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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 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	D Employer identification number 72-0408911
	Doing Business As	E Telephone number (504) 523-3755
	Number and street (or P O box if mail is not delivered to street address) 1000 HOWARD AVENUE	Room/suite
	G Gross receipts \$ 36,006,767	
	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 701131942	
	F Name and address of principal officer GORDON WADGE 1000 HOWARD AVENUE NEW ORLEANS, LA 701131942	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CCANO.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1938
M State of legal domicile LA		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO OPERATE AND PROVIDE SUPPORT TO COMMUNITY SOCIAL SERVICE PROGRAMS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,022
6 Total number of volunteers (estimate if necessary)	6	23,888	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,349,334	28,254,469
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,342,028	7,355,688
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575,830	158,180
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296,478	110,752
		29,563,670	35,879,089
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,093,931	6,118,383
	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)	19,133,215	19,762,284
	16a Professional fundraising fees (Part IX, column (A), line 11e)	51,885	149,096
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶760,859		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,715,818	10,407,798
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,994,849	36,437,561
	19 Revenue less expenses Subtract line 18 from line 12	-3,431,179	-558,472
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	27,469,851	30,479,776
	21 Total liabilities (Part X, line 26)	3,369,941	5,701,166
	22 Net assets or fund balances Subtract line 21 from line 20	24,099,910	24,778,610

Part II	Signature Block
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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	2012-04-29 Date		
	GORDON WADGE PRESIDENT/CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SHARON CASSIERE	Preparer's signature SHARON CASSIERE	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶		
	Firm's address ▶ ONE GALLERIA BLVD STE 2100 METAIRIE, LA 70001	Phone no ▶ (504) 837-5990		

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO OPERATE AND PROVIDE SUPPORT TO COMMUNITY SOCIAL SERVICE PROGRAMS

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 13,707,142 including grants of \$ 4,247,220) (Revenue \$ 396,679)

COMMUNITY CENTERS PROVIDED ASSISTANCE TO INDIVIDUALS IN NEED SERVICES INCLUDED ASSISTANCE WITH RENT, FOOD, UTILITIES, PRESCRIPTION DRUGS, FURNITURE, CRISIS COUNSELING, CASE MANAGEMENT, AND OTHER MISCELLANEOUS ASSISTANCE COMMUNITY CENTERS SERVED 8,659 INDIVIDUALS CLIENTS RECEIVED ASSISTANCE WITH REBUILDING THEIR HOMES, 121 PEOPLE WERE HELPED, 52 HOMES WERE REBUILT, AND 49 HOMES WERE PAINTED HISPANIC COMMUNITY SERVICES ASSISTED INDIVIDUALS AND FAMILIES IN CRISIS OR EMERGENCY SITUATIONS, CLIENTS RECEIVED ASSISTANCE WITH COUNSELING, ESL CLASSES, EMPLOYMENT INFORMATION, EDUCATION, HEALTH SERVICES AND LEGAL AND TAX PREPARATION ASSISTANCE, 5,147 PERSONS WERE SERVED

4b

(Code) (Expenses \$ 6,201,244 including grants of \$ 729,287) (Revenue \$ 1,493,824)

NON-RESIDENTIAL DAY PROGRAMS INCLUDE A VARIETY OF DIFFERENT SERVICES COUNSELING PROGRAMS PROVIDED INDIVIDUAL, GROUP AND FAMILY THERAPY TO 711 INDIVIDUALS THROUGH A VARIETY OF THERAPEUTIC INTERVENTIONS IN FOUR OFFICES THROUGHOUT THE GREATER NEW ORLEANS AREA, ANOTHER 11,239 WERE HELPED THROUGH CARE LINE SCHOOL BASED COUNSELING WAS PROVIDED TO 205 CHILDREN INTERPRETING WAS PROVIDED THROUGH A COMMUNITY SERVICE PROGRAM THAT ASSISTED 502 DEAF, DEAF-BLIND AND HARD-OF-HEARING INDIVIDUALS THE FOSTER GRANDPARENT PROGRAM FOR LOW-INCOME SENIORS ALLOWED 96 SENIORS TO SHARE THEIR LIFE EXPERIENCES AND MENTOR SPECIAL NEEDS CHILDREN THERE WERE 2,586 DOMESTIC VIOLENCE SURVIVORS ASSISTED WITH EMERGENCY LEGAL REPRESENTATION, COUNSELING, DIRECT ASSISTANCE, AND HOUSING SERVICES THE INDEPENDENT LIVING SKILLS PROGRAM ASSISTED 428 TEENS BY PROVIDING LIFE SKILLS CLASSES AND MENTORING SERVICES IN PREPARATION FOR LEAVING FOSTER CARE FIFTY-FIVE AT-RISK YOUTH WERE TRAINED IN JOB AND LIFE SKILLS THROUGH TRAINING IN A FULLY FUNCTIONING RESTAURANT (CAFE HOPE) IMMIGRATION AND REFUGEE SERVICES PROVIDED ASSISTANCE WITH CITIZENSHIP, VISAS, LEGAL SERVICES AND DOCUMENT TRANSLATION TO 1,636 CLIENTS AFFORDABLE PRIVATE MEDICAL CARE AND EDUCATION WAS PROVIDED TO 60 MODERATE INCOME WOMEN DURING PREGNANCY COUNSELING AND LEGAL SERVICES WERE PROVIDED TO 197 PERSONS THROUGH DOMESTIC AND INTERNATIONAL ADOPTION, AND 1,067 WOMEN RECEIVED COUNSELING AND REFERRAL SERVICES FOR UNPLANNED PREGNANCY CORNERSTONE BUILDERS HELPED 23 FORMERLY INCARCERATED PERSONS TO BECOME SERVANT LEADERS IN THE CITY

4c

(Code) (Expenses \$ 4,640,393 including grants of \$ 1,002,376) (Revenue \$ 197,864)

RESIDENTIAL SPECIAL NEEDS PROGRAMS PROVIDE SERVICES TO SPECIAL NEEDS CLIENTS, SUCH AS DISABLED, ABUSED, MENTALLY ILL, OR THOSE NEEDING FOSTER CARE SERVICES WERE PROVIDED TO 43 CLIENTS WITH MENTAL ILLNESS THE CLIENTS WERE PROVIDED WITH TRANSITIONAL HOUSING, COUNSELING, CASE MANAGEMENT, AND SUPPORT SUBSTANCE ABUSE AND/OR MENTAL HEALTH HELP WAS PROVIDED TO 44 WOMEN 15,831 HOMELESS AND TRANSITIONAL NIGHTS OF SHELTER WERE PROVIDED TO HOMELESS CLIENTS AS THEY MADE THEIR WAY TO BECOMING INDEPENDENT THERAPEUTIC FAMILY SERVICES ASSISTED 47 BEHAVIORALLY DISORDERED, DEVELOPMENTALLY DELAYED OR MEDICALLY DEPENDENT FOSTER CARE CHILDREN

4d

Other program services (Describe in Schedule O) See also Additional Data for Description





















(Expenses \$ 9,963,215 including grants of \$ 139,498) (Revenue \$ 5,350,593)

4e

Total program service expenses \$ 34,511,994

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
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 Yes	
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 Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
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 Yes	
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	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement 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)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	522
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	3
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,022
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
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	No
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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26	
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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	Yes	
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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		No
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▶
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHERYL LA BORDE 1000 HOWARD AVE SUITE 1000 NEW ORLEANS, LA 70113 (504) 310-8720

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								624,009	0	61,971

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▶4

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
JACOBSEN SPECIALTY SERVICES 5041 TARAVELLA RD MARRERO, LA 70072	BUILDING REPAIRS	345,245
INTERNATIONAL TRUCKS OF ACADIANA 2835 EVANGELINE THRUWAY LAFAYETTE, LA 70509	SHIPPING	324,419
LEON A CANNIZZARO JR NO DISTRICT ATTOR 619 SOUTH WHITE STREET NEW ORLEANS, LA 70119	LEGAL SERVICES	143,764
THE LIVINGSTON GROUP 499 SOUTH CAPITOL ST SW SUITE 600 WASHINGTON, DC 20003	GOVERNMENT RELATIONS	120,148
DENECHAUD & DENECHAUD LLP 1010 COMMON STREET SUITE 3010 NEW ORLEANS, LA 70112	LEGAL SERVICES	117,287
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 ▶7		

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	1,171,342	28,254,469			512, 513, or 514			
	b	Membership dues	1b								
	c	Fundraising events	1c	98,729							
	d	Related organizations	1d								
	e	Government grants (contributions)	1e	14,489,653							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,494,745							
	g	Noncash contributions included in lines 1a-1f \$		258,999							
	h	Total. Add lines 1a-1f									
	Program Service Revenue	2a	Business Code						4,489,895	4,489,895	
MEDICAID/MEDICARE PAYM			623990								
b		CLIENT FEES			624100	2,700,443	2,700,443				
c		CAFE HOPE SALES			722100	165,350	165,350				
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			7,355,688						
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			275,194					
	4	Income from investment of tax-exempt bond proceeds . .									
	5	Royalties									
	6a	(i) Real			2,000			2,000			
		2,000									
		2,000									
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss)			2,000			2,000			
	7a	(i) Securities			-117,014			-117,014			
		19,697									
		-19,697									
	b	Less cost or other basis and sales expenses									
	c	Gain or (loss)									
	d	Net gain or (loss)			-117,014			-117,014			
	8a	Gross income from fundraising events (not including \$ 98,729 of contributions reported on line 1c) See Part IV, line 18			9,344	-1,320		-1,320			
		a									
		b	Less direct expenses								
	c	Net income or (loss) from fundraising events . .									
	9a	Gross income from gaming activities See Part IV, line 19									
		b	Less direct expenses								
c		Net income or (loss) from gaming activities . .									
10a	Gross sales of inventory, less returns and allowances										
	a										
	b	Less cost of goods sold									
c	Net income or (loss) from sales of inventory . .										
Miscellaneous Revenue				Business Code	83,272	83,272					
11a	MISCELLANEOUS INCOME			624100							
b	INSURANCE PROCEEDS FOR			624100					26,800		26,800
c											
d	All other revenue										
e	Total. Add lines 11a-11d			110,072							
12	Total revenue. See Instructions			35,879,089	7,438,960	0	185,660				

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	1,385,275	1,385,275		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,733,108	4,733,108		
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	512,094	348,809	126,339	36,946
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	15,923,902	15,135,385	503,154	285,363
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	323,616	263,704	54,050	5,862
9	Other employee benefits	1,834,668	1,776,807	25,474	32,387
10	Payroll taxes	1,168,004	1,085,361	62,491	20,152
a	Fees for services (non-employees) Management				
b	Legal	126,133	69,859	56,274	
c	Accounting	193,481	147,225	46,256	
d	Lobbying	80,079	20,000		60,079
e	Professional fundraising services See Part IV, line 17	149,096			149,096
f	Investment management fees				
g	Other	1,352,801	1,233,310	72,634	46,857
12	Advertising and promotion				
13	Office expenses	2,085,233	1,971,788	65,276	48,169
14	Information technology				
15	Royalties				
16	Occupancy	2,026,850	1,930,816	77,964	18,070
17	Travel	479,735	474,801	4,241	693
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,641	3,641		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	736,927	735,254		1,673
23	Insurance	363,996	358,954	4,906	136
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	CHINESE DRYWALL REPAIRS	2,600,000	2,600,000		
b	FOOD	588,212	587,907	237	68
c	MISCELLANEOUS	259,092	164,456	40,642	53,994
d	PERSONNEL RECRUITMENT &	193,945	167,861	24,770	1,314
e	UNINSURED CLAIMS	-682,327	-682,327		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	36,437,561	34,511,994	1,164,708	760,859
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				2,797,484	1	6,940,559
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				6,316,218	4	5,970,660
	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). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				329,786	9	359,131
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	18,813,057	8,601,983	10c	7,883,991	
	b	Less: accumulated depreciation	10b	10,929,066				
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11				8,263,235	12	9,325,435
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,161,145	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)				27,469,851	16	30,479,776
Liabilities	17	Accounts payable and accrued expenses				1,589,514	17	1,935,465
	18	Grants payable					18	
	19	Deferred revenue				75,329	19	311
	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				70,819	23	40,751
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				1,634,279	25	3,724,639
	26	Total liabilities. Add lines 17 through 25				3,369,941	26	5,701,166
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				10,590,071	27	12,548,050
	28	Temporarily restricted net assets				12,457,452	28	11,080,758
	29	Permanently restricted net assets				1,052,387	29	1,149,802
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				24,099,910	33	24,778,610
	34	Total liabilities and net assets/fund balances				27,469,851	34	30,479,776

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,879,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,437,561
3	Revenue less expenses Subtract line 2 from line 1	3	-558,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,099,910
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,237,172
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	24,778,610

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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 ARCHDIOCESE OF NEW ORLEANS	Employer identification number 72-0408911
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

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.")	67,758,235	31,497,921	25,406,869	26,349,334	28,254,469	179,266,828
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	67,758,235	31,497,921	25,406,869	26,349,334	28,254,469	179,266,828
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						179,266,828

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	67,758,235	31,497,921	25,406,869	26,349,334	28,254,469	179,266,828
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	527,004	404,182	234,902	279,724	277,194	1,723,006
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)	151,769	173,443	16,774	194,937	9,344	546,267
11 Total support (Add lines 7 through 10)						181,536,101
12 Gross receipts from related activities, etc (See instructions)					12	16,826,644
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	98 750 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 690 %
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 the 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 IIIPart 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 IV

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	Employer identification number 72-0408911
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a	Volunteers?		
	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
	c	Media advertisements?		
	d	Mailings to members, legislators, or the public?		
	e	Publications, or published or broadcast statements?		
	f	Grants to other organizations for lobbying purposes?		
	g	Direct contact with legislators, their staffs, government officials, or a legislative body?		
	h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
	i	Other activities? If "Yes," describe in Part IV		
j	Total lines 1c through 1i		80,079	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1(G) A GOVERNMENT RELATIONS FIRM WAS HIRED TO ADVISE AND ASSIST EFFORTS IN OBTAINING ADDITIONAL FEDERAL FUNDS TO SUPPORT PROGRAMS AND SERVICES

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	Employer identification number 72-0408911
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

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

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	8,240,669	8,786,608	10,596,340		
b Contributions	164,002	2,010	109,207		
c Investment earnings or losses	1,996,663	1,384,495	-1,917,678		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,057,317	1,931,685	1,261		
f Administrative expenses	18,582	759			
g End of year balance	9,325,435	8,240,669	8,786,608		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 88 000 %

b

Permanent endowment ▶ 12 000 %

c

Term endowment ▶ 0 %

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) Yes	
(ii) related organizations	3a(ii)	No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		520,085		520,085
b Buildings		9,882,750	6,176,445	3,706,305
c Leasehold improvements		4,385,284	1,304,246	3,081,038
d Equipment		3,249,618	2,753,187	496,431
e Other		775,320	695,188	80,132
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,883,991

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,879,089
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,437,561
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-558,472
4	Net unrealized gains (losses) on investments	4	1,237,172
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,237,172
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	678,700

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	37,371,027
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,237,172
b	Donated services and use of facilities	2b	239,629
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	10,664
e	Add lines 2a through 2d	2e	1,487,465
3	Subtract line 2e from line 1	3	35,883,562
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	-4,473
c	Add lines 4a and 4b	4c	-4,473
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	35,879,089

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	36,687,854
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	239,629
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	10,664
e	Add lines 2a through 2d	2e	250,293
3	Subtract line 2e from line 1	3	36,437,561
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 should equal Form 990, Part I, line 18)	5	36,437,561

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE PROGRAMS AND SERVICES OF THE AGENCY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY AND SUBSIDIARIES ARE NONPROFIT CORPORATIONS ORGANIZED UNDER THE LAWS OF THE STATE OF LOUISIANA. THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND QUALIFY AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN SECTION 509(A) OF THE CODE. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ORGANIZATION TO ACCOUNT FOR UNCERTAINTIES IN INCOME TAXES. THE INTERPRETATION REQUIRES RECOGNITION AND MEASUREMENT OF UNCERTAIN INCOME TAX POSITIONS USING A "MORE-LIKELY-THAN-NOT" APPROACH. THE AGENCY AND SUBSIDIARIES' TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2009 AND 2008, REMAIN OPEN AND SUBJECT TO EXAMINATION BY TAXING AUTHORITIES. THE AGENCY AND SUBSIDIARIES' 2011 TAX RETURNS HAVE NOT BEEN FILED AS OF THE REPORT DATE.
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES SEPARATELY STATED ON AUDIT REPORT 10,664
PART XII, LINE 4B - OTHER ADJUSTMENTS		DUE FROM AFFILIATE (SECOND HARVEST) NOT INCLUDED IN AUDIT -4,473
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES SEPARATELY STATED ON AUDIT REPORT 10,664

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 ARCHDIOCESE OF NEW ORLEANS

Employer identification number
72-0408911

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID COMPANY 2 NORTH LAKE AVE STE 600 PASADENA, CA 91101	MAIL SOLICITATIONS		No	207,088	149,095	57,993
Total ▶				207,088	149,095	57,993

3

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

LA

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

		(a) Event #1 ACCESS JAZZ BRUNCH AND BABY BOTTLES (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	108,073		108,073
	2	Less Charitable contributions	98,729		98,729
	3	Gross income (line 1 minus line 2)	9,344		9,344
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .			
	7	Food and beverages . . .	9,087		9,087
	8	Entertainment			
	9	Other direct expenses .	1,577		1,577
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					10,664
					-1,320

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses . .				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE SERVICE FEE PAID TO THE FUNDRAISER WAS \$7,000, DATA PROCESSING WAS \$741, PRINTING/PRODUCTION REIMBURSEMENTS WERE \$109,228, AND POSTAGE REIMBURSEMENTS WERE \$32,126

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 ARCHDIOCESE OF NEW ORLEANS

Employer identification number
72-0408911

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

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 Code 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
See Additional Data Table							

2

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

14

3

Enter total number of other organizations

1

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.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FUNDS ARE MADE PAYABLE TO THE LOCAL VENDOR AND REPORTS ARE KEPT TO TRACK THIS

Software ID:

Software Version:

EIN: 72-0408911

Name: CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOAT PEOPLE SOS INC113 LAPALCO BLVD 110 GRETNA,LA 70056	54-1563619	501(C)(3)	138,600				PEER TO PEER COUNSELING
FAMILY SVC OF GREATER NO2515 CANAL ST STE 201 NEW ORLEANS,LA 70119	72-0408931	501(C)(3)	44,720				LICENSE COUNSELING
KINGSLEY HOUSE INC1600 CONSTANCE ST NEW ORLEANS,LA 70130	72-0408940	501(C)(3)	33,148				LICENSE COUNSELING
VIET13435 GRANVILLE ST NEW ORLEANS,LA 70129	72-1496796	501(C)(3)	40,830				PEER COUNSELING/COMMUNITY EDUCATION
EPISCOPAL COMMUNITY SVC DIOCESE OF LOUISIANA1623 SEVENTH ST NEW ORLEANS,LA 70115	72-0408917	501(C)(3)	30,000				COMMUNITY EDUCATION
REACH NO LA1300 ESPLANADE AVE 12 NEW ORLEANS,LA 70116	30-0469284	501(C)(3)	31,103				INTERPRETER TRAININGS
MERCY FAMILY CENTER 110 VETERANS MEMORIAL BLVD 425 METAIRIE,LA 70005	72-1069468	501(C)(3)	360,000				THERAPEUTIC GROUPS WITH CHILDREN
MQV COMMUNITY DEVELOP4626 ALCEE FORTIER BLVD NEW ORLEANS,LA 70129	20-4929600	501(C)(3)	62,391				GROUP COUNSELING/THERAPY
HEALING HEARTS2701 TRANSCONTINENTAL DR NEW ORLEANS,LA 70006	76-0792803	501(C)(3)	72,000				TREATMENT FOR SUBSTANCE ABUSE
MIND BODY CENTER OF LA 4902 CANAL ST STE 404 NEW ORLEANS,LA 70119	26-4482109	501(C)(3)	37,925				EDUCATION/GROUP THERAPY
PLAQUEMINES COMM CARE8480 HWY 23 STE 23 BELLE CHASSE,LA 70037	20-3884943	501(C)(3)	200,410				PSYCHIATRIC TREATMENT & THERAPY
ST BERNARD PROJECT INC 8324 PARC PLACE CHALMETTE,LA 70043	26-2189665	501(C)(3)	240,358				PSYCHIATRIC TREATMENT & THERAPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ADMIN OF THE TULANE6823 ST CHARLES AVE NEW ORLEANS,LA 70118	72-0423889	501(C)(3)	63,256				PROVIDER EDUCATION/SOCIAL WORK
LAURA ELLEN COOLEY DBA ACUPUNCTURE AID & RELIEF SERVICES22 FOREST TALLMAN RD ORFORD,NH 03777	19-8465230	N/A	20,534				ACUPUNCTURE
HOUMA THIBODAUX DIOCESE2779 HWY 311 SCHRIEVER,LA 70395	72-0812566	501(C)(3)	10,000				FOOD, DIRECT ASSISTANCE, PERSONNEL COSTS FOR RELIEF EFFORTS RELATED TO THE DEEPWATER HORIZON OIL SPILL

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
CLOTHING ASSISTANCE	61	16,242			
T-SHIRTS	124	1,089			
FOOD ASSISTANCE	2272	605,095			
HAIRCUT ASSISTANCE	30	3,918			
HEALTH SCREENING ASSISTANCE	8	740			
HYGIENE/LAUNDRY/SOAP ASSISTANCE	608	31,794			
ID CARD ASSISTANCE	12	1,047			
RENT ASSISTANCE	400	1,107,050			
RETENTION INITIATIVE ASSISTANCE	228	131,469			
SHELTER ASSISTANCE	124	17,038			
TRANSPORTATION ASSISTANCE	642	112,131			
UTILITY ASSISTANCE	1157	391,811			
DEPOSIT ASSISTANCE	155	83,222			
RESPIRE ASSISTANCE	12	9,892			
STIPENDS	120	239,466			
HOUSEHOLD ASSISTANCE	31	16,609			
CHILD CARE ASSISTANCE	1	543			
MISCELLANEOUS ASSISTANCE	228	65,295			
BUILDING MATERIALS ASSISTANCE	124	361,934			
EDUCATIONAL VOUCHERS	15	784			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
HOME REPAIR ASSISTANCE	121	1,280,930			
CLOTHING AND HOUSEHOLD GOODS	9616	0	218,997	DONOR VALUED	CLOTHING, FURNITURE, FOOD, APPLIANCES, TOYS
WORKSHOPS	1710	2,554			
MEDICINE ASSISTANCE	162	9,036			
DENTAL SERVICES ASSISTANCE	23	4,212			
REIMBURSABLES	47	18,128			
MENTAL HEALTH ASSISTANCE	15	2,080			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS

Employer identification number
72-0408911

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div>		
<div>2</div> <div>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?</div>		
<div>3</div> <div>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.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment from the organization or a related organization?</div>		No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div>7</div> <div>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.</div>		No
<div>8</div> <div>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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

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				
(1) GORDON WADGE	(i)	140,744	0	0	5,170	15,369	161,283	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES R KELLY	(i)	138,030	0	0	5,170	18,973	162,173	0
RESIGNED MAR 2011	(ii)	0	0	0	0	0	0	0
(3) ELMORE RIGAMER	(i)	157,688	0	0	3,763	4,150	165,601	0
MD MPA	(ii)	0	0	0	0	0	0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization 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 ARCHDIOCESE OF NEW ORLEANS

Employer identification number
72-0408911

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 oncash 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		139,443	DONOR VALUED
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
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	X	45	79,554	DONOR VALUED
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
4 OFFICE				
25 Other ► (TRAILERS)	X	1	40,000	DONOR VALUED
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

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

Yes

No

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

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2010

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.

Identifier	Return Reference	Explanation
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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 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 ARCHDIOCESE OF NEW ORLEANS	Employer identification number 72-0408911
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ELIZABETH ADLER IS JOHN ECKHOLDT'S DAUGHTER, AND MIKE READ IS SUSAN JOHNSON'S BROTHER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THERE SHALL BE BUT ONE CLASS OF MEMBERSHIP, AND THE MEMBERSHIP OF THE CORPORATION SHALL CONSIST OF THE ARCHBISHOP OR ADMINISTRATOR OF THE ARCHDIOCESE OF NEW ORLEANS, WHO SHALL EX-OFFICIO BE THE SOLE MEMBER OF THE CORPORATION THE ORGANIZATION ALSO HAS A VOTING GOVERNING BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE FOLLOWING POWERS ARE RESERVED TO THE MEMBER OF THE CORPORATION 1 APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS WHICH ARE RECOMMENDED BY THE BOARD OF DIRECTORS 2 APPOINT OR REMOVE THE OFFICERS OF THE CORPORATION WHICH ARE RECOMMENDED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBER OF THE CORPORATION HAS THE AUTHORITY TO HIRE/FIRE THE CEO, TO APPOINT THE BOARD AND BOARD CHAIR, AND TO REVISE THE ARTICLES AND THE BY -LAWS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRESENTED AT FINANCE COMMITTEE MEETING FOR APPROVAL THEN AT BOARD MEETING FOR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ASK ALL TO COMPLETE THE CONFLICT OF INTEREST POLICY DOCUMENT ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS DECIDE ON COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL(S) THE TOP MANAGEMENT OFFICIAL(S) DECIDE ON COMPENSATION FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,237,172

Identifier	Return Reference	Explanation
COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT	FORM 990, PART XI, LINE 2C	NO CHANGE FROM THE PRIOR YEAR

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	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 ARCHDIOCESE OF NEW ORLEANS		Employer identification number 72-0408911

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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" on 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 organization	
						Yes	No
(1) CATHOLIC CHARITIES ASSOCIATION 1000 HOWARD AVENUE SUITE 1000 NEW ORLEANS, LA 70113 72-0824200	PROVIDE SUPPORT TO THE CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	LA	501(C)(3)	11		Yes	
(2) PACE GREATER NEW ORLEANS 4201 NORTH RAMPART NEW ORLEANS, LA 70117 42-1614056	PROVIDE ALL INCLUSIVE CARE FOR ELDERLY CLIENTS	LA	501(C)(3)	7		Yes	
(3) PHILMAT INC 1000 HOWARD AVENUE SUITE 1000 NEW ORLEANS, LA 70113 72-0787616	COMMODITIES SUPPLEMENTAL FOOD PROGRAM	LA	501(C)(3)	7		Yes	
(4) SECOND HARVEST OF GREATER NEW ORLEANS 700 EDWARDS AVENUE NEW ORLEANS, LA 70123 72-0956468	FIGHT AGAINST HUNGER	LA	501(C)(3)	7		Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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" on 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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

Yes

No

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) PACE GREATER NEW ORLEANS	K	321,578	AMOUNT PAID
(2) PHILMAT INC	K	329,728	AMOUNT PAID
(3) SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	K	38,174	AMOUNT PAID
(4) PACE GREATER NEW ORLEANS	Q	46,368	AMOUNT PAID
(5) PHILMAT INC	Q	421,486	AMOUNT PAID
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 72-0408911

Name: CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BYRON A ADAMS JR BOARD MEMBER	1 00	X						0	0	0
ELIZABETH E ADLER BOARD MEMBER	1 00	X						0	0	0
DAVID F ANDIGNAC BOARD MEMBER	1 00	X						0	0	0
SR ANTHONY BARCZYKOWSKI DC BOARD MEMBER	1 00	X						0	0	0
SHAWN M BARNEY BOARD MEMBER	1 00	X						0	0	0
ROBERT BOH BOARD MEMBER	1 00	X						0	0	0
TERREL BROUSSARD BOARD MEMBER	1 00	X						0	0	0
CHARLES P CARRIERE IV BOARD MEMBER	1 00	X						0	0	0
JOHN L ECKHOLDT BOARD MEMBER	1 00	X						0	0	0
JOHN J FINAN JR BOARD MEMBER	1 00	X						0	0	0
DR ELIZABETH FONTHAM BOARD MEMBER	1 00	X						0	0	0
ALEJANDRO GERSHANIK BOARD MEMBER	1 00	X						0	0	0
HON PIPER GRIFFIN BOARD MEMBER	1 00	X						0	0	0
MICHAEL F HULEFELD BOARD MEMBER	1 00	X						0	0	0
JOHN HUMMEL BOARD MEMBER	1 00	X						0	0	0
REV JAMES J JEANFREAU BOARD MEMBER	1 00	X						0	0	0
SUSAN R JOHNSON BOARD MEMBER	1 00	X						0	0	0
WAYNE J LEE BOARD MEMBER	1 00	X						0	0	0
MICHAEL O READ BOARD MEMBER	1 00	X						0	0	0
LEON J REYMOND JR BOARD MEMBER	1 00	X						0	0	0
ASHTON J RYAN JR BOARD MEMBER	1 00	X						0	0	0
LLOYD A TATE BOARD MEMBER	1 00	X						0	0	0
SR SYLVIA THIBODEAUX SSF BOARD MEMBER	1 00	X						0	0	0
JOSEPH F TOOMY BOARD MEMBER	1 00	X						0	0	0
TOMMIE A VASSEL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
QIANA W WIGGINS BOARD MEMBER	1 00	X						0	0	0
ROY ZUPPARDO BOARD MEMBER	1 00	X						0	0	0
JOSEPH S EXNICIOS CHAIRMAN	1 00	X		X				0	0	0
GORDON WADGE PRESIDENT & CEO	50 00			X				140,744	0	20,539
JAMES R KELLY RESIGNED MAR 2011 CO-PRESIDENT & CEO	50 00			X				138,030	0	24,143
MARTIN GUTIERREZ SECRETARY & EXECUTIVE DIRE	50 00			X				84,153	0	0
CHERYL LABORDE TREASURER & CFO	50 00			X				103,394	0	9,376
ELMORE RIGAMER MD MPA MEDICAL DIRECTOR	40 00					X		157,688	0	7,913

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	4,387,423	including grants of \$	29,520) (Revenue \$ 4,357,931)
PADUA PEDIATRICS AND PADUA COMMUNITY HOMES ARE INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED THAT PROVIDED RESIDENTIAL SERVICES TO 61 DEVELOPMENTALLY DISABLED INDIVIDUALS SERVICES PROVIDED INCLUDED THE FOLLOWING MEALS, MEDICATION ADMINISTRATION, COUNSELING, RECREATION, NURSING, CUSTODIAL CARE, THERAPY, ETC PADUA HOME AND COMMUNITY BASED SERVICES PROVIDED 3,845 WAIVER SERVICE DAYS OF CARE TO PEOPLE WITH DISABILITIES				
(Code)	(Expenses \$	4,383,020	including grants of \$	109,095) (Revenue \$ 40,898)
HEAD START PROVIDED EDUCATION, SOCIAL SERVICES, AND HEALTH SCREENINGS TO 608 INFANTS, TODDLERS, AND PRESCHOOLERS (AGES 6 WEEKS TO 6 YEARS) THERE ARE 5 CENTERS				
(Code)	(Expenses \$	1,192,772	including grants of \$	883) (Revenue \$ 951,764)
ADULT DAY HEALTH CARE PROVIDED FULL-DAY SERVICES TO 178 DISABLED AND ELDERLY PARTICIPANTS SERVICES INCLUDE NUTRITIONAL MEALS, HEALTH SCREENINGS, MEDICATION ADMINISTRATION, EXERCISE, SOCIAL ACTIVITIES, FIELD TRIPS, ART AND MUSIC, COUNSELING, AND SUPPORT THERE ARE 3 CENTERS				