

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: CATHOLIC CHARITIES OF FAIRFIELD COUNTY. Address: 238 JEWETT AVENUE, BRIDGEPORT, CT 06606.

D Employer identification number: 06-0653053. E Telephone number: (203) 372-4301. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website: WWW.CCFC-CT.ORG

J Organization type (check only one): [X] 501(c)(3) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,904,459.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	122,914.		122,914.	
26 Other salaries and wages	26	3,788,835.	3,329,472.	459,363.	
27 Pension plan contributions	27				
28 Other employee benefits	28	690,044.	607,545.	82,499.	
29 Payroll taxes	29	348,649.	301,932.	46,717.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	619,343.	602,503.	16,840.	
37 Equipment rental and maintenance	37	109,584.	92,280.	17,304.	
38 Printing and publications	38				
39 Travel	39	166,131.	140,572.	25,559.	
40 Conferences, conventions, and meetings	40	38,971.	25,193.	13,778.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	103,323.	87,702.	15,621.	
43 Other expenses not covered above (itemize):					
a PROFESSIONAL SERVICES	43a	605,506.	333,752.	271,754.	
b OFFICE & COMMUNICATIONS	43b	197,607.	162,298.	35,309.	
c CLIENT ASSISTANCE	43c	1,234,921.	1,195,574.	39,347.	
d OTHER	43d	79,386.	40,005.	39,381.	
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	8,105,214.	6,918,828.	1,186,386.	

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a <u>FOOD SERVICES - ARE COMPRISED OF HOSPITALITY HOUSE SOUP KITCHENS AND A NUTRITION PROGRAM FOR THE ELDERLY</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,451,784.
b <u>FAMILY SERVICES - PROVIDE A CONCENTRATED FOCUS ON THE FAMILY UNIT.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,694,909.
c <u>COMMUNITY, SOCIAL & WORKFARE PROGRAMS - THESE PROGRAMS PROVIDE SUPPORT TO INDIVIDUALS ASSIMILATING BACK INTO SOCIETY OR FROM WELFARE TO A WORKING ENVIRONMENT.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,474,787.
d <u>BEHAVIOR HEALTH - PROVIDES FAMILY AND INDIVIDUAL COUNSELING SERVICES THROUGHOUT FAIRFIELD COUNTY.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,297,348.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	6,918,828.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	732,728.	45	1,669,019.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 109,391.		
	b Less allowance for doubtful accounts	47b 30,928.	67,540.	47c 78,463.
	48a Pledges receivable	48a 348,465.		
	b Less allowance for doubtful accounts	48b	339,885.	48c 348,465.
	49 Grants receivable		434,872.	49 477,657.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		28,441.	53 37,207.
	54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> STMT 4. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		100,793.	54 105,854.
	Liabilities	55a Investments - land, buildings, and equipment, basis	55a	
b Less accumulated depreciation (attach schedule)		55b		55c
56 Investments - other (attach schedule)				56
57a Land, buildings, and equipment basis		57a 2,222,557.		
b Less accumulated depreciation (attach schedule)		57b 1,702,982.	489,427.	57c 519,575.
58 Other assets (describe ►)			80,043.	58 NONE
59 Total assets (must equal line 74) Add lines 45 through 58.			2,273,729.	59 3,236,240.
60 Accounts payable and accrued expenses			711,274.	60 748,648.
61 Grants payable				61
62 Deferred revenue				62
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		131,060.	64b 111,588.
	65 Other liabilities (describe ► STMT 6)		351,126.	65 516,043.
	66 Total liabilities. Add lines 60 through 65		1,193,460.	66 1,376,279.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67 Unrestricted		589,991.	67 1,214,965.	
68 Temporarily restricted		490,278.	68 644,996.	
69 Permanently restricted			69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds			70	
71 Paid-in or capital surplus, or land, building, and equipment fund			71	
72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,080,269.	73 1,859,961.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,273,729.	74 3,236,240.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with columns for line items (a-e), sub-items (b1-b4, d1-d2), and totals. Line a: 9,364,834. Line b: 623,810. Line c: 8,741,024. Line e: 8,741,024.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with columns for line items (a-e), sub-items (b1-b4, d1-d2), and totals. Line a: 8,752,576. Line b: 647,362. Line c: 8,105,214. Line e: 8,105,214.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account. Row 1: SEE STATEMENT 9, 122,102, 3,840, 4,269.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 24		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	X	
d Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information (See the instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b If "Yes," enter the name of the organization ► STMT 12 and check whether it is <input checked="checked" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE		
b Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82 b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE; section 4955 NONE		
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	145	
91 a	The books are in care of CINDY FOX DIRECTOR OF FINANCE Telephone no 203-416-1333 Located at 238 JEWETT AVENUE, BRIDGEPORT CT. ZIP + 4 06606		
91 b	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)? If "Yes," enter the name of the foreign country		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		NONE

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a BEHAVIORAL HEALTH					537,718.
b FOOD SERVICES					326,543.
c FAMILY SERVICES					375,697.
d COMMUNITY SERVICES					21,166.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,111.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	427,959.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b CLERGY COUNSELOR					27,000.
c MISCELLANEOUS			01	16,646.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				476,716.	1,288,124.
105 Total (add line 104, columns (B), (D), and (E))					1,764,840.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: Albert Barber, President Date: 5.15.2007

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/14/07 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00504182

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP EIN: 36-6055558

666 THIRD AVENUE Phone no: 212-542-9609

NEW YORK, NY 10017

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: **CATHOLIC CHARITIES OF FAIRFIELD COUNTY**
Employer identification number: **06-0653053**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14				

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **NONE**

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions; Gross income from interest, dividends; Net income from unrelated business activities; Total of lines 15 through 22; Organizations described on lines 10 or 11; Organizations described on line 12; and Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, demonstrations, seminars, Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns for categories (i)-(vi) and Yes/No checkboxes. Categories include Transfers from the reporting organization, Other transactions, and Sharing of facilities.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CELEBRITY BREAKFAST	345,872.	42,659.	303,213.
GOLF TOURNAMENTS	151,335.	69,747.	81,588.
NOCHE DE GALA	94,187.	51,029.	43,158.
TOTALS	591,394.	163,435.	427,959.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

TRANSFER OF ASSETS TO HAITIAN AMERICAN
COMMUNITY CENTER

143,882.

TOTAL

143,882.
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

CATHOLIC CHARITIES OF FAIRFIELD COUNTY ANTICIPATES AND RESPONDS TO THE HUMAN SERVICE NEEDS OF THE PEOPLE OF FAIRFIELD COUNTY BY PROVIDING COMMUNITY BASED, INTEGRATED, AND PROFESSIONALLY DELIVERED SOCIAL SERVICES WITH RESPECT FOR THE DIGNITY, POTENTIAL, AND UNIQUENESS OF THOSE WE SERVE GUIDED BY THE SOCIAL VALUES OF THE CATHOLIC CHURCH.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
COMMON STOCK	105,854.
TOTALS	----- 105,854. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====	
LENDER: DIOCESE OF BRIDGEPORT	
ORIGINAL AMOUNT: 232,259.	
DATE OF NOTE: 06/30/1995	
MATURITY DATE: 03/01/2012	
REPAYMENT TERMS: MONTHLY INSTALLMENTS	
ENDING BALANCE DUE	111,588.

 TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	 111,588.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING
-----	BOOK VALUE

REFUNDABLE ADVANCES	516,043.

TOTALS	516,043.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES	163,435.
INCOME ATTRIBUTABLE TO RELATED ENTITIES	38,724.
TOTAL	202,159.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES	163,435.
EXPENSES ATTRIBUTABLE TO RELATED PARTY	62,276.
TOTAL	225,711.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MOST REVERENT WILLIAM E. LORI 238 JEWETT AVENUE BRIDGEPORT, CT 06606	CHAIRMAN 1	NONE	NONE	NONE
MONSIGNOR WILLIAM J SCHEYD 238 JEWETT AVENUE BRIDGEPORT, CT 06606	VICE PRESIDENT 1	NONE	NONE	NONE
REV. MONSIGNOR THOMAS J DRISCOLL 238 JEWETT AVENUE BRIDGEPORT, CT 06606	VICE PRESIDENT 1	NONE	NONE	NONE
REV MONSIGNOR J. PETER CULLEN 238 JEWETT AVENUE BRIDGEPORT, CT 06606	VICE PRES/ASST TREAS 1	NONE	NONE	NONE
NANCY MATTHEWS 238 JEWETT AVENUE BRIDGEPORT, CT 06606	SECRETARY 1	NONE	NONE	NONE
ALBERT BARBER 238 JEWETT AVENUE BRIDGEPORT, CT 06606	CEO 35	122,102.	3,840.	4,269.
EDMUND BAGNULO 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
JAMES L. CLAUS 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MARY HOYT 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
RONALD LESKO 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT MANTILLA 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
JOSEPH MILLER 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
DON MORGENSTERN 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
THOMAS O'GRADY 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
MICHAEL O'ROURKE 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
MAUREEN ROXE 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FRANK KELTY 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
JEANNIE TISDALE 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
KEVIN GREMSE 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
FRANCIS MCGETTIGAN 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
MICHAEL RIZZO 238 JEWETT AVENUE BRIDGEPORT, CT 06606	BOARD MEMBER 1	NONE	NONE	NONE
NORM WALKER 238 JEWETT AVENUE BRIDGEPORT, CT 06606	CFO 1	NONE	NONE	NONE

GRAND TOTALS

122,102.

3,840.

4,269.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
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RELATED ORGANIZATION NAME: ST. JOSEPH'S RESIDENCE FOR MOTHERS
AND CHILDREN, INC

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ST. JOSEPH'S CHARITABLE CENTER FOR
THE POOR AND NEEDY

EXEMPT: X NONEXEMPT:

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93 103B	FEES COLLECTED FROM NEEDY INDIVIDUAL FAMILIES ARE USED TO ASSIST IN THEIR SOCIAL & INTERPERSONAL FUNCTIONING. PROGRAM SERVICES OF COUNSELING, ADOPTION, DAYCARE, SENIOR CITIZEN OUTREACH & CONGREGATE & HOME DELIVERED SENIOR CITIZEN MEALS ON WHEELS ARE PROVIDED TO ASSIST COMMUNITY WELFARE NEEDS.
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SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
FRANK THIEL 367 WHITE OAK SHADE NEW CANAAN, CT 06840	FINANCE DIRECTOR 35	95,606.	12,056.	1,839.
MICHAEL TINTRUP 45 ELLIOT RD TRUMBULL, CT 06611	VICE PRESIDENT 35	77,854.	11,260.	2,058.
WILLIAM HOEY 717 FOREST RD NORTHFORD, CT 06472	VICE PRESIDENT 35	69,510.	10,696.	186.
CYNTHIA S PHELPS 40 ROCKWELL RD BETHEL, CT 06801	PROGRAM DIRECTOR 35	64,074.	10,420.	4,970.
ELAINE MALGIERI 10 ROCK RIDGE COURT NEW FAIRFIELD, CT 06812	VICE PRESIDENT 35	64,006.	10,433.	3,937.
TOTAL COMPENSATION		371,050.	54,865.	12,990.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

CERTAIN KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS. SEE FORM 990 PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONABLE AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS KEY EMPLOYEES.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
OTHER INCOME	57,382.	924.			58,306.
TOTALS	57,382.	924.			58,306.