMPT PURPOSE. CATHOLIC COMMUNITY SERVICES OFFERS A VARIETY OF PROGRAMS TO MEET THE SPECIFIC NEEDS OF THE PEOPLE. REFUGEE SERVICES PROVIDES BOTH PRE AND POST-ARRIVAL SERVICES FOR REFUGEES WHO SEEK A HOME IN AMERICA. LEGAL MINISTRY OFFERS REPRESENTATION FOR IMPOVERISHED FAMILIES WHO DO NOT HAVE THE RESOURCES TO HIRE AN ATTORNEY FOR THEMSELVES. HOUSING RESOURCE CENTER ASSISTS HOMELESS INDIVIDUALS AND FAMILIES WITH EMERGENCY SHELTER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHURCH AND COMMUNITY TO DO THE SAME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CATHOLIC LEGAL ASSISTANCE MINISTRY PROVIDES FREE LEGAL ASSISTANCE TO LOW INCOME CLIENTS IN A VARIETY OF CIVIL AND IMMIGRATION LAW MATTERS THROUGHOUT THE ARCHDIOCESE OF ST. LOUIS. IN ADDITION, THE MINISTRY CONDUCTS LEGAL EDUCATION PROGRAMS FOR THE COMMUNITY AND ADVOCATES FOR THE POOR AT THE LOCAL AND STATE LEVELS. CATHEDRAL TOWER RENTS OFFICE AND RESIDENTIAL SPACE TO THREE AGENCIES OR DEPARTMENTS OF THE CATHOLIC CHARITIES FEDERATION.

EXPENSES $ 922,141. INCLUDING GRANTS OF $ 31,678. REVENUE $ 462,575.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BY-LAWS WERE REVISED, EFFECTIVE 10/15/2010.

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE MEMBER- THE ARCHBISHOP OF ST. LOUIS.

FORM 990, PART VI, SECTION A, LINE 7A: AS A MEMBER WITH RESERVED POWERS,THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF CATHOLIC CHARITIES OF ST, LOUIS.

FORM 990, PART VI, SECTION A, LINE 7B: AS A MEMBER WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY THE ARCHBISHOP OF ST. LOUIS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HAS PROVIDED A COPY OF THE FORM 990 TO THE MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING OF THE TAX RETURN. ONCE ALL QUESTIONS AND COMMENTS ARE REVIEWED/CLEARED BY THE CHIEF FINANCIAL OFFICER, THE FORM 990 IS ACCEPTED FOR FILING AND A REPRESENTATION LETTER IS SIGNED BY THE PRESIDENT OF CATHOLIC CHARITIES. AT THIS POINT, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, INDEPENDENT SALARY

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

SURVEYS CONDUCTED BY THE UNITED WAY OF ST. LOUIS AND CATHOLIC CHARITIES USA ARE REVIEWED WHEN DETERMINIG SALARY RANGES AND BUDGETS. THE COMPENSATION OF EXECUTIVE DIRECTORS ARE APPROVED BY THE PRESIDENT OF CATHOLIC CHARITIES AND THE BOARD OF DIRECTORS. THE COMPENSATION OF THE PRESIDENT OF CATHOLIC CHARITIES IS DETERMINED BY THE ARCHBISHOP OF ST. LOUIS. ADDITIONALLY, THE BOARD OF DIRECTORS APPROVES THE OVERALL SALARY ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19: ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
REV. MR. C. FRANK CHAUVIN - 20 ARCHBISHOP MAY DRIVE, ST. LOUIS, MO 63119

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	162,136.
PENSION - FASB 158 ADJUSTMENT	

FORM 990, PART XII, LINE 2C
UNDER RESERVE POWERS OF THE ARCHBISHOP OF ST LOUIS, THE AUDIT COMMITTEE SELECTS THE INDEPENDENT AUDITORS FOR ALL THE AGENCIES AND PROGRAMS OF THE ARCHDIOCESE OF ST LOUIS AND HAS OVERSIGHT OF THE AUDIT.

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

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.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF ST. LOUIS

Employer identification number: 43-0653270

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

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) Section 512(b)(13) controlled entity? Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0623244 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)3	1	ARCHBISHOP OF ST. LOUIS		X
CATHOLIC CHARITIES FOUNDATION - 43-1307878 4532 LINDELL BLVD. ST. LOUIS, MO 63108	SUPPORTIVE SERVICES	MISSOURI	501(C)3	11A	ARCHBISHOP OF ST. LOUIS		X
CARDINAL RITTER SENIOR SERVICES - 43-0811604 7601 WATSON ROAD ST. LOUIS, MO 63119	SOCIAL SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
CARDINAL CARBERRY SENIOR LIVING CENTER - 43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO 63119	SUPPORTIVE SERVICES	MISSOURI	501(C)3	11B	ARCHBISHOP OF ST. LOUIS		X

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

Schedule R (Form 990) 2010

032161
12-21-10 LHA

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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) Section 512(b)(13) controlled organization? Yes	No
CARDINAL RITTER INSTITUTE - RESIDENTIAL SERVICES CORPORATION - 43-1235755, 7601 WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
MARY QUEEN AND MOTHER ASSOCIATION - 43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO 63119	SKILLED NURSING SERVICES	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
MOTHER OF PERPETUAL HELP RESIDENCE, INC. - 43-1711912, 7601 WATSON ROAD, ST. LOUIS, MO 63119	ASSISTED LIVING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
OUR LADY OF LIFE APARTMENTS - 43-1229749 7601 WATSON ROAD ST. LOUIS, MO 63119	INDEPENDENT LIVING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. AGNES APARTMENTS, INC. - 43-1447602 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. JOHN NEUMANN APARTMENTS, INC. - 43-1335641, 7601 WATSON ROAD, ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. PATRICK APARTMENTS, INC. - 43-1090662 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. PATRICK APARTMENTS II, INC. - 43-1847771 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
HOLY ANGELS APARTMENTS, INC. - 75-2984948 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
HOLY ANGELS APARTMENTS II, INC. - 83-0349296 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
POPE JOHN PAUL II APARTMENTS, INC. - 43-1774480, 7601 WATSON ROAD, ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. JOSEPH APARTMENTS, INC. - 43-1264992 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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) Section 512(b)(13) controlled organization? Yes	No
ST. CLARE OF ASSISI SENIOR VILLAGE, INC. - 75-2985292, 7601 WATSON ROAD, ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. WILLIAM APARTMENTS, INC. - 20-8199655 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
HOLY INFANT APARTMENTS, INC. - 43-1447601 7601 WATSON ROAD ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
SAN LUIS APARTMENTS, INC. - 23-7400143 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119	LOW-INCOME HOUSING FACILITY	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ROSATI GROUP HOME - 43-0653270 800 NORTH TUCKER ST. LOUIS, MO 63101	RESIDENTIAL SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
ROSATI CENTER - 38-3738538 800 NORTH TUCKER ST. LOUIS, MO 63101	RESIDENTIAL SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
ST. PATRICK CENTER - 43-1263499 800 NORTH TUCKER ST. LOUIS, MO 63101	SOCIAL SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
GOOD SHEPHERD CHILDREN AND FAMILY SERVICES - 43-1297933, 1340 PARTRIDGE AVENUE, ST. LOUIS, MO 63130	CHILD AND FAMILY SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
CHILD CENTER - MARYGROVE, DBA:MARYGROVE - 43-1024440, 2705 MULLANPHY LANE, FLORISSANT, MO 63031	RESIDENTIAL TREATMENT SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
CATHOLIC FAMILY SERVICES, INC. - 43-1338511 9200 WATSON ROAD, SUITE G101 ST. LOUIS, MO 63126	COUNSELING SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
VISITATION SENIOR APARTMENTS - 43-1299399 9200 WATSON ROAD ST. LOUIS, MO 63126	RESIDENTIAL SERVICES	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
QUEEN OF PEACE CENTER - 43-1528548 325 N NEWSTEAD AVE. ST. LOUIS, MO 63108	BEHAVIORAL SERVICES (WOMEN AND CHILDREN)	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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) Section 512(b)(13) controlled organization? Yes	No
PEACE FOR KIDS - 43-1833528 4415 MARYLAND AVENUE ST. LOUIS, MO 63108	CHILDCARE SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
ST. MARTHA'S HALL - 43-1350160 4532 LINDELL BLVD. ST. LOUIS, MO 63108	SHELTER CARE SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
CATHOLIC CHARITIES SERVICE AGENCY - 74-3169773, 4532 LINDELL BLVD., ST. LOUIS, MO 63108	SUPPORTIVE SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X
ST. WILLIAM APARTMENTS II, INC. - 26-4401173 7601 WATSON ROAD ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)3	9	ARCHBISHOP OF ST. LOUIS		X
ST. PATRICK PARTNERSHIP CENTER - 27-2599885 800 NORTH TUCKER ST. LOUIS, MO 63101	SOCIAL SERVICES	MISSOURI	501(C)3	7	ARCHBISHOP OF ST. LOUIS		X

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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROSATI APARTMENTS LP - 20-4687878, 800 N. TUCKER, ST. LOUIS, MO 63101	LOW -INCOME HOUSING	MO	ROSATI CENTER	RELATED	0.	0.		X	N/A		X	.10%

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

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		Yes	No
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?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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

Part VII Supplemental Information

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CATHOLIC CHARITIES OF ST. LOUIS	FORM 990 PAGE 10	43-0653270

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	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
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	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.)

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

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 instr.	22	0.
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	

016251 12-21-10 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2010)

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Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	Name of exempt organization	Employer identification number
	CATHOLIC CHARITIES OF ST. LOUIS	43-0653270
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 4532 LINDELL BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63108	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 (sec. 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 ▶ ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119

  Telephone No. ▶ 314-792-7000 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 FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year _____ or

▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

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.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)

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