

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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

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. D Employer identification number: 06-0653053. E Telephone number: (203) 372-4301. F Accounting method: Cash [X] Accrual [] Other (specify) []

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? Yes [] No [X]

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes [] No [X]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

I Group Exemption Number

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

G Website: WWW.CCFC-CT.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 9,323,163.

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

Table with columns for Revenue, Expenses, and Net Assets. 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); 9a Gross revenue (not including \$ contributions reported on line 1b); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 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.

ENVELOPE APR 2 1 2008 POSTMARK DATE

SCANNED JUN 0 3 2008

RECEIVED APR 2 8 2008 OGDEN, UT

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

Form 990 (2006)

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	129,344.		129,344.	
25b	b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	4,126,928.	3,352,857.	774,071.	
27	Pension plan contributions not included on lines 25a, b, and c	150,396.	150,396.		
28	Employee benefits not included on lines 25a - 27	720,257.	720,257.		
29	Payroll taxes	395,925.	395,925.		
30	Professional fundraising fees				
31	Accounting fees	100,600.		100,600.	
32	Legal fees	2,721.		2,721.	
33	Supplies	60,675.	60,675.		
34	Telephone	45,879.	45,879.		
35	Postage and shipping	18,917.	18,917.		
36	Occupancy	767,194.	685,313.	63,233.	18,648.
37	Equipment rental and maintenance	57,001.	57,001.		
38	Printing and publications	3,012.	3,012.		
39	Travel	303,714.	159,825.	49,362.	94,527.
40	Conferences, conventions, and meetings	52,836.	43,647.	9,189.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	132,430.	115,047.	17,383.	
43	Other expenses not covered above (itemize)				
43a	a PROFESSIONAL SERVICES	476,751.	337,819.	135,910.	3,022.
43b	b FOOD	1,409,532.	1,409,112.	420.	
43c	c MISCELLANEOUS	84,354.	32,438.	45,014.	6,902.
43d	d LESS SPECIAL EVENTS EXPEN	-123,099.		-123,099.	
43e	e				
43f	f				
43g	g				
44	44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	8,915,367.	7,588,120.	1,204,148.	123,099.

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 4 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"/>	2,531,024.
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"/>	1,746,490.
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"/>	1,520,500.
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"/>	1,191,587.
e Other program services (attach schedule) <u>SEE STATEMENT 5</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	598,519.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	7,588,120.

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	1,669,019.	45	1,389,854.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	161,843.		
	b	Less allowance for doubtful accounts	24,063.	47c	137,780.
	48a	Pledges receivable	390,999.		
	b	Less allowance for doubtful accounts		48c	390,999.
	49	Grants receivable	477,657.	49	377,461.
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	37,207.	53	62,519.
	54a	Investments - publicly-traded securities	105,854.	54a	128,883.
	b	Investments - other securities (attach schedule)		54b	
	55a	Investments - land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		55c	
	56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	2,589,633.			
b	Less accumulated depreciation (attach schedule)	1,532,700.	57c	1,056,933.	
58	Other assets, including program-related investments (describe _____)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	3,236,240.	59	3,544,429.	
Liabilities	60	Accounts payable and accrued expenses	748,648.	60	851,316.
	61	Grants payable		61	
	62	Deferred revenue		62	
	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) STMT 6	111,588.	64b	95,018.
	65	Other liabilities (describe _____ STMT 7)	516,043.	65	286,068.
66	Total liabilities. Add lines 60 through 65	1,376,279.	66	1,232,402.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,214,965.	67	1,699,341.
	68	Temporarily restricted	644,996.	68	612,686.
	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 and column (B) must equal line 21))	1,859,961.	73	2,312,027.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,236,240.	74	3,544,429.

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

a	Total revenue, gains, and other support per audited financial statements		a	9,600,031.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) <u>SEE STATEMENT 8</u>	b4	399,967.	
	Add lines b1 through b4		b	399,967.
c	Subtract line b from line a		c	9,200,064.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	9,200,064.

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

a	Total expenses and losses per audited financial statements		a	9,315,334.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <u>SEE STATEMENT 9</u>	b4	399,967.	
	Add lines b1 through b4		b	399,967.
c	Subtract line b from line a		c	8,915,367.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	8,915,367.

Part V-A 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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 10</u>		129,344.	3,880.	NONE

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

- 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)
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 the organization? See the instructions for the definition of "related organization".
If "Yes," attach a statement that includes the information described in the instructions
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question ID, Yes, No. Rows 75b, 75c, 75d with 'X' marks in Yes/No columns.

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains -0- in all columns.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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?
b If "Yes," enter the name of the organization STMT 13 and check whether it is [X] exempt or [] 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?

Table with 3 columns: Question ID, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in Yes/No columns.

Part VI Other Information (continued)

82a 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? 82a X
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) 82b 276,868.
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88b 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 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
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 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 152
91a 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
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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____
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 ▶ **92** | 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					491,983.
b FOOD SERVICES					349,007.
c FAMILY SERVICES					329,441.
d COMMUNITY SERVICES					7,260.
e HOUSING					39,160.
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	46,970.	
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	530,406.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISCELLANEOUS			01	20,882.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				598,258.	1,216,851.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,815,109.

Note: Line 105 plus line 1e, 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 14

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 4/11/08

Type of print name and title: ALBERT BARBER PRES + COO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/11/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP
666 THIRD AVENUE
NEW YORK, NY 10017

Preparer's SSN or PTIN (See Gen Inst X): P00504182
 EIN: 36-6055558
 Phone no: 212-599-0100

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CATHOLIC CHARITIES OF FAIRFIELD COUNTY

06-0653053

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
DEBRA FREDERICK C/O CATHOLIC CHARITIES	VICE PRESIDENT 35.00	102,608.	1,539.	NONE
CYNTHIA FOX C/O CATHOLIC CHARITIES	DIRECTOR OF FINANCE 35.00	97,031.	982.	NONE
MICHAEL TINTRUP C/O CATHOLIC CHARITIES	VICE PRESIDENT 35.00	86,835.	4,342.	NONE
WILLIAM HOEY C/O CATHOLIC CHARITIES	VICE PRESIDENT 35.00	86,135.	4,307.	NONE
SANDRA C COLE C/O CATHOLIC CHARITIES	VICE PRESIDENT 35.00	77,658.	3,882.	NONE
Total number of other employees paid over \$50,000 . . . ▶	5			

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
SEE STATEMENT 15		
Total number of others receiving over \$50,000 for professional services ▶	0	

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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 16 regarding lobbying activities, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that 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 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	6,924,819.	6,560,214.	8,214,747.	8,070,211.	29,769,991.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,250,021.	1,214,902.	1,345,509.	1,576,871.	5,387,303.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	32,111.		18,232.	9,777.	60,120.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 17 43,646.	57,382.	924.		101,952.
23 Total of lines 15 through 22	8,250,597.	7,832,498.	9,579,412.	9,656,859.	35,319,366.
24 Line 23 minus line 17.	7,000,576.	6,617,596.	8,233,903.	8,079,988.	29,932,063.
25 Enter 1% of line 23	82,506.	78,325.	95,794.	96,569.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 598,641.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 29,932,063.
d Add Amounts from column (e) for lines 18 _____ 60,120. 19 _____ 22 _____ 101,952. 26b _____					26d 162,072.
e Public support (line 26c minus line 26d total)					26e 29,769,991.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.4585 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 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?		
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?		
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)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	41		
Not over \$500,000 20% of the amount on line 40			
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
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 other means			
i Total lobbying expenditures (Add lines c through h)			

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 13 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: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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 [X] No

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====ACCUMULATED DEPRECIATION
LINES 42 AND 57B

BUILDINGS	\$ 583,512
FURNITURE & FIXTURES	203,222
AUTOMOBILES	399,682
LEASEHOLD IMPROVEMENTS	1,129,531
SOFTWARE LICENSES	21,915
LAND	57,250
CIP	31,894
DEPOSIT ON ACQUISITION OF H.A.C.C. AND RELATED CONDITIONAL ASSET RETIREMENT COST	162,627
LESS ACCUMULATED DEPRECIATION	1,532,700
TOTAL	\$1,056,933

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CELEBRITY BREAKFAST	347,762.	30,598.	317,164.
GOLF TOURNAMENTS	142,650.	66,558.	76,092.
CHARITY BALLS AND PARTIES	125,155.	20,893.	104,262.
OTHER FUNDRAISING EVENTS	37,938.	5,050.	32,888.
TOTALS	653,505.	123,099.	530,406.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

TRANSFER OF ST. JOSEPH'S CHARITABLE
CENTER & ST. JOSEPH'S RESIDENCE FOR
MOTHERS AND CHILDREN ASSETS INTO
CATHOLIC CHARITIES

167,369.

TOTAL

167,369.

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 III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
HOUSING		598,519.
TOTALS		598,519.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====	
LENDER:	DIOCESE OF BRIDGEPORT
ORIGINAL AMOUNT:	232,259.
INTEREST RATE:	7.140000
DATE OF NOTE:	06/30/1995
MATURITY DATE:	03/01/2012
REPAYMENT TERMS:	MONTHLY INSTALLMENTS
ENDING BALANCE DUE	95,018.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	95,018.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO DIOCESE OF BRIDGEPORT	43,831.
REFUNDABLE ADVANCES	178,460.
CONDITIONAL ASSET RET. OBLIG.	63,777.
TOTALS	----- 286,068. =====

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

DESCRIPTION	AMOUNT
IN-KIND REVENUE	276,868.
SPECIAL EVENTS EXPENSE	123,099.

TOTAL	399,967.
	=====

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

DESCRIPTION	AMOUNT
IN-KIND EXPENSE	276,868.
SPECIAL EVENTS EXPENSE	123,099.
TOTAL	399,967.

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 C/O CATHOLIC CHARITIES	CHAIRMAN 1.00	NONE	NONE	NONE
MONSIGNOR WILLIAM J SCHEYD C/O CATHOLIC CHARITIES	VICE PRESIDENT 1.00	NONE	NONE	NONE
REV. MONSIGNOR THOMAS J DRISCOLL C/O CATHOLIC CHARITIES	VICE PRESIDENT 1.00	NONE	NONE	NONE
REV MONSIGNOR J. PETER CULLEN C/O CATHOLIC CHARITIES	VICE PRES/ASST TREAS 1.00	NONE	NONE	NONE
NANCY MATTHEWS C/O CATHOLIC CHARITIES	SECRETARY 1.00	NONE	NONE	NONE
ALBERT BARBER C/O CATHOLIC CHARITIES	CEO 35.00	129,344.	3,880.	NONE
EDMUND BAGNULO C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
JAMES L. CLAUD C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
MARY HOYT C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
RONALD LESKO C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
ROBERT MANTILLA	BOARD MEMBER 1.00	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 -----
C/O CATHOLIC CHARITIES				
JOSEPH MILLER C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
DON MORGENSTERN C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
THOMAS O'GRADY C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
MICHAEL O'ROURKE C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
MAUREEN ROXE C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
FRANK KELTY C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
JEANNIE TISDALE C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
KEVIN GREMSE C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
FRANCIS MCGETTIGAN C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	NONE	NONE	NONE
MICHAEL RIZZO C/O CATHOLIC CHARITIES	BOARD MEMBER 1.00	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
NORM WALKER	CFO 1.00	NONE	NONE	NONE
GRAND TOTALS		129,344.	3,880.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

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	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. HOUSING PROGRAMS FOCUS ON THE ISSUE OF HOUSING FOR THE WORKING POOR AND OTHERS IN NEED.
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SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

GRANT THORNTON 666 THIRD AVENUE NEW YORK, NY 10017	AUDIT & TAX	87,740.
HALL BROOKE BEHAVIORAL HEALTH 47 LONG LOTS ROAD WESTPORT, CT 06880	PSYCHIATRIST	86,155.
TOTAL COMPENSATION		----- 173,895. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

CERTAIN KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS. SEE FORM 990 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	2005	2004	2003	2002	TOTAL
OTHER INCOME	43,646.	57,382.	924.		101,952.
TOTALS	43,646.	57,382.	924.		101,952.