Form 990 due to its status as a religious organization and affiliation with the Catholic Church. This form is for information purposes only.

Return of Organization Exempt From Income Tax

Department of the Treasury

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

Open to Public Inspection

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service October 1 . 2007, and ending September 30 . 20 08 For the 2007 calendar year, or tax year beginning D Employer identification number C Name of organization Please B Check if applicable: se IRS 13 5563422 Catholic Relief Services - USCCB Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number print or Name change (410) 625-2220 228 West Lexington Street Initial return inecific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination instruc-Baltimore, MD 21201-3413 Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ☑ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.crs.org H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.) J Organization type (check only one) ► 🗸 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 🔲 527 H(d) is this a separate return filed by an 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 Group Exemption Number ▶ to file a return, be sure to file a complete return. Check ▶ ☑ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) (In Thousands) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 1b 171,163 **b** Direct public support (not included on line 1a) 66,909 1c c Indirect public support (not included on line 1a) 361.186 1d d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 472,435 noncash \$_ 599.258 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 3 4 4 Interest on savings and temporary cash investments 5 10.750 Dividends and interest from securities . . 6a 6b **b** Less: rental expenses 6c Net rental income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe > (B) Other 8a Gross amount from sales of assets other 7.169 232,559 8a 3,737 240,513 8b b Less: cost or other basis and sales expenses. 3,432 (7.954)8c c Gain or (loss) (attach schedule) . . . 8d (4,522)d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$] 9a 9b **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . . 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . 11 3,273 Other revenue (from Part VII, line 103) 608,759 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 13 596,540 Program services (from line 44, column (B)) . . . 13 17,666 14 14 Management and general (from line 44, column (C)) 15 24,883 Fundraising (from line 44, column (D)) 15 16 16 Payments to affiliates (attach schedule) . . . 639,089 17 Total expenses. Add lines 16 and 44, column (A) 17 (30,330)18 Excess or (deficit) for the year. Subtract line 17 from line 12 Net Assets 18 164,979 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 20 (16,401)20 Other changes in net assets or fund balances (attach explanation). 118,248 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

	990 (2007)					Page 2
Par	Statement of All organizations m Functional Expenses organizations and s	ust con section	nplete column (A). Coli 4947(a)(1) nonexempt	umns (B), (C), and (D charitable trusts but) are required for sec optional for others. (S	tion 501(c)(3) and (4) 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 ▶ □	22a				
22b	Other grants and allocations (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	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)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30 31	See	Attached	Schedule	
31	Accounting fees	32	300	716160710-0	00,,,,,,,,,,	
32 33	Legal fees	33		***************************************		
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41 42	Interest	42				
43	Other expenses not covered above (itemize):					
		43a				
b		43b		···		
С		43c				
d		43d				
е		43e 43f				
f		43g				
9 44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	639,089	596,540	17,666	24,883
Are a	It Costs. Check ► ☐ if you are following SOP any joint costs from a combined educational campaign	and fi	ındraising solicitatior	reported in (B) Pro	ogram services? . I	► ☑ Yes ☐ No
	es," enter (i) the aggregate amount of these joint cost	s \$			to Program services	
(iii) t	he amount allocated to Management and general \$; and (iv) the	amount allocated	to Fundraising \$	259

Form 990 (2	2007)
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Part III	Statement of Prog	ram 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.

		,
Wh	at is the organization's primary exempt purpose? ► International relief and development	Program Service Expenses
All o	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See attached schedule	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C		
		•
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	596,540

Рa	rt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) eginning of year		(B) End of year
	45	Cash—non-interest-bearing	See Attached	45	
	46	Savings and temporary cash investments	Schedules	46	
	47a	Accounts receivable			
	ь	Less; allowance for doubtful accounts , 47b		47c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	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			
ets		schedule)		E4.	
Assets	1 -	Less: allowance for doubtful accounts . 51b		51c 52	
•	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		54a	
		Investments—publicly-traded securities ► ☐ Cost ☐ FMV ☐ Investments—other securities (attach schedule) ► ☐ Cost ☐ FMV ☐ Investments—other securities (attach schedule)		54b	
	l	· · · · · · · · · · · · · · · · · · ·			
) 55a	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach			
	"	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	1	Land, buildings, and equipment: basis . 57a			
	I	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets, including program-related investments			
		(describe >)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	-	59 60	
	60	Accounts payable and accrued expenses		61	
	61	Grants payable		62	
G	62	Deferred revenue			
bilities	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Ē	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Lia		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities. Add lines 60 through 65		66	
	Orga	anizations that follow SFAS 117, check here ▶ ☐ and complete lines			
S		67 through 69 and lines 73 and 74.		67	
ğ	67	Unrestricted		67 68	
ala	68	Temporarily restricted		69	
<u>m</u>	69	Permanently restricted			
Ē	Orga	anizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.		IVANIPALITY A	
<u> </u>	70	Capital stock, trust principal, or current funds		70	
8	70 71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
set	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Net Assets or Fund Balances		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)		73	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		74	

Pai	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents	With Reve	enue pe	r Return (See the
a	Total rev	enue, gains, and other support per audit	ed financial statements	************			а	618,462
a b		included on line a but not on Part I, line						
1		alized gains on investments		b1				
2		services and use of facilities	l l	b2				
3				b3				
4	Other (st	es of prior year grants pecify): SFAS 158 defined benefit adjustmen	nt and realized losses					
·				b4		(9,703)		
		s b1 through b4					b	(9,703)
С							С	
d	Amounts	included on Part I, line 12, but not on li	ne a:					
1	Investme	ent expenses not included on Part I, line	6b , ,	d1				
2	Other (sp	pecify):						
				d2				
		s d1 and d2					d	600 750
e	Total re-	venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au-	dited Financial States	nents	With Eyr	enses i	e per Retur	608,759 n
		penses and losses per audited financial s					а	665,193
a b		s included on line a but not on Part I, line						
1		services and use of facilities	i	b1				
2		ar adjustments reported on Part I, line 20		b2				
3	•	eported on Part I, line 20		b3		(18,150)		
4	Other (st	pecify): Realized losses on investments						
-				b4		(7,954)		
		s b1 through b4					b	(26, 104)
С	Subtract	line b from line a					C	639,089
d	Amounts	included on Part I, line 17, but not on li	ne a:					
1	Investme	ent expenses not included on Part I, line	6b	d1				
2	Other (sp	pecify):					Control of the contro	
				d2				
		s d1 and d2					d e	639,089
e	rt V-A	penses (Part I, line 17). Add lines c and Current Officers, Directors, Trustees						
į Ke		or key employee at any time during the ye	ar even if they were not	compe	ensated.) (S	ee the in:	structions.)	., αποστοι, παστου,
		(A) Name and address	(B) Title and average hours per	(C) Co	mpensation paid, enter	(D) Contribut benefit pla	ions to employee ns & deferred	(E) Expense account and other allowances
	5 v .1 . 3		week devoted to position		-0)	compen	sation plans	
See	e Attached	Scheame	-					
			-					
								
			_					
			-			1		
			-]		
			1	i		1		1

Par	V-A Current Officers, Directors, Trustees	s, and Key Employe	es (conunuea)			res	NO
	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organizatio	n business at board			
	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		
	Do any officers, directors, trustees, or key of compensated employees listed in Schedule A, independent contractors listed in Schedule A, lorganizations, whether tax exempt or taxable, that the definition of "related organization." If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest co Part II-A or II-B, rec at are related to the or 	impensated professive compensations and compensations see the instructions.	essional and other on from any other the instructions for	75c 75d		
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That F ceived compensation or	Received Comper r other benefits (de	nsation or Other Bendescribed below) during	fits (If the ye	ear, lis	ormer t that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension and owner	other
-							
Par	t VI Other Information (See the instruction					Yes	No
76	Did the organization make a change in its activiti		ducting activities	? If "Yes," attach a			
	detailed statement of each change	,			76 77		1
77	If "Yes," attach a conformed copy of the changes		i not reported to				
	Did the organization have unrelated business grothis return?				78a 78b	Manager of State of the State o	✓
	If "Yes," has it filed a tax return on Form 990-T for Was there a liquidation, dissolution, termination, of				700		
79	a statement				79	The Action Live	1
	Is the organization related (other than by associated common membership, governing bodies, trusted organization?	ees, officers, etc., to	any other exe	mpt or nonexempt	80a	1	
	If "Yes," enter the name of the organization CRS Foundation, Inc.	Inited States Conference and check whether it	is ⊯∐ exempto	or nonexempt			
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	see line 81 instructions year?	s.)		81b		V

F	p.co. (p.027)		P	age 7
	990 (2007) t VI Other Information (continued)		Yes	No
	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	1	Service III
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.			
832	(See instructions in Part III.)	83a	1	DE (Propried Proprie
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓_	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
85a	gifts were not tax deductible?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.			
87	Gross receipts, included on line 12, for public use of club facilities		ATTACHMENT	erineen a
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	12-03 (12-04) 11-03 (12-04) 11-03 (12-04)		
	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	1	Programme of the control of the cont
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	1	
89a	meaning of section 312(0)(13)? If Yes, complete Part XI. 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	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		1
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	OTEN DE LES		
е	transaction?	89e	ļ	1
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
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		/
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, 2007 (See instructions.) The books are in care of ▶ Catholic Relief Services - USCCB Telephone no. ▶ (410)		25-22	5,249
	Located at ► 228 West Lexington Street, Baltimore, MD ZIP + 4 ► 2120	1-341:		
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		Yes	No
	account)?	91b	1	5 54116
	If "Yes," enter the name of the foreign country ► See attached schedule See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	MENSOR STATE		4010000

Part				autoida af tha	United States?	91c	ves	NO
С	At any time during the calendar year, did the	e organization ma See attache	aintain an omice : d schedule	outside of the	United States?			
92	Section 4947(a)(1) nonexempt charitable trus and enter the amount of tax-exempt interest	ts filing Form 990) in lieu of Form	1041 —Check ax year	here			▶□
Part	VII Analysis of Income-Producing A	<mark>ctivities</mark> (See th	ne instructions.)			-		
lote:	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by sect	ion 512, 513, or 514		(E) elated	٥,
ndicat	-	(A)	(B)	(C)	(D)		npt fun	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		income	<u> </u>
а								
b								
С				_				
d						ļ <u>-</u>		
е								
f	Medicare/Medicaid payments , , ,							
g	Fees and contracts from government agencies	es						
94	Membership dues and assessments							
95	Interest on savings and temporary cash investmen	nts	 		<u> </u>		31	0,750
96	Dividends and interest from securities						- 1	0,130
97	Net rental income or (loss) from real estate:			1				<u>Continue</u>
а	debt-financed property							
b	not debt-financed property	i				 		
98	Net rental income or (loss) from personal propert	-						
99	Other investment income						(4	1,522)
100	Gain or (loss) from sales of assets other than invento	iry						
101	Net income or (loss) from special events .							
102	Gross profit or (loss) from sales of inventory Other revenue: a investment management fee	/ •s						(803)
103	Net change in annuities, trusts & pooled income	>						1,631
b	Other income							2,445
d	Quitar Magazia							
e								
104	Subtotal (add columns (B), (D), and (E)) .	1100-1100-110						
105	Total (add line 104, columns (B), (D), and (E)	=))			>			9,501
Note:	Line 105 plus line 1e, Part I, should equal th	ne amount on line	e 12, Part I.					
Part								
Line	No. Explain how each activity for which inco	me is reported in o	column (E) of Part	VII contributed	importantly to the	acco	mplish	ıment
▼								
	All investment activity generates revenue u	sed to supplement	exempt activity pr	ogramming.				
		· · · · · · · · · · · · · · · · · · ·						
				'11' - 10' - 11' -	:tt			
Part		bsidianes and L (B)				Υ	(F)	
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	(C) Nature of) activities	(D) Total income	E	(E) nd-of-y asset:	/ear s
Thane	eakea Phum (Cambodia), LTD	100 %	Microfinance		928	ļ	1	15,703
		%				1		·
		%						
		%			<u> </u>			
Part								
(a) (b)	Did the organization, during the year, receive any funds Did the organization, during the year, pay p	remiums, directly	or indirectly, on	a personal benef a personal be	it contract? . enefit contract?		/es √ /es √	
NO	te: If "Yes" to (b), file Form 8870 and Form	+120 (See Instruc	uorisj.			r.	m 990	1 (000
						1-171	3.3	. 1/17

Part	XI Information Regarding is a controlling organization	Transfers To and From to tion as defined in section 5	Controlled Entities. Comple i12(b)(13).	ete only if the org	aniza	ation
106	Did the reporting organization rethe Code? If "Yes," complete the	nake any transfers to a contro	olled entity as defined in section ontrolled entity.	_	Yes	No √
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfe	er
а						
b						· · · · · · · · · · · · · · · · · · ·
С						, <u>.</u>
	Totals			The state of the s		
107	Did the reporting organization r 512(b)(13) of the Code? If "Yes			 	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of to	ransf	er
а						
b						
С						
	Totals					
108	Did the organization have a bin rents, royalties, and annuities d	lescribed in question 107 abor	/e?	the interest,	Yes	No ✓
Pleas Sign Here	and belief, it is true, correct, and com	plete. Declaration of preparer (other the	g accompanying schedules and stateme an officer) is based on all information of Date	3/26/09	y knov	vledge vledge.
Paid Prepare	Preparer's signature		Date Check if self- employed ▶ □	Preparer's SSN or PTIN (Se	ee Gen.	Inst. X)
Use On			EIN Phone no.	> ()		

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part I, 20

> Other changes in net assets or fund balances: SFAS 158 Defined benefit plan adjustment Unrealized losses on investments

\$ 1,749
(18,150)
(16,401)

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part II

Statement of Functional Expenses (in thousands)

housands)		Program	Management	
	Total	Services	and General	Fundraising
Compensation of officers, directors, etc				
Kenneth Hackett, President	290	\$ -	\$ 290	\$ -
Annemarie Reilly, Chief of Staff	165		165	
Sean Callahan, EVP, Overseas Operations	173	173		
Joan Neal, EVP, U.S. Operations	168	168		
Mark Palmer, EVP, Chief Financial Officer	178		178	
David Piraino, EVP, Human Resources	178		178	
Michael Wiest, EVP, Charitable Giving	200			200
Other salaries/wages and related benefits	142,813	122,062	10,610	10,141
Professional fundraising fees	904			904
Accounting fees	558	254	295	9
Legal fees	651	562	77	12
Supplies	7,902	6,574	591	737
Telephone	4,216	3,937	150	129
Postage and shipping	4,319	589	250	3,480
Freight	38,479	38,463	-	16
Occupancy	12,021	10,887	262	872
Equipment rental and maintenance	13,922	13,731	106	85
Printing and publications	5,303	1,969	16	3,318
Travel	10,034	9,042	616	376
Training, conferences and meetings	19,775	18,711	711	353
Interest	1,587	1,587		
Depreciation	7,210	5,618	1,582	10
Other expenses				
Other professional fees	25,794	21,398	1,586	2,810
Publicity	1, 4 51	24	2	1,425
Food and commodities	114,663	114,663		
Advances to implementing partners	226,135	226,128	1	6
Total functional expenses	\$ 639,089	\$ 596,540	\$ 17,666	\$ 24,883

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part III

Statement of Program Service Accomplishments (In thousands)

Total program services

Agriculture	\$ 94,725
Education	45,336
Emergency	159,753
Small enterprise	9,947
Health	54,042
HIV / AIDS	176,110
Peace and Justice	27,660
Welfare	28,967

\$ 596,540

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part IV

Balance Sheet

(In thousands)

(In thousands)					
,		9/30/2007		9	9/30/2008
Assets					
Cash and cash equivalents	\$	66,120		\$	97,079
Accounts receivable and other assets		44,240			48,594
Investments		136,113			91,782
Segregated investments		45,494	•		42,508
Undistributed in-kind contributions		21,691			49,947
Land, building and equipment, net		51,366			49,948
Total assets	\$	365,024		\$	379,858
Liabilities					
Accounts payable and accrued expenses	\$	72,453		\$	72,701
Advances received for programs		29,431			50,051
Deferred revenue		21,691			49,947
Annuities payable		36,379			38,250
Long term debt		40,091			50,661
Total liabilities	\$	200,045		\$	261,610
Net Assets					
Unrestricted	\$	61,137		\$	47,004
Temporarily restricted		98,658			66,479
Permanently restricted		5,184			4,765
Total net assets	\$	164,979		\$	118,248
T / // - 10 -	•	265 024		æ	270.959
Total liabilities and net assets	<u>\$</u>	365,024		<u> </u>	379,858

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part V-A

Attachment Part V-A	Title and average hours devoted to position		Compensation	Contributions to employee benefit plans & deferred compensation	•
Officers Ken Hackett Annemarie Reilly Sean Callahan Joan Neal Mark Palmer Dave Piraino Michael Weist	President Chief of Staff EVP, Overseas Operations EVP, U.S. Operations EVP, Chief Financial Officer EVP, Human Resources EVP, Charitable Giving	40 40 40 40 40 40 40	290,102 164,901 173,141 168,101 178,142 178,401 200,287	65,563 50,013 51,731 41,675 44,089 48,802 53,150	
Board of Directors Most Rev. Timothy Dolan Most Rev. Kevin K. Boland Most Rev. Patrick R. Cooney	Chairman				
Most Rev. Nicholas DiMarzio Mr. John H. Griffin, Jr. Most Rev. Curtis J. Guillory, SVD Mr. Richard S. Kearney Most Rev. Joseph E. Kurtz Judge Diana Lewis Rev. Paul L. Locatelli, SJ Most Rev. Denis J. Madden Rev. Msgr. David J. Malloy His Eminence Theodore Cardinal McCarrick Most Rev. George V. Murray, SJ Mr. James N. Perry, Jr. Mrs. Constance L. Proctor Mrs. Karen Rauenhorst Most Rev. Michael J. Sheehan Most Rev. George L. Thomas Most Rev. John Charles Wester Dr. Carolyn Y. Woo	Secretary				

75c. Rev. Msgr. David J. Malloy is General Secretary of the United States Conference of Catholic Bishops.

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part VI, 91b

Afghanistan Jerusalem, West Bank & Gaza

Angola Kenya Benin Kosovo Bolivia Laos Bosnia And Herzegovina Lebanon Botswana Lesotho Brazil Liberia Bulgaria Macedonia Burkina Faso Madagascar Burundi Malawi Cambodia Mali Moldova Cameroon Central African Republic Nicaragua Niger Chad Colombia Nigeria Pakistan Congo Croatia Peru Dominican Republic **Philippines**

East Timor Rwanda Ecuador Senegal

Egypt Serbia And Montenegro

El Salvador Sierra Leone
Eritrea South Africa
Ethiopia Sri Lanka
Georgia Sudan
Ghana Tanzania
Guatemala Thailand
Guinea-Conakry The Gambia

Guyana Togo
Haiti Uganda
Honduras Vietnam
India Zambia
Indonesia Zimbabwe

Catholic Relief Services - USCCB 13-5563422 Fiscal Year Ended September 30, 2008 Attachment Part VI, 91c

Afghanistan

Angola Armenia Azerbaijan Benin Bolivia

Bosnia and Herzegovina

Botswana Brazil Bulgaria Burkina Faso Burundi Cambodia Cameroon

Central African Republic

Chad Colombia

Democratic Republic of Congo (DRC)

Dominican Republic

East Timor
Ecuador
Egypt
El Salvador
Eritrea
Ethiopia
Georgia
Ghana
Guatemala
Guinea

Haiti Honduras India Indonesia

Guyana

Jerusalem, West Bank & Gaza

Kenya
Kosovo
Laos
Lebanon
Lesotho
Liberia
Madagascar
Malawi
Mali
Mexico
Moldova
Myanmar
Nepal
Nicaragua
Niger

Niger Nigeria Pakistan Peru Philippines Rwanda Senegal Serbia Sierra Leone

South Africa Sri Lanka Sudan Syria Tanzania The Gambia

Togo Uganda Vietnam Zambia Zimbabwe

SCHEDULE A

(Form 990 or 990-EZ)

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.)

5563422

13

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

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

(See page 1 of the instructions.	LIST CACH ONC. II THOIC AI	C HOHO, GHIO	10110.)	
(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
Carol Bothwell	VP, Office Chief of Staff, 40			
228 W. Lexington St., Baltimore, MD 21201-3413	11, 5,1105 41101 51 41211, 11	125,049	29,268	None
Dorrett Byrd	Director of POSD, 40			
228 W. Lexington St., Baltimore, MD 21201-3413	Dittotto: Of 5 Quanty	130,577	42,855	None
Shannon Cornelius	- Attorney, 40			
228 W. Lexington St., Baltimore, MD 21201-3413	- Tierritoy, 10	136,430	44,075	None
Oleg Lobanov-Rostovsky	VP, CRS Foundation, 40			
228 W. Lexington St., Baltimore, MD 21201-3413	so y vitte i dwinderion, i to	152,001	39,237	None
Mary Ann Runaldue	- Dir. of Internal Audit, 40			
228 W. Lexington St., Baltimore, MD 21201-3413	- series of residual top a series of the	139,193	40,626	None
	436			

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	
McGladrey & Pullen, LLP	Audit		
1954 Greenspring Drive, Suite 400, Timonium, MD 21093	74444	232,500	
Accenture LLP - Chicago	Business Consulting		
161 N. Clark St., Chicago, IL 60601	Destricts deliberaring	228,222	
Gallagher Evelius & Jones	Legal		
218 North Charles Street, Baltimore, MD 21201	***************************************	107,69	
Metropolitan West Asset Management, LLC	investment Management		
PO Box 515126, Los Angeles, CA 90051-5126		106,070	
Western Asset Management Company	Investment Management		
PO Box 894139, Los Angeles, CA 90189-4139	1110 0001101101101010101010101010101010	96,701	
Total number of others receiving over \$50,000 for			
professional services		CONTROL OF THE PROPERTY OF THE	

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
List Services Corporation	Direct Marketing	
4001 Tamiami Trail North, Suite 210, Naples, FL 34103	- Die Det in Green verrig	991,004
InfoCision	Telemarketing	
325 Springside Drive, Akron, OH 44333	10:00:00:00	891,443
PMG Production Management Group	Direct Marketing	
6940 Columbia Gateway, Suite 220, Columbia, MD 21046	With the same construction	885,924
Relocation Services International	Relocation	
2440 Grand Ave., Suite A, Vista, CA 92083	TC, OGGIVII	564,866
Liturgical Publications, Inc.	Direct Marketing	
5 Progress Drive, Cromwell, CT 06416	Salvat Mantening	530,021
Total number of other contractors receiving over \$50,000 for other services		

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\bigsim \\$ \q		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		✓_
b	Lending of money or other extension of credit?		1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Attachment	1	
е	Transfer of any part of its income or assets?		✓_
3а	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.)		4
b	Did the organization have a section 403(b) annuity plan for its employees?	1	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓_
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		4
b	Did the organization make any taxable distributions under section 4966?		₹
С	Did the organization make a distribution to a donor, donor advisor, or related person?		1
d	Enter the total number of donor advised funds owned at the end of the tax year		, <u>,</u>
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
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		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Pa	rt IV	Ï	Reason	for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	ions.)
l cer	tify 1	hat	the organiz	zation is not a privat	te foundation bec	ause it is: (Please check	only ONE app	plicable box.)	
5	1	A c	hurch, con	vention of churches	, or association o	of churches. Section 170	(b)(1)(A)(i).		
6	☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7		Αh	ospital or	a cooperative hospi	tal service organiz	zation. Section 170(b)(1)((A)(iii).		
8		A fe	ederal, stat	te, or local governm	ent or governmer	tal unit. Section 170(b)(1	1)(A)(v).		
9		A m	nedical res d state ▶ .	earch organization c	perated in conjun	ction with a hospital. Se	ction 170(b)(1)	(A)(iii). Enter th	e hospital's name, city,
10				on operated for the beet the Support Scheo		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv).
11a				on that normally rece . (Also complete the			a governmenta	l unit or from th	e general public. Section
11b		Αc	community	trust. Section 170(b)(1)(A)(vi). (Also co	emplete the Support Sc	hedule in Part	: IV-A.)	
12		fror fror	m activities m gross in	related to its charit vestment income ar	able, etc., function nd unrelated busin	ns-subject to certain ex	ceptions, and ss section 511	(2) no more the tax) from bus	n fees, and gross receipts the fees, and gross receipts than 33%% of its support sinesses acquired by the A.)
13		An req	organizatio	on that is not contr of section 509(a)(3).	olled by any disq Check the box t	ualified persons (other that describes the type o	than foundation	on managers) a organization:	and otherwise meets the
			Type I	☐ Type II		II-Functionally Integrate		Type III-Othe	er
			Provide	the following info	rmation about th	e supported organizat	ions. (See pag	je 8 of the inst	ructions.)
(a) Name(s) of supported organization(s)		(a) (b) s) of supported organization(s) Emploidentific		of supported organization(s) Employer identification		(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the some superstance organization organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
							Yes	No	
						-			
Tota	al .				<u> </u>		<u> </u>	· · · >	
14		An	organizatio	on organized and or	perated to test for	public safety. Section 5	509(a)(4). (See	page 8 of the	instructions.)

	: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
	Gifts, grants, and contributions received. (Do	(a) 2000	(8) 2000	(0) 2004	(4) 2000	(0) 10 111
15	not include unusual grants. See line 28.).					
40						
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.					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
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					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e). line 24 .	▶ 268	1
b c d	Prepare a list for your records to show the nar governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter li Add: Amounts from column (e) for lines: 18	ne of and amour zation) whose tot ith your return. E ne 24, column (e	nt contributed by all gifts for 2003 the contributed by all gifts for 2003 the contributed by all gifts for all gi	each person (ot hrough 2006 exc I these excess a	her than a seeded the mounts > 266	
	22		26b			
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera	ator) divided by	line 26c (denom	inator))	▶ 266 ▶ 26	
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	l total amounts red	ceived in each y	were received fi ear from, each "d	rom a "disqualified isqualified person."
	(2006) (2005)		(2004)		. (2003)	
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each pe year, that was mo 5 through 11b, as the larger amour	erson (other than "c ore than the larger well as individuals. nt described in (1)	fisqualified person of (1) the amoun Do not file this or (2), enter the	ns"), prepare a list t on line 25 for the list with your retu sum of these diff	t for your records to e year or (2) \$5,000. urn, After computing erences (the excess
	(2006) (2005)		(2004)		(2003)	
С	Add: Amounts from column (e) for lines: 15		16 21		270	с
d	Add: Line 27a total	and line 27b tot	al		> 27	d
е	Public support (line 27c total minus line 27d to	otal)			> 27	
f	Total support for section 509(a)(2) test: Enter a	mount from line	23, column (e).	▶ 27f		
g	Public support percentage (line 27e (numera	ator) divided by	line 27f (denomi	nator))	27	
_ <u>h</u>	Investment income percentage (line 18, colu	umn (e) (numera	tor) divided by li	ine 27f (denom	inator)), 🕨 📗 27	h 9
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. Do not	ich vear, the nar	ne of the contribu	utor, the date as	nd amount of the	grant, and a brie

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 be completed ONE) by schools that checked the box on the ont i die in			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	Action (1)	
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?	31	STATE OF THE STATE	The second secon
32	Does the organization maintain the following:	220	entings descending	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		101501124011 101501124011 10150111111		
33	Does the organization discriminate by race in any way with respect to:			Service Control of the Control of th
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d 33e		
е	Educational policies?	300		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		278		
		SALVERS	Accessorations	JEH GERHAR
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	To the second se	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	LIFE DE		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u> </u>

SCHE	dile A (1 0111, 330 01 330 EZ) 200;							<u> </u>
Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public	Charities (See	page 11	of th	e ins	tructions	.)
Ch o o	k ▶ a ☐ if the organization belongs to an affilia					d "limi	ted control	" provisions apply.
J11€C	K Pa I Title Organization belongs to an armie	ated group. One	CK P G [] II.	you onconcu		M 311111		(b)
	Limits on Lobbyin	- ,					(a) ated group totals	To be completed for all electing
	(The term "expenditures" mea	<u>`</u>						organizations
36	Total lobbying expenditures to influence public	· ·-			36			
37	Total lobbying expenditures to influence a legis	* .			37 38			
38	Total lobbying expenditures (add lines 36 and	•			39			
39	Other exempt purpose expenditures				40			
40	Total exempt purpose expenditures (add lines						PI Proportion Carrier of the Control	
41	Lobbying nontaxable amount. Enter the amount if the amount on line 40 is— The let	obbying nontaxa	-					
	Not over \$500,000 20%			3-				
	Over \$500,000 but not over \$1,000,000 . \$100,0							Property of the control of the contr
	Over \$1,000,000 but not over \$1,500,000 . \$175,6				41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0							
		0,000			Addition of the control of the contr	NO. CATALOGICAL STATE OF THE PARTY OF THE PA		Particle of the National Control of the Control of
42	Grassroots nontaxable amount (enter 25% of li	ine 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lin	ne 36		43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38		44			
	Caution: If there is an amount on either line 43	or line 44 vous	nust file Form 47	20				
	(Some organizations that made a section		do not have to d	complete all	of th		columns t	pelow.
	See the instructions for	or lines 45 throug	n 50 on page 13	or the insu	uctio	15.)		
		Lob	bying Expenditu	ires During	4-Ye	ar Av	eraging P	eriod
	Calendar year (or	(a) (b) (c)				(d)	(e)	
	fiscal year beginning in) ▶	2007	2006	2005			2004	Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))					Strongen is		
47	Total lobbying expenditures							
48	Grassroots nontaxable amount				**************************************	Section 1		
	0 10 10 10 10 10 10 10 10 10 10 10 10 10							5000 5000 5000 5001
49	Grassroots ceiling amount (150% of line 48(e))					es existe de la companya de la comp		
EΩ	Grassroots lobbying expenditures							
50	t VI-B Lobbying Activity by Nonelec	stina Bublic C	harities	1.		L	,	
ı. cı	(For reporting only by organization)	ations that did	not complete l	Part VI-A)	(See	page	e 14 of tl	he instructions.)
	ng the year, did the organization attempt to influ						1	
ouri atte	ng the year, did the organization attempt to mile mpt to influence public opinion on a legislative n	natter or referend	are or local legis um, through the	use of:	unig e	uiy	Yes No	Amount
ano							✓	Control of the Contro
b	Paid staff or management (Include compensati	ion in expenses r	eported on lines	c through h	.) .		1	
c	Media advertisements.						✓	_
d	Mailings to members, legislators, or the public						1	2,000
e	Publications, or published or broadcast statem						√	Marin 200 200 200 200 200 200 200 200 200 20
f	Grants to other organizations for lobbying purp						/	71,800
g	Direct contact with legislators, their staffs, gov	ernment officials,	or a legislative b	oody,			٠ ,	235,970
h	Rallies, demonstrations, seminars, conventions						1	Order Co.
i	Total lobbying expenditures (Add lines c through	gh h.)		 -ا - ا مطاحه کم می			itios	309,770
	If "Yes" to any of the above, also attach a stat	tement giving a d	etalled description	at of the lob	งกลเปดี	activ	iiies.	

-	dule A		Regarding T	ransfers To and Transa e page 14 of the instruction	ctions and Relationships Wit	h None		_{age} 7 table
51		the reporting organ	nization directly or	indirectly engage in any of the	following with any other organization on 527, relating to political organization			T
а	Trai	nsfers from the repo	orting organization	to a noncharitable exempt orga	inization of:		Yes	No
						51a(i)		/
	.,	Other assets				a(ii)		✓
ь		er transactions:						
			es of assets with a	noncharitable exempt organiza	tion	b(i)		1
	.,	•		itable exempt organization		b(ii)		1
	٠.				b(iii)		1	
				ner assets , , , , ,		b(iv)		V
	٠.		•			b(v)		1
	٠,	•		ship or fundraising solicitations		b(vi)		1
_				sts, other assets, or paid emplo		C		$\overline{}$
	If th	ne answer to any of ods, other assets, or	the above is "Yes," r services given by	complete the following schedule the reporting organization. If the	yees Column (b) should always show the fathe organization received less than fair the other assets, or services received:	ir market	value value	of the in any
	a) e no.	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and	sharing arr	angem	ents
			,					

		<u> </u>						
52a b	des	scribed in section 50		other than section 501(c)(3)) or i	ne or more tax-exempt organizations n section 527?	☐ Ye:	s 🛂	Ž No
		(a)		(b)	(c)	h.i.a		
		Name of organiz	ation	Type of organization	Description of relations	пір		
					•			
							<u>.</u>	
				T				

Catholic Relief Services – USCCB 13-5563422 Fiscal year Ended September 30, 2008 Schedule A Attachment

Part III. 2d

Catholic Relief Services (CRS) reimburses staff and board members for business related travel and other expenses.

Part VI - B

CRS engages in lobbying to advance its mission of assisting the poor and disadvantaged outside the United States. CRS seeks to increase its impact against poverty and injustice beyond its own direct overseas funding by encouraging US government policies, laws, and actions that provide additional resources to the poor overseas and US leadership towards solving problems of conflict and poverty. Lobbying activities in the United States include the following:

- Direct meetings and phone calls with members and/or staff of Congress to comment on and discuss legislation.
- Letters to members of Congress informing them of CRS' experience and perspective on various pieces of legislation.
- Action alerts to CRS supporters educating them about international issues and inviting them to contact their legislators.

CRS lobbying activities are focused on the following issues:

- Foreign Operations Appropriations including core poverty assistance and morally appropriate funding for global health.
- Agriculture Appropriations including funding for the Title II international food aid programs and US assistance to developing countries in which CRS operates.
- Comprehensive immigration reform.