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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☑ Amended return
- ☐ Application pending

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

C Name of organization
ASSOCIATED CATHOLIC CHARITIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1966 Greenspring Drive Suite 200

City or town, state or country, and ZIP + 4
Timonium, MD 21093

D Employer identification number
52-0591538

E Telephone number
(443) 519-2383

G Gross receipts $ 116,418,295

F Name and address of principal officer
William J McCarthy Jr
320 Cathedral Street
Baltimore, MD 21201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ cc-md org

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Associated Catholic Charities' mission is threefold We 1) provide healing and care to those in need at programs for vulnerable children and adults throughout Maryland, 2) educate people to social awareness and motivate them to act, and 3) advocate for public policy that ensures a just society

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of employees (Part V, line 2a)	**5**	2,515
6	Total number of volunteers (estimate if necessary)	**6**	10,000
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	86,614,311	88,905,726
9	Program service revenue (Part VIII, line 2g)	7,805,308	5,761,345
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,448,327	-1,744,766
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,489	-1,532,784
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,945,435	91,389,521
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,570,295	1,323,323
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,087,248	73,087,367
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,406,830		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	25,209,162	25,562,982
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	96,866,705	99,973,672
19	Revenue less expenses Subtract line 18 from line 12	78,730	-8,584,151
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	142,796,002	137,618,480
21	Total liabilities (Part X, line 26)	46,591,898	49,879,254
22	Net assets or fund balances Subtract line 21 from line 20	96,204,104	87,739,226

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2011-06-08

Scott Becker Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

Associated Catholic Charities' mission is threefold We 1) provide healing and care to those in need at programs for vulnerable children and adults throughout Maryland 2) educate people to social awareness and motivate them to act, and 3) advocate for public policy that ensures a just society

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 50,229,400 including grants of $ 160,968) (Revenue $ 52,086,759)

Family-Based Services, General/Other Family and Childrens Services provides a continuum of mental health and special education services to children and their families ranging from counseling to intensive residential treatment Provided education services(275 children) and residential services(269 children)to moderately to severely emotionally disturbed children Provide Head Start and Early Head Start services to 553 children Served 171 children in 94 therapeutic foster families, provided therapeutic foster care services to 28 medically fragile children and certified 17 new families for placement of foster children Provide 64,810 outpatient mental health services to more than 3,490 children and families including 631 children in psychiatric crisis Provided consultation services to 1,298 students in 30 schools Placed 69 children from abroad and 4 domestic children in adoptive homes (0 miscellaneous)

4b (Code) (Expenses $ 18,574,032 including grants of $ 27,092) (Revenue $ 19,938,904)

Services for Individuals with Disabilities Services to the Disabled-provides an array of services and support for people with developmental disabilities in 49 homes and 3 day programs Provided residential services to 261 individuals including 24 hour supervised care, assisted living and specialized care for the frail and elderly Provided vocational services to 156 individuals through supervised work environments, pre-vocational and vocational training and supported employment Served 83 indiviuals with nursing and medical services, habilitation, occupational therapy, art and music therapy, and recreational activities (0 miscellaneous)

4c (Code) (Expenses $ 13,316,014 including grants of $ 801,629) (Revenue $ 12,365,080)

Emergency Shelter Programs, General/Other Community Services - provides shelter, traditional housing and/or job readiness or life skills workshops to homeless individuals or families Served over 267,000 meals to families and individuals in need averaging 733 people per day including serving breakfast to 27,114 senior citizens, persons with disabilities and residents of emergency shelters Provided outreach services to individuals (approximately 30,000) Provided 126 formerly homeless men with job skills training, employment and independent living assistance with a 100% successful job placement record for those men completing the residential program Placed 439 other individuals in new jobs including 39 ex-offenders from the Maryland Re-entry Partnership Assisted 1269 women and children with day shelter, case management, lifeskills workshops, resources, referrals, shower and laundry facilities and provided 29,985 meals Provide shelter, transitional housing, case management, employment and follow-up services to 224 adults and 330 children Provide housing to 14 formerly homeless, disabled men in a single room occupancy housing unit (0 miscellaneous)

(Code) (Expenses $ 3,661,736 including grants of $ 333,634) (Revenue $ 3,465,600)

Comprehensive Senior Services, General/Other Senior Life Services - provide medical adult day services for 120 participants, assisted living services for 80 frail seniors with low to moderate incomes referral and counseling for over 2500 older adults and caregivers, and management of a 162 bed comprehensive care nursing home with 116 beds for long-term care, 16 beds for skilled rehabilitative care and 30 beds for Alzheimers care (0 miscellaneous)

(Code) (Expenses $ 1,406,179 including grants of $ 0) (Revenue $ 1,338,156)

Affordable Housing Issues Housing Services- develop/manage 1,506 low income housing units for seniors Provide congregate housing services to 170 seniors including meals, light housekeeping and personal care (0 miscellaneous)

4d Other program services (Describe in Schedule O)

(Expenses $ 5,067,915 including grants of $ 333,634) (Revenue $ 4,803,756)

4e **Total program service expenses** ▶ $ 87,187,361 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	336		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,515		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Yes	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	36		
b	Enter the number of voting members that are independent	1b	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6			No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11			No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Taxpayer
1966 Greenspring Drive
Timonium, MD 21093
(443) 519-2383

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David J Norman Trustee	1	X						0	0	0
Mark T Timbie Trustee	1	X						0	0	0
Archbishop Edwin F O'Brien Chairman	1	X		X				0	0	0
Clinton R Daly President	1	X		X				0	0	0
William J Baird III Trustee	1	X						0	0	0
Stephen J Bisciotti Trustee	1	X						0	0	0
Kevin G Byrnes Trustee	1	X						0	0	0
Dean S Harrison Trustee	1	X						0	0	0
Joan F Neal Trustee	1	X						0	0	0
Patricia S Tunstall Trustee	1	X						0	0	0
Mark R Erickson Trustee	1	X						0	0	0
Rev Denis J Madden Trustee	1	X						0	0	0
Abigail E Smith Trustee	1	X						0	0	0
Michael D Sullivan Trustee	1	X						0	0	0
John J McLaughlin Trustee	1	X						0	0	0
Michael D Mangan Trustee	1	X						0	0	0
Carl AJ Wright Trustee	1	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Richard A Grossi Trustee	1	X						0	0	0
Boniface DS Kim Trustee	1	X						0	0	0
Hugh M Evans III Trustee	1	X						0	0	0
Patricia M O Ryan Trustee	1 00	X						0	0	0
William J Stromberg Trustee	1	X						0	0	0
James M Bannantine Trustee	1	X						0	0	0
Susan C Butta Trustee	1	X						0	0	0
Neil J Cashen Trustee	1	X						0	0	0
Louis Maranto Trustee	1	X						0	0	0
Rev Mitchell Rozanski Trustee	1	X						0	0	0
Marc G Bunting Trustee	1	X						0	0	0
Michael L Falcone Treasurer	1	X		X				0	0	0
Kevin M O'Keefe Vice President	1	X		X				0	0	0
Joseph A Sullivan Trustee	1	X						0	0	0
Michael J Wallace Trustee	1	X						0	0	0
Rev W Francis Malooly DD Trustee	1	X						0	0	0
Michael W Walton Trustee	1	X						0	0	0
Harold A Smith Secretary	40	X		X				407,483	0	23,611
Ralph W Emerson Jr Trustee	1	X						0	0	0
Cathy B McClain Trustee	1	X						0	0	0
Douglas M Able III Trustee	1	X						0	0	0
Tedd M Alexander III Trustee	1	X						0	0	0
Paul Bowie Trustee	1	X						0	0	0
Kathleen M Ryan Lekin Trustee	1	X						0	0	0
James Gabriel Associate Director/CFO	40			X				216,743	0	25,323
Mark J Schulz Division Director	40				X			311,247	0	13,717
Mark E Greenberg Administrator	40				X			203,139	0	5,794
John Rusinko Division Director	40					X		302,932	0	2,410
Joseph H O'Leary Physician	40					X		195,291	0	12,874
Mohammed Maisami Physician	40					X		172,098	0	9,133
Silvia O Williams Physician	40					X		159,687	0	6,474
Angelo M Boer Director	40					X		168,828	0	15,925
1b Total . . . . . ▶								2,137,448	0	115,261

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 26

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Oak Contracting LLC 1000 Cromwell Bridge Road Towson, MD 21286	General Contactor	4,051,571
Struever Bros Eccles & Rouse Inc 1040 Hull Street Baltimore, MD 21230	General Contractor	994,947
Securitas Security Services USA Inc P O BOX 403412 Atlanta, GA 30384	security services	498,347
Ernst & Young LLP 621 East Pratt Street Baltimore, MD 21202	CPA Firm	496,860
Gallagher Evelius & Jones 218 N Charles Street Suite 400 Baltimore, MD 21201	Law Firm	330,842

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 12

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 3,400,296				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 274,183				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 73,493,479				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 11,737,768				
	g	Noncash contributions included in lines 1a-1f $ 3,586,128					
	h	**Total.** Add lines 1a-1f		88,905,726			
Program Service Revenue			Business Code				
	2a	Entitlements	624,000	1,057,139	1,057,139	0	0
	b	Assisted living program fees	623,990	2,124,147	2,124,147	0	0
	c	Other fees	624,000	596,977	596,977	0	0
	d	Fees from individuals and third party payors	624,100	1,983,082	1,983,082	0	0
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		5,761,345			
	3	Investment income (including dividends, interest and other similar amounts)		1,400,905	1,400,905	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	21,298,996 / 56,295				
	b	Less cost or other basis and sales expenses	24,500,962 / 0				
	c	Gain or (loss)	-3,201,966 / 56,295				
	d	Net gain or (loss)		-3,145,671	-3,145,671	0	0
Other Revenue	8a	Gross income from fundraising events (not including $ 274,183 of contributions reported on line 1c) See Part IV, line 18	a 1,685,773				
	b	Less direct expenses	b 527,812				
	c	Net income or (loss) from fundraising events		1,157,961	0	0	1,157,961
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Unrealized gain (loss)	900,099	-3,116,683	-3,116,683	0	0
	b						
	c						
	d	All other revenue		425,938	425,938	0	0
	e	**Total.** Add lines 11a–11d		-2,690,745			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		91,389,521	1,325,834	0	1,157,961

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	380,394	380,394		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	939,322	939,322		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,607	3,607		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,354,934	575,856	1,587,209	191,869
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,733,344	49,207,894	4,447,278	1,078,172
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,389,096	2,906,143	401,165	81,788
9 Other employee benefits	8,525,401	7,683,557	701,163	140,681
10 Payroll taxes	4,084,592	3,605,041	389,839	89,712
11 Fees for services (non-employees)				
a Management				
b Legal	260,842	15,226	245,616	0
c Accounting	222,087	23,660	198,427	0
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	163,319		163,319	
g Other	3,378,042	3,134,218	98,084	145,740
12 Advertising and promotion				
13 Office expenses	3,173,551	2,598,402	164,476	410,673
14 Information technology	552,302	297,619	222,767	31,916
15 Royalties				
16 Occupancy	6,754,143	5,770,903	884,782	98,458
17 Travel	1,416,842	1,354,655	54,929	7,258
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	423,268	281,003	104,191	38,074
20 Interest	30,348	29,695	653	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,448,690	3,141,282	298,259	9,149
23 Insurance	1,680,363	1,520,818	131,285	28,260
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Food	2,384,210	2,377,540	6,670	0
b Recruitment	319,348	121,742	167,743	29,863
c Temporary help	610,374	552,304	58,070	0
d Membership and dues	129,316	84,531	42,025	2,760
e Other	615,937	581,949	11,531	22,457
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	99,973,672	87,187,361	10,379,481	2,406,830
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	12,317,112	2	6,471,173
	3	Pledges and grants receivable, net	5,687,040	3	3,188,387
	4	Accounts receivable, net	8,651,696	4	15,389,148
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*	0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*	0	6	
	7	Notes and loans receivable, net	0	7	
	8	Inventories for sale or use	18,720	8	18,651
	9	Prepaid expenses and deferred charges	1,236,460	9	1,302,277
	10a	Land, buildings, and equipment cost basis — 10a: 96,573,582			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 31,620,265	59,571,457	10c	64,953,317
	11	Investments—publicly traded securities	49,467,137	11	44,934,175
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	985,179	13	1,061,179
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,861,201	15	300,173
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	142,796,002	16	137,618,480
Liabilities	17	Accounts payable and accrued expenses	13,051,186	17	14,117,404
	18	Grants payable	0	18	
	19	Deferred revenue	5,759,590	19	5,999,736
	20	Tax-exempt bond liabilities	14,735,000	20	14,050,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	10,546,114	23	13,997,751
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	2,500,008	25	1,714,363
	26	**Total liabilities.** Add lines 17 through 25	46,591,898	26	49,879,254
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	65,027,987	27	60,223,558
	28	Temporarily restricted net assets	28,443,570	28	24,783,122
	29	Permanently restricted net assets	2,732,547	29	2,732,546
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	96,204,104	33	87,739,226
	34	Total liabilities and net assets/fund balances	142,796,002	34	137,618,480

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	82,710,867	94,760,999	88,051,538	86,614,311	88,631,543	440,769,258
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,448,703	5,272,261	5,763,483	7,805,308	5,689,623	28,979,378
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 **Total** Add lines 1-5	87,159,570	100,033,260	93,815,021	94,419,619	94,321,166	469,748,636
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						469,748,636

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	87,159,570	100,033,260	93,815,021	94,419,619	94,321,166	469,748,636
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,084,372	1,247,349	1,856,359	1,650,030	1,400,905	7,239,015
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,084,372	1,247,349	1,856,359	1,650,030	1,400,905	7,239,015
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,086,052	4,238,991	3,522,022	729,440	-4,332,550	8,243,955
13 **Total Support** (Add lines 9, 10c, 11 and 12)						485,231,606

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	96 809 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	98 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	1 492 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test
Consists of net rental income, interest on savings and temporary cash investments, and other miscellaneous income items

Additional Data

Software ID:
Software Version:
EIN: 52-0591538
Name: ASSOCIATED CATHOLIC CHARITIES INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Food	2,384,210	2,377,540	6,670	0
Recruitment	319,348	121,742	167,743	29,863
Temporary help	610,374	552,304	58,070	0
Membership and dues	129,316	84,531	42,025	2,760
Other	615,937	581,949	11,531	22,457

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
ASSOCIATED CATHOLIC CHARITIES INC	52-0591538

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

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

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,962
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		38,113
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			40,075
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The organization is neither for or against any political candidate The organization has a social concerns unit whose total lobbying expenditure for the fiscal year amounted to $40,075 This amount is less than 05% of the organizations total expenses This unit gave testimaony before the Maryland General Assembly in support of some specific social service bills and in opposition to others

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	0
2	Aggregate contributions to (during year)	0	0
3	Aggregate grants from (during year)	46,750	0
4	Aggregate value at end of year	1,470,243	0

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	15,837,884				
b	Contributions	5,244,970				
c	Investment earnings or losses	-1,272,107				
d	Grants or scholarships	714,862				
e	Other expenditures for facilities and programs	0				
f	Administrative expenses	0				
g	End of year balance	19,095,885				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 3 %
- b Permanent endowment ▶ 13 %
- c Term endowment ▶ 84 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	1,376,900		1,376,900
b Buildings	0	75,872,122	23,986,040	51,886,082
c Leasehold improvements	0	0	0	0
d Equipment	0	10,597,800	6,638,882	3,958,918
e Other	0	8,726,760	995,343	7,731,417
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				64,953,317

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Investment in subsidiaries	1,061,179	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	1,061,179	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Security deposits and other assets	300,173
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	300,173

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Annuity payment liability	853,163
Rate settlements	936,497
Other	-75,297
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,714,363

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	91,389,521
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,973,672
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,584,151
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-2,434,924
9	Total adjustments (net) Add lines 4 - 8	9	-2,434,924
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,019,075

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	118,403,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	27,013,909		
e	Add lines **2a** through **2d**			2e	27,013,909
3	Subtract line **2e** from line **1**			3	91,389,521
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	91,389,521

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	129,422,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	29,448,833		
e	Add lines **2a** through **2d**			2e	29,448,833
3	Subtract line **2e** from line **1**			3	99,973,672
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	99,973,672

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The organization's endowment funds were established for a variety of purposes, the primary purpose being to help fund the operations and capital projects of its programs Funds are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by the Maryland Uniform Prudent Management of Institutional Funds Act
SchD_P10_S00_L00	Schedule D, Part X	The impact of the adoption of FIN 48 on the organizations financial statements was not significant
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	The financial statements of the organization are audited by an independent accountant as part of a combined financial statement audit which includes the organization and its affiliates The amount on Schedule D, Part XI, Line 8 reflects the change in net assets related to the affiliates of the organization and is not included as part of this tax return
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	The financial statements of the organization are audited by an independent accountant as part of a combined financial statement audit which includes the organization and its affiliates The amount on Schedule D, Part XII, Line 2d reflects the revenue related to the affiliates of the organization and is not included as part of this tax return
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	The financial statements of the organization are audited by an independent accountant as part of a combined financial statement audit which includes the organization and its affiliates The amount on Schedule D, Part XIII, Line 2d reflects the expenses related to the affiliates of the organization and is not included as part of this tax return

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

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

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

		(a) Event #1 Anna's House Breakfast (event type)	(b) Event #2 ODB Polo (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	16,563	26,428	318,797	361,788
	2 Less Charitable contributions	14,388	24,928	234,867	274,183
	3 Gross revenue (line 1 minus line 2)	2,175	1,500	83,930	87,605
Direct Expenses	4 Cash Prizes	0	0	0	0
	5 Non-cash Prizes	0	0	0	0
	6 Rent/Facility costs	0	0	0	0
	7 Other direct expenses	2,703	2,062	126,561	131,326
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				131,326
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-43,721

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Louis Church12500 Clarksville Pike Clarksville, MD 21029	52-0591441		10,000	0	cash		A donor advised distribution
My Brothers Keeper4207 Frederick Aveneue Baltimore, MD 21229	52-2129199		10,000	0			A donor advised distribution
Woodmont Academy2000 Woodmont Drive Cooksville, MD 21723	52-1740002		10,000	0			A donor advised distribution
Mount St Joseph High School4403 Frederick Avenue Catonsville, MD 21228	52-0422640		10,000	0			A donor advised distribution
Jenkins Memorial Nursing Home Inc3320 Benson Avenue Baltimore, MD 21227	52-1711371	501(c)(3)	333,634				To fund the 501(c)(3) nursing home's renovation projects and equipment purchases
Cherry Hill Town Center Inc 600-636 Cherry Hill Road Baltimore, MD 21225	52-2013649	501(c)(3)	13,870				To fund a roof repair project of the 501(c)(3) shopping center which mission is neighborhood revitilation

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 6

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Payments to vendors made on behalf of individuals to provide financial assistance including assistance with rent, utility bills, clothing, transportation and basic personal care needs Although no financial award exceeded $5,000, this explanation is provided due to the relatively large cumulative amount	5600	916,911			

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

See Additional Data Table

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	For donor advised funds, award suggestions from the donor are reviewed for compliance with IRS regulations to determine if the distribution is permissable And for assistance to individuals, payments primarily consists of rental payments for clients being served in transitional housing programs and of the purchase of basic needs items such as toiletries and clothing for emotionally disturbed children served in residential programs

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Harold A Smith	(i)	386,864	0	20,223	0	23,611	430,698	533,333
	(ii)	0	0	0	0	0	0	0
James Gabriel	(i)	205,624	0	10,861	0	25,323	241,808	242,329
	(ii)	0	0	0	0	0	0	0
Mark J Schulz	(i)	188,641	0	22,095	107,986	13,717	332,439	107,986
	(ii)	0	0	0	0	0	0	0
John Rusinko	(i)	152,436	0	23,922	130,794	2,410	309,562	130,794
	(ii)	0	0	0	0	0	0	0
Joseph H O'Leary	(i)	195,291	0	0	0	12,874	208,165	0
	(ii)	0	0	0	0	0	0	0
Mohammed Maisami	(i)	172,098	0	0	0	9,133	181,231	0
	(ii)	0	0	0	0	0	0	0
Silvia O Williams	(i)	159,688	0	0	0	6,474	166,162	0
	(ii)	0	0	0	0	0	0	0
Angelo M Boer	(i)	152,620	0	21,252	0	15,925	189,797	0
	(ii)	0	0	0	0	0	0	0
Mark E Greenberg	(i)	177,510	0	26,446	0	5,794	209,750	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	4c The following officers, key employees or highest compensated employees participated in a supplemental executive retirement plan (SERP) John Rusinko, James Gabriel, Mark Schulz, Mark Greenberg and Angelo Boer John Rusinko and Mark Schulz received a SERP distribution of prior year accumulations in the amounts of $130,795 and $107,986 respectively John Rusinko, Mark Schulz, Mark Greenberg and Angelo Boer received SERP payments earned in the current year of $13,496, $13,244, 12,293, 10,839 respectively James Gabriel had deposits made to his SERP account in the amount of $16,911

Additional Data

Return to Form

Software ID: 08000095
Software Version: v1.00
EIN: 52-0591538
Name: ASSOCIATED CATHOLIC CHARITIES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Harold A Smith	(I)	386,864	0	20,223	0	23,611	430,698	533,333
	(II)	0	0	0	0	0	0	0
James Gabriel	(I)	205,624	0	10,861	0	25,323	241,808	242,329
	(II)	0	0	0	0	0	0	0
Mark J Schulz	(I)	188,641	0	22,095	107,986	13,717	332,439	107,986
	(II)	0	0	0	0	0	0	0
John Rusinko	(I)	152,436	0	23,922	130,794	2,410	309,562	130,794
	(II)	0	0	0	0	0	0	0
Joseph H O'Leary	(I)	195,291	0	0	0	12,874	208,165	0
	(II)	0	0	0	0	0	0	0
Mohammed Maisami	(I)	172,098	0	0	0	9,133	181,231	0
	(II)	0	0	0	0	0	0	0
Silvia O Williams	(I)	159,688	0	0	0	6,474	166,162	0
	(II)	0	0	0	0	0	0	0
Angelo M Boer	(I)	152,620	0	21,252	0	15,925	189,797	0
	(II)	0	0	0	0	0	0	0
Mark E Greenberg	(I)	177,510	0	26,446	0	5,794	209,750	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Maryland Economic Development Corporation	52-1376562	574205EV5	10-01-2004	7,735,000	To help fund construction of a residential child care facility		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	84	100,725	auction
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	34	1,628,137	stock exchange
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	365	431,523	estimated
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**	Yes	
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	Vehicles donated to the organization are handled and auctioned by independent contractors

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Identifier	Return Reference	Explanation
F990_P00_S00_L0B	Form 990, Header, Line B	Part XI, Financial Statements and Reporting, Lines 2b and 2c have been amended to yes as the organization's financial statements were audited by an independent accountant on a consolidated basis and the organization does have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant

Identifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The organization's Form 990 was reviewed by the Executive Committee of the Board of Directors before it was filed A copy of the final Form 990 was made available to all board members before it was filed

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Upon election, each director signs a conflict of interest statement requiring disclosure of conflicts of interest during their term and the organization's management continuously reviews and monitors to identify any area of conflict Employees are provided an explanation of the conflict of interest policy during orientation and acknowledge in writting receipt of the policy at that time In addition, certain employees sign a representation letter in conjunction with the organizations audit which acknowledges compliance with the code of ethics which includes the organization's conflict of interest policy

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	A compensation committee annually reviews the compensation level of the executive staff Additionally, an independent firm is retained to evaluate the appropriateness of the compensation level Minutes of the compensation committee meeting are recorded

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Year-end financial and statistical infomation is provided in summary form in the organization's annual calendar which is widely distributed to donors, employees and businesses and which are made available upon request Governing documents and the conflict of interest policy are also available upon request as is the annual audit report

Identifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	The financial statements of the organization are audited by an independent accountant as part of a combined financial statement audit which includes the organization and its affiliates The organization's audit report is reviewed and approved by its audit committee

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number
52-0591538

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Belair Limited Partnership 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1890391	senior housing	MD	Belair Senior Housing Inc	Unrelated	0	0		No	0		No
Hollins Ferry Senior Housing Limited Partnership 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1974894	senior housing	MD	Hollins Ferry Road Apartments Inc	Unrelated	0	0		No	0		No
St Marks Limited Partnership 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1758289	senior housing	MD	St Marks Housing Inc	Unrelated	-52,594	930,564		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Belair Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2156208	senior housing	MD	Associated Catholic Charities Inc	C	-2,004	71,947	1 00 %
Hollins Ferry Road Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2028747	senior housing	MD	Associated Catholic Charities Inc	C	-182	147,064	1 00 %
St Marks Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1758285	senior housing	MD	Associated Catholic Charities Inc	C	-480	45,535	1 00 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	Yes
p	Reimbursement paid by other organization for expenses	1p	Yes
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 08000095
Software Version: v1.00
EIN: 52-0591538
Name: ASSOCIATED CATHOLIC CHARITIES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
The Bethany Comunity Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1359066	low income housing for the disabled	MD	501(c)(3)	9	N/A
Cherry Hill Town Center Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2013649	neighborhood revitalization	MD	501(c)(3)	9	N/A
DePaul House Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-0591618	low income senior housing	MD	501(c)(3)	9	N/A
Jenkins Memorial Nursing Home Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1711371	162 bed nursing home	MD	501(c)(3)	9	N/A
Odenton Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2030205	low income senior housing	MD	501(c)(3)	9	N/A
Trinity House Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1911953	low income senior housing	MD	501(c)(3)	9	N/A
Odenton Senior Housing II Inc 1966 Greenspring Drive Timonium, MD21093 87-0810127	low income senior housing	MD	501(c)(3)	9	N/A
OLF Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-0337599	low income senior housing	MD	501(c)(3)	9	N/A
661 Corporation 1966 Greenspring Drove suite 200 Timonium, MD21093 52-2176978	neighborhood revitilization	MD	501(c)(3)	9	N/A
Abingdon Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 20-2414048	low income senior housing	MD	501(c)(3)	9	N/A
Backbone Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1486616	low income senior housing	MD	501(c)(3)	9	N/A
The Catholic Charities Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 91-1916896	low income senior housing	MD	501(c)(3)	9	N/A
The Childrens Fund Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1436319	support related tax exempt organizations	MD	501(c)(3)	11	N/A
Coursey Station Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 91-1916898	low income housing	MD	501(c)(3)	9	N/A
Glen Burnie Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2125710	low income senior housing	MD	501(c)(3)	9	N/A
My Sisters Place Womens Center Fund Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-0501902	provide funding for related tax exempt organizations	MD	501(c)(3)	11	N/A
Odenton Senior Housing II Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 87-0810127	low income senior housing	MD	501(c)(3)	9	N/A
Our Daily Bread Employment Center Fund Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-2348038	provide funds for related tax exempt organizations	MD	501(c)(3)	11	N/A
OLF Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-0337599	low income senior housing	MD	501(c)(3)	9	N/A
OLF Senior Housing II Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-4290198	low income senior housing	MD	501(c)(3)	9	N/A
Owings Mills Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2289902	low income senior housing	MD	501(c)(3)	9	N/A
Reisterstown Gardens Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2224808	low income senior housing	MD	501(c)(3)	9	N/A
Reisterstown Village Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2160792	low income senior housing	MD	501(c)(3)	9	N/A
St Charles Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1465523	low income senior housing	MD	501(c)(3)	9	N/A
St Joachim House Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1815777	low income senior housing	MD	501(c)(3)	9	N/A
St Lukes Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1771022	low income senior housing	MD	501(c)(3)	9	N/A
Sarahs House Fund Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 26-0337645	provide funds for related tax exempt organizations	MD	501(c)(3)	11	N/A
Woodlawn Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 47-0937712	low income senior housing	MD	501(c)(3)	9	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	The Bethany Comunity Inc	o	95,108
(2)	Cherry Hill Town Center Inc	o	93,275
(3)	DePaul House Inc	o	53,882
(4)	Jenkins Memorial Nursing Home Inc	q	716,889
(5)	Odenton Senior Housing Inc	o	59,635
(6)	Trinity House Apartments Inc	o	59,635
(7)	Odenton Senior Housing II Inc	o	72,761
(8)	OLF Senior Housing Inc	o	640,256