

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO. Number and street: 721 N LASALLE DRIVE. City or town: CHICAGO, IL 60654

D Employer identification number: 36-2170821. E Telephone number: (312) 655-7000. 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).

G Web site: www.catholiccharities.com

J Organization type: 501(c)(3)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 0928. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 188,069,718

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 Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III 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"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	9,859,689	9,859,689	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	494,495	494,495	
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	18,692	18,692	
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)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	53,575,237	45,750,039	7,245,925
27 Pension plan contributions not included on lines 25a, b and c	27	3,992,678	3,353,335	590,406
28 Employee benefits not included on lines 25a - 27	28	7,725,069	6,795,711	857,191
29 Payroll taxes	29	5,052,958	4,322,399	678,873
30 Professional fundraising fees	30			
31 Accounting fees	31	271,428		271,428
32 Legal fees	32	99,079	33,216	41,238
33 Supplies	33	2,486,065	2,159,648	309,384
34 Telephone	34	1,165,686	1,029,881	130,270
35 Postage and shipping	35	482,372	406,658	19,123
36 Occupancy	36	11,116,154	9,782,777	1,207,908
37 Equipment rental and maintenance	37	1,042,143	702,029	317,064
38 Printing and publications	38	564,247	286,837	141,607
39 Travel	39	1,809,609	1,760,708	43,374
40 Conferences, conventions, and meetings	40	1,202,549	673,736	363,402
41 Interest	41	38,837	38,837	
42 Depreciation, depletion, etc. (attach schedule) <input checked="" type="checkbox"/>	42	1,718,140	1,548,925	154,080
43 Other expenses not covered above (itemize)				
a FOOD PURCHASES	43a	47,581,750	47,580,992	245
b PROFESSIONAL FEES & SERVICE CONTRACTS	43b	4,373,256	3,977,687	327,047
c GENERAL LIABILITY INSURANCE	43c	2,303,794	2,082,892	199,651
d DISTRIBUTION OF IN-KIND GIFTS	43d	1,203,600	1,203,600	
e MEMBERSHIP DUES	43e	103,564	33,155	67,357
f MISCELLANEOUS	43f	810,151	739,703	41,803
g ALLOCATION OF MANAGEMENT & GENERAL TO AFFILIATES	43g	-1,795,781		-1,795,781
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	157,295,461	144,122,454	11,724,782

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.

<p>What is the organization's primary exempt purpose? ▶ To provide assistance to people in need through four primary service areas within the Archdiocese of Chicago. Senior services provides in-home or personal care and residential and healthcare facilities. Children services provides quality, developmentally-appropriate care for children six weeks to six years of age. Other services include in-home counseling to families referred by Illinois Department of Children and Family Services due to allegations of child abuse and neglect. Basic Human Needs services includes emergency shelter, food and clothing. Family and Individuals services helps address unemployment, poverty, inadequate housing, illness, addiction, physical limitations and domestic violence concerns. Catholic Charities' mission is to fulfill the Church's role in the mission of charity to anyone in need by providing compassionate, competent and professional services that strengthen and support individuals, families and communities based on the value and dignity of human life.</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Senior Services. Catholic Charities provided services to Seniors, including case management, counseling, adult day care, home-delivered and congregate meals. In FY 2008, Catholic Charities provided services to 80,315 seniors throughout Cook and Lake counties.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29,634,251</p>
<p>b Children Services. Provided early childhood development services including head start and childcare to 1,822 children in 9 centers across Chicago. Provided counseling services to children and placed them in relative and non-relative foster homes due to allegations of child neglect or abuse. Provided placement of infants through our Maternity and Adoptions Program.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>20,703,556</p>
<p>c Basic Human Needs. Provided emergency services such as food, shelter, and clothing. Other services included benefits screenings, community casework and counseling, addiction counseling and family shelter and housing.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>15,992,526</p>
<p>d Families and Individuals. Provided services including refugee resettlement, immunization linkages, counseling and case management, including domestic violence and substance abuse. Other services included operating 18 Women, Infants and Children Food and Nutrition Centers. In 2008, the WIC Centers redeemed over 2.6 million WIC coupons.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>77,792,121</p>
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p></p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>144,122,454</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		4,998,268	45	378,243	
	46 Savings and temporary cash investments		7,052,457	46	2,542,261	
	47a Accounts receivable	47a	21,282,465			
	b Less allowance for doubtful accounts	47b	1,565,367	20,005,746	47c	19,717,098
	48a Pledges receivable	48a	3,753,469			
	b Less allowance for doubtful accounts	48b		1,417,416	48c	3,753,469
	49 Grants receivable		1,570,981	49	1,572,977	
	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(c)(3)(B) (attach schedule)			50b		
	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		374,354	53	3,619,367	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		43,279,881	54a	40,060,621	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		8,946,302	54b	9,025,137	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b		55c			
56 Investments—other (attach schedule)		932,067	56	758,996		
57a Land, buildings, and equipment basis	57a	33,987,373				
b Less accumulated depreciation (attach schedule)	57b	11,416,217	21,668,539	57c	22,571,156	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58			
59 Total assets (must equal line 74) Add lines 45 through 58		110,246,011	59	103,999,325		
Liabilities	60 Accounts payable and accrued expenses		19,362,885	60	13,132,155	
	61 Grants payable			61		
	62 Deferred revenue		1,051,040	62	1,134,965	
	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)		252,396	64b	4,221,412	
	65 Other liabilities (describe <input type="checkbox"/> _____)		51,547,027	65	52,304,803	
66 Total liabilities Add lines 60 through 65		72,213,348	66	70,793,335		
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		30,212,492	67	21,188,671	
	68 Temporarily restricted		6,721,358	68	10,661,881	
	69 Permanently restricted		1,098,813	69	1,355,438	
	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)		38,032,663	73	33,205,990	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		110,246,011	74	103,999,325	

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	
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) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
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	

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

a	Total expenses and losses per audited financial statements		a	
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) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
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	

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
See Additional Data Table				

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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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? 75c: 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? 75d: Does the organization have a written conflict of interest policy?

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 and deferred compensation plans, (E) Expense account and other allowances. Row 1: ELLEN GORNEY, 721 N LASALLE DRIVE, CHICAGO, IL 60654, 0, 18,692, 0, 0.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: 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? 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, and financial matters. Includes sub-sections like 82a, 83a, 84a, 85a-f, 86a-b, 87a-b, 88a-b, 89a-g, 90a-b, and 91a-b.

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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)

				Yes	No
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	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	See Additional Data				
b					
c					

				Yes	No
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					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					0

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			No

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: _____ Date: 2009-07-01

Cynthia D Smetana ASSISTANT TREASURER
Type or print name and title

Paid Preparer's Use Only	Preparer's signature: _____	Date: _____	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP 111 S WACKER DRIVE CHICAGO, IL 60606			EIN: _____ Phone no: (312) 486-1000

**SCHEDULE A
(Form 990 or
990EZ)**

**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.)**

OMB No 1545-0047
2007

Department of the
Treasury
Internal Revenue
Service

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

Name of the organization
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

Employer identification number
36-2170821

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
JUDITH M SILEKIS 721 N LASALLE CHICAGO, IL 60654	DEVELOPMENT 35 00	126,872	23,361	0
WILLIAM DARCY 721 N LASALLE CHICAGO, IL 60654	DIVISION MANAGER 35 00	126,764	21,081	0
MICHELE BIANCHI 721 N LASALLE CHICAGO, IL 60654	LEGAL SERVICES 40 00	122,070	10,935	0
WENDY SEIFERT 721 N LASALLE CHICAGO, IL 60654	DIVISION MANAGER 35 00	119,047	17,114	0
JOHN RYAN 721 N LASALLE CHICAGO, IL 60654	CIVIC AFFAIRS 35 00	116,475	20,067	0
Total number of other employees paid over \$50,000	197			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
DELOITTE TOUCHE LLP 111 S WACKER DRIVE CHICAGO, IL 60606	AUDITING SERVICES	271,428
DELTA T GROUP ILLINOIS INC PO BOX 884 BRYN MAWR, PA 19010	CHILDCARE SUBSTITUTE TEACHERS	195,080
ADP NATIONAL ACCOUNT SERVICESPROBU 4125 HOPYARD ROAD PLEASANTON, CA 94588	PAYROLL & TAX SERVICES	147,057
CHARLEAN PRESTON 11201 S SANGOMON CHICAGO, IL 60643	HEAD START CONSULTANT	138,388
BURKE WARREN MCKAY SERRITELLA IBM PLAZA 22ND FLOOR CHICAGO, IL 60611	LEGAL SERVICES	91,285
Total number of others receiving over \$50,000 for professional services	4	

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KATES DETECTIVE AGENCY INC 7810 S CLAREMONT CHICAGO, IL 60620	SECURITY SERVICES	934,762
CBS SECURITY INC FEIN 36-4452491 10340 S WESTERN AVE CHICAGO, IL 60643	SECURITY SERVICES	926,228
HELP SOURCE OF NORTH SHORE DBA COMF 310 N WOLF ROAD WHEELING, IL 60090	IN-HOME PERSONAL CARE	697,054
ADDUS HEALTHCARE 135 N GREENLEAF GURNEE, IL 60031	IN-HOME PERSONAL CARE	549,208
AUSTIN PEOPLES ACTION CENTER 5125 W CHICAGO CHICAGO, IL 60651	WIC PROGRAM CONTRACTOR	473,347
Total number of other contractors receiving over \$50,000 for other services	13	

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, include 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 ▶ \$ <u>235,200</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	1	Yes	
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.) 🗨️	2a	Yes	
a Sale, exchange, or leasing property?	2b		No
b Lending of money or other extension of credit?	2c		No
c Furnishing of goods, services, or facilities?	2d	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨️	2e		No
e Transfer of any part of its income or assets?			
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>1</u>			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>3,507</u>			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>2</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>108,172</u>			

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 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	(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					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	25,500,425	23,465,037	14,189,493	20,050,399	83,205,354
16 Membership fees received					0
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	141,322,597	131,665,678	139,345,682	128,156,314	540,490,271
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	1,712,585	1,501,865	1,037,869	844,342	5,096,661
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	168,535,607	156,632,580	154,573,044	149,051,055	628,792,286
24 Line 23 minus line 17	27,213,010	24,966,902	15,227,362	20,894,741	88,302,015
25 Enter 1% of line 23	1,685,356	1,566,326	1,545,730	1,490,511	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
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	0
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	

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 (2006) _____ (2005) _____ (2004) _____ (2003) _____
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 (2006) _____ (2005) _____ 933,674 (2004) _____ (2003) _____ 3,800,249	
c Add Amounts from column (e) for lines 15 _____ 83,205,354 16 _____ 0 17 _____ 540,490,271 20 _____ 0 21 _____ 0	27c 623,695,625
d Add Line 27a total _____ and line 27b total _____ 4,733,923	27d 4,733,923
e Public support (line 27c total minus line 27d total)	27e 618,961,702
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f 628,792,286	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g 9843 66 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h 81 05 %

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 7 of the instructions.)
(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 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 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)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— 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	41		
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 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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	Yes		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements		No	0
d Mailings to members, legislators, or the public	Yes		3,153
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		22,753
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		209,294
i Total lobbying expenditures (Add lines c through h.)			235,200

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?

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 with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

TY 2007 Depreciation and Depletion Schedule**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821

Asset	Amount
LAND & LAND IMPROVEMENTS	79,238
BUILDING & BUILDING IMPROVEMENTS M&G	154,080
EQUIPMENT FURNITURE & FIXTURES	476,452
Building & BUILDING IMPROVEMENTS F	15,135
Building & BUILDING IMPROVEMENTS PS	993,235

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
FIXED ASSETS	2007-12	PURCHASED	2007-12		46,103	427,912		0	-229,371	152,438

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821**Gross Sales Price:** 29,870,538**Basis:** 28,829,527**Sales Expenses:** 0**Total (net):** 1,041,011

TY 2007 Individual Assistance Schedule**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821

Class of Activity	Amount
GENERAL CLIENT ASSISTANCE	1,107,821
CLIENT TRANSPORTATION	246,576
CLIENT ACTIVITY EDUCATION EXPENSE	211,270
FOSTERCARE BOARD ASSISTANCE	159,472
SENIOR PERSONAL CARE ASSISTANCE	5,495,063
Food shelter and clothing for indigents etc	2,631,715
Medical dental and hospital expenses provided	7,772

TY 2007 Investments - Other Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Description	Book Value	Cost/FMV
BLACKSTONE CAPITAL IV FUND-PRIVATE EQUITY	758,996	F

TY 2007 Investments - Securities Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Description	Book Value	Cost/FMV
MARKETABLE ALTERNATIVE EQUITY	2,114,326	F
MARKETABLE ENERGY & COMMODITIES	607,312	F
ALTERNATIVE FIXED INCOME SECURITIES	2,151,959	F
HEDGE FUND OF FUNDS	4,151,540	F

TY 2007 Land etc. Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND & LAND IMPROVEMENTS	4,359,014	267,079	4,091,935
BUILDING & BUILDING IMPROVEMENTS M&G	2,299,020	1,139,909	1,159,111
EQUIPMENT FURNITURE & FIXTURES	3,992,080	2,542,950	1,449,130
Building & BUILDING IMPROVEMENTS F	225,829	111,971	113,858
Building & BUILDING IMPROVEMENTS PS	23,111,430	7,354,308	15,757,122

TY 2007 Mortgages and Notes Payable Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Total Mortgage Amount: 4221412

TY 2007 Other Changes in Net Assets Schedule**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	-3,954,057
INTER-AGENCY TRANSFER	250,000
PENSION RELATED CHARGES	-57,900
BEGINNING NET ASSETS ADJUSTMENT	-1,137,540

TY 2007 Other Investment Income Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Description	Amount
INCOME FROM LIMITED PARTNERSHIPS	328,912

TY 2007 Other Liabilities Schedule**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821

Description	Beginning of Year Amount	End of Year Amount
GOVERNMENT ADVANCES	405,590	167,748
CHARITABLE GIFT ANNUITIES PAYABLE	3,495,428	3,598,057
PENSION LIABILITY	23,372,353	23,623,684
POST-RETIREMENT LIABILITY	24,273,656	24,915,314

TY 2007 Special Events Schedule

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ST NICHOLAS BALL	915,219	290	914,929	507,251	407,678
CC GOLF INVITATIONAL	415,523	34,163	381,360	362,445	18,915
GALA OF THE ARTS	186,962	19,110	167,852	184,556	-16,704
ALL OTHER	1,290,695	171,054	1,119,641	542,180	577,461

TY 2007 Non Electing Public Charities Statement

Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

EIN: 36-2170821

Statement: Catholic Charities of the Archdiocese of Chicago engages in lobbying and advocacy activities on behalf of the people in need within Cook and Lake counties. The advocacy issues addressed include but are not limited to human service programs, health, education, immigration and housing.

TY 2007 Self Dealing Statement**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**EIN:** 36-2170821

Line Number	Explanation
2a	In 2008, Catholic Charities of the Archdiocese of Chicago signed new or renewal property leases with East Lake Management for various locations. The Chairman and CEO of East Lake Management, Elzie Higgenbottom, is a contributor and a member of the Board of Advisors of Catholic Charities. The transactions were conducted at arm's length.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning JUL 1 2007, and ending JUN 30 2008

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

Employer identification number 36-2170821

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 157368285.

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-1537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. I further declare that the amount in Part I above is the amount of each of the copy of the organization's electronic return consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any return offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any return.

Sign Here Cynthia J. Smetana 6/4/09 ASSISTANT TREASURER

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only: Signature of ERO, Date 6/4/09, ERO's SSN or PTIN 700204296, ERO's name, address, and ZIP code DELOITTE TAX LLP, 111 S. WACKER DRIVE, CHICAGO, IL 60606, ERO's EIN 86-1065772, ERO's phone number 312-496-1000.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only: Signature of preparer, Date, Check if self-employed, Preparer's SSN or PTIN.

Additional Data**Software ID:****Software Version:****EIN:** 36-2170821**Name:** CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(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
REV MICHAEL BOLAND 721 N LASALLE DRIVE CHICAGO,IL 60654	ADMINISTRATORPRESIDENTCEO 35 00	35,400	691	0
WALTER H OUSLEY 721 N LASALLE DRIVE CHICAGO,IL 60654	CHIEF OPERATING OFFICER 35 00	164,040	29,581	0
KATHY DONAHUE 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR OF PROGRAMS 35 00	132,411	21,545	0
CYNTHIA D SMETANA 721 N LASALLE DRIVE CHICAGO,IL 60654	CFOASST SECRETARYASST TREASURER 35 00	98,555	12,272	0
JUDE P ZWICK 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR CHAIRMAN 1 00	0	0	0
CHARLES W MULANEY 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR VICE CHAIRMAN 1 00	0	0	0
DAVID K MCHUGH 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR TREASURER 1 00	0	0	0
EILEEN STRANG 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR SECRETARY 1 00	0	0	0
JOHN P BARRETT 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
RICHARD W BURKE SR 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
WILLIAM J CARROLL 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
PEG ALLINGHAM CICCARELLI 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
CHARLES F CLARKE JR 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
KEVIN CLEARY 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR CHAIR OF AUDIT COMMITTEE 1 00	0	0	0
ROBERT E CRONIN 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
SUZANNE S DAWSON 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
THOMAS W DEMINT 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
JOHN ECKENROAD 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
MARTHA FITZGERALD 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
EDWARD C FITZPATRICK 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
DR LOUIS J GLUNZ 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
PAUL A GRABOWSKI 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
DONALD H HAIDER 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
THOMAS W HAVEY 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
RICHARD S JALOVEC 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
ANITA SENESE JOHNSON 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
FRANCIS E KASTENHOLZ 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
THE HONORABLE RICHARD KELLY 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
HEIDE KENNY 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR 1 00	0	0	0
JOHN W KENT 721 N LASALLE DRIVE CHICAGO, IL 60654	DIRECTOR CHAIR OF FINANCE COMMITTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
MICHAEL KNIGHT 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
WILLIAM L LAMEY JR 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
RONALD P LAURENT 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
CHRISTOPHER LAWLER 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
MARGE LIVINGSTON 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
JOSEPH F LUBY 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
JOHN J LYNCH JR 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
ROBERT P MCNEILL 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
ROBERT R MORRIS 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
THOMAS H MORSCH 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
LINDA J PURKETT 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
DAVID M ROXE 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
JAMES M RYAN 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
CHRISTOPHER M SATERNUS 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
MICHAEL STANLEY 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
CAROL H SULLIVAN 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
RAY SWABACK 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0
JOHN J VIERA 721 N LASALLE DRIVE CHICAGO,IL 60654	DIRECTOR 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CATHOLIC BISHOP OF CHICAGO	X	
OPTIONS FOR HOUSING INC	X	
HOLY FAMILY VILLA	X	
COOKE'S MANOR LLC	X	
CATHOLIC CHARITIES HOUSING DEVELOPMENT CORPORATION	X	
ST JOSEPH CARONDELET CHILD CENTER	X	
CORTLAND MANOR DEVELOPMENT CORPORATION		X
ST LEO DEVELOPMENT CORPORATION		X
ST LEO RESIDENCE LLC		X
CORTLAND MANOR LLC		X
MISERICORDIA HOME	X	
MARYVILLE ACADEMY	X	
ROSELAND SENIOR HOUSING CORPORATION	X	
HAYES SENIOR HOUSING CORPORATION	X	
MATTHEW SENIOR HOUSING CORPORATION	X	
TOLTON SENIOR HOUSING CORPORATION	X	
FRANCES SENIOR HOUSING CORPORATION	X	
LAWRENCE SENIOR HOUSING CORPORATION	X	
BERNARDIN SENIOR HOUSING CORPORATION	X	
AILBE SENIOR HOUSING CORPORATION	X	
SABINA SENIOR HOUSING CORPORATION	X	
AILBE ASSISTED HOUSING CORPORATION	X	
PETER CLAVER SENIOR HOUSING CORPORATION	X	
BRENDAN SENIOR HOUSING CORPORATION	X	
GOEDERT SENIOR HOUSING CORPORATION	X	
NORTH CENTER SENIOR HOUSING NFP	X	
NORTHLAKE SENIOR HOUSING NFP	X	
ST LEO ASSISTED HOUSING NFP	X	
MERCY HOME FOR BOYS AND GIRLS	X	

Form 990, Part XI, line 106:

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	HOLY FAMILY VILLA 12220 S WILL COOK ROAD PALOS PARK, IL 60464	363680983	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	545,266
	OPTIONS FOR HOUSING 721 N LASALLE STREET CHICAGO, IL 60654	363580405	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	119,332
	CATHOLIC CHARITIES HOUSING DEVELOPMENT CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363425317	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	98,436
	ROSELAND SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363519061	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	69,941
	HAYES SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363686967	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	78,826
	MATTHEW SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363867486	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	97,779
	TOLTON SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363932659	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	59,387
	FRANCES SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363867489	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	56,513
	LAWRENCE SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363932662	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	71,803
	BERNARDIN SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364188920	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	108,409
	AILBE SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	363985169	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	106,258
	SABINA SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364223533	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	62,960
	AILBE ASSISTED HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364223536	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	11,662
	PETER CLAVER SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364188922	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	60,003
	BRENDAN SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364435695	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	57,789
	GOEDERT SENIOR HOUSING CORPORATION 721 N LASALLE STREET CHICAGO, IL 60654	364526043	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	63,916
	NORTH CENTER SENIOR HOUSING NFP 721 N LASALLE STREET CHICAGO, IL 60654	800097745	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	59,618
	NORTHLAKE SENIOR HOUSING NFP 721 N LASALLE STREET CHICAGO, IL 60654	900213451	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	61,226
	ST LEO ASSISTED HOUSING NFP 721 N LASALLE STREET CHICAGO, IL 60654	470950766	REIMBURSEMENT FOR MANAGEMENT AND GENERAL COSTS	6,656
Totals				1,795,780