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Department of the Treasury

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)

OMB No 1545-0047 2008 Open to Public

Internal Revenue Se	mice The organization may have to use a copy of this return to satisfy state	e reporting requir	ements.	inspection
A For the 2008 c	alendar year, or tax year beginning $7/01/08$, and ending $6/30/0$	9		
B Check if applicable	Please C Name of organization		D Employ	rer identification numbe
Address change	CARITAS COMMUNITY HOUSING C	ORP.		
₹ `	label or		94-3	3395473
Name change	print or Using Business As type. Number and street (or P.O. box if mail is not delivered to street address)	Beentoute		
Initial return	See 231 SE 12TH AVENUE	Room/suite		ne number -231-4866
Termination	Specific	<u> </u>		2 222 2
1	Instruc. City or town, state or country, and ZIP + 4	.	G Gross receip	<u>ts</u> \$ 2,008,25
Amended return	tions PORTLAND OR 97214			
Application pending			H(a) Is this a	
	DENNIS KEENAN		affiliates	
	231 SE 12TH AVENUE		H(b) Are all a included	
	PORTLAND OR 97214		if "No," a	attach a list (see instructions)
Tax-exempt sta	us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			
Website:	WWW.CATHOLICCHARITIESOREGON.ORG		H(c) Group e	xemption number
Type of organizatio	n: X Corporation Trust Association Other	Year of formation: 20		State of legal domicile C
	ummary	Too or townsoon. — s		a colo di logo dolladio
· · · · · · · · · · · · · · · · · · ·	lescribe the organization's mission or most significant activities:			
TOTAL	PURPOSE OF THIS ORGANIZATION IS TO DEVELOP, OWN, F	TNANCE	• •	
ñ I	'			
MAN	AGE, AND OTHERWISE PROVIDE AFFORDABLE HOUSING AND H		•	
REL	ATED SERVICES IN WESTERN OREGON FOR VERY LOW, LOW A			
2 Check t	his box 🕨 🔲 if the organization discontinued its operations or disposed of more than	25% of its asset	s.	
3 Number	of voting members of the governing body (Part VI, line 1a)		3	3
4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	3
5 Total nu	mber of employees (Part V, line 2a)		5	0
6 Total nu	imber of volunteers (estimate if necessary)		6	10
	oss unrelated business revenue from Part VIII, line 12, column (C)		7a	
1	elated business taxable income from Form 990-T, line 34			
D Met dill	elated business taxable income from Form 990-1, line 34	Prior Yea	7b	Current Year
8 Contrib	utions and grants (Part VIII, line 1h)		,317	1,154,95
9 Denomina			,,,,	1,131,33
)]	n service revenue (Part VIII, line 2g)			2 45
10 investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		.,511	1,17
11 Other re	evenue (Part VIII, column (A), tines 5, 6d, 8c, 9c, 10c, and 11e)		,378	116,86
	venue—add lines 8 through 11 triust equal Part VIII, column (A), line 12)	95	,206	1,272,99
13 Grants	and similar amounts paid (Part IX, column (A), lines 1,3)			
14 Benefits	paid to or for members (Part IX column) (A) Hine 4)			
15 Salanes	, other compensation employee benefits (Part X, column (A), lines 5–10)			
b Total fu	onal fundraising fees (Part IX, column (A), line 11e)	* * * * * *	. w i	7
	openses (Part IX, column (A), lines 11a-11d, 11F-24f		,784	7
	· · · · · · · · · · · · · · · · · · ·			
T .	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,784	1 0-0 00
19 Revenu	e less expenses. Subtract line 18 from line 12		,422	1,272,99
뙫 구	(B. (M.) 40)	Beginning of		End of Year
<u>en</u> ;	sets (Part X, line 16)	8,667		10,411,66
8	bilities (Part X, line 26)	4,468		4,600,25
22 Net ass	ets or fund balances. Subtract line 21 from line 20	4,199	,315	5,811,40
Part II 🔅 S	gnature Block			
Ui	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules	s and statements, an	d to the best	of my knowledge
ar	d belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which pr	reparer has as	ny knowledge
gn	Maurin Tours			
ere /	Signature of officer		Data	
	•	MAV 1	Date	
	DENNIS KEENAN, EXECUTIVE DIRECTOR These or origin name and bits	<u>MAY I</u>	7 <u>, 2010</u>	
	Type or print name and title	- 1 -	· т	December desire
nia Pr	eparer's Date	Check If		Preparer's identifying number (see instructions)
aid	mature $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$	1/10 self- employe	ا∐ ⊾ b	P00899494
reparer's	LOVEDINGE HINT & CO. CDAIG		EIN	91-134757
	m's name (or yours elf-employed), 11100 NE EIGHTH STREET, SUITE 4:	10	 	
	dress, and ZIP + 4 BELLEVUE, WA 98004-4441		Phone	425-453-208
	BELLEVOLY MIL 30001 1141		no 🕨 🕯	
	ss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes N
AA For Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (200

	990 (2008) CARITAS COMMUNITY HOUSING CORP. 94-3395473 Pa
	Statement of Program Service Accomplishments (see instructions)
	Bnefly describe the organization's mission: THE PURPOSE OF THIS ORGANIZATION IS TO DEVELOP, OWN, FINANCE
	ANAGE, AND OTHERWISE PROVIDE AFFORDABLE HOUSING AND HOUSING
K	ELATED SERVICES IN WESTERN OREGON FOR VERY LOW, LOW AND
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ including grants of \$) (Revenue \$
	EES RELATING TO THE DEVELOPMENT, OWNING, FINANCING, AND
	ANAGING OF AFFORDABLE HOUSING AND HOUSING RELATED
	ERVICES.
	ERATCES!
	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	· · · · · · · · · · · · · · · · · · ·
	···· · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$

	· · · · · · · · · · · · · · · · · · ·
	Other program services (Describe in Schedule O.)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

	#3 FF : Checkist of Required Scriedules		T.,	
4	In the approximation described in parties 504/a)(9) or 4047/a)(4) (alberthone arrivate foundation) 2 If 19/an #		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	۱.	x	
_	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	 	 ^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			x
_	Schedule C, Part II	4		1
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		ŀ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			_ v
_	Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
• •	Parts VI, VIII, VIII, IX, or X as applicable	11	x	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		X
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		X
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		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			ΓŤ
_	person from a prior year? If "Yes " complete Schedule I. Part i	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			T
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
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		x
			-000	

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:	170	100	3
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	/ 3	13 x	\$
	employee), or an indirect business relationship through ownership of more than 35% in another entity	183		XX
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,		dia	823
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
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		X
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		\mathbf{x}_{-}

Form 990 (2008)

	Otatements Negarding Other Mo Filmigs and Tax Compilance				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		TT		W .
	U.S. Information Returns. Enter -0- if not applicable	1a	0	[- 3]	19. mg (1887)	1 " 🖫
ь	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 rep		3			
_	gaming (gambling) winnings to prize winners?		-	1c		x
2a]			35.	187
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	`	8	ő
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	v	Ĭ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	•		Q (4)	783	
	instructions)			1 4	Ä	*
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by			***	
	this return?	•		3a		X
ь	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 a	uthorit	y			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		•			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶			; (3)	<i>yy</i>	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Bank		8	,	, "
	and Financial Accounts.			\$	<i>></i>	٠. ،
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	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		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		1		
	gifts were not tax deductible?	_		6b	******	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			3	*	3.
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			**	8
	\$75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5				
	required to file Form 8282?	. 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	····	22	×	<i>^.</i>
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	ersonal			"	
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		X
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	d\$		72		x
D	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	 ior		7h	de	
В				*	• •	3
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsorganization, have excess business holdings at any time during the year?	willy		l e	ä	x
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	8	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	•		- 5		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		×	12	
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:			1	oú [
	Gross income from members or shareholders	11a				"
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					,
-	amounts due or received from them.)	11b		.	Ĵ	, 38
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	*]	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	• • • • • • • • • • • • • • • • • • • •		i i	38
					~~~	

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

360	Lion A. Governing body and management							
					F	** 5.0**	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	the			1	-₩.	1.47	8
	circumstances, processes, or changes in Schedule O. See instructions.		_			· v.	3.3	·
1a	Enter the number of voting members of the governing body	1a	3_				(17.5) (8)	** \
b	Enter the number of voting members that are independent	16	3			3 3		``;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with						X
	any other officer, director, trustee, or key employee?					2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the							
	supervision of officers, directors or trustees, or key employees to a management company or other pe	erson?				3	X	
4	Did the organization make any significant changes to its organizational documents since the prior For		was file	d?		4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?     .				5		<u> </u>
6	Does the organization have members or stockholders?					6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	mbers						
	of the governing body?				L	7a	_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ons?			. L	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken di	uring				\$2	, g	*
	the year by the following:					× 1		uš
а	The governing body?				[	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?				·· [	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	•	•	•	·· [	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	napters	., . ,		•			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•			İ	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	anızatı	ons .					
	must describe in Schedule O the process, if any, the organization uses to review the Form 990					10	x	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at		•			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					11		X
Sec	tion B. Policles				<del></del>	<del></del>	·	
						T	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				ſ	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give		••	Ī			
	rise to conflicts?	•			1	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es."	•	• • • •	•			
	describe in Schedule O how this is done	•			- 1	12c	- [	
13	Does the organization have a written whistleblower policy?	• •	•	• •	·	13	T	X
14	Does the organization have a written document retention and destruction policy?			• • • • • • • • • • • • • • • • • • • •	۱ ۰۰۰	14		X
15	Did the process for determining compensation of the following persons include a review and approval	bv	-		··	125		<del></del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	•	ion.			اد	,	ź
a	The organization's CEO, Executive Director, or top management official?					15a	Ť	x
b	Other officers or key employees of the organization?	•			···	15b		X
	Describe the process in Schedule O. (see Instructions)	• • • • • • • • • • • • • • • • • • • •	•		r		. 1	<u></u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent				r [	" _[	?
	with a taxable entity during the year?					16a	·^	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	 ate	• •					*
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe				ľ		2	}
	the organization's exempt status with respect to such arrangements?	guuiu			1	16b	ا شر	
Sec	tion C. Disclosure		<del></del>	····		I do [		
<u></u> 17	List the states with which a copy of this Form 990 is required to be filed OR				···			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (	 501(a)	 (2)o only			-	• •	
	available for public inspection. Indicate how you make these available. Check all that apply.	JU 1 (C)	(III) ac	''				
	Our unheita     Another's unheita   V    Dear manuari							
10	Own website Another's website X Upon request	. 60						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict o	f interes	st .				
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co- policy, and financial statements available to the public							
19 20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co- policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and	record						
20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, compolicy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and organization:  DENNIS KEENAN  231 SE 12TH	recon			503-		د م	i è c

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 regulred 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, and 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.

(A) Name and Title	(B) Average	Posi	tion (	chec		that a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SCOTT JONSSO	N	x						o	0	
GREGORY NIEI TREASURER	ERMEYER	x						0	0	
ROBERT TREXI	ER	x						0	0	
DENNIS KEENZ EXEC. DIRECT	N	x		x				0	0)	
									-	

	; ; ;	*	Nent of Rev	``````````` `````````				(A) tal revenu	i <del>0</del>	(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 b c d	Federated car Membership of Fundraising et Related organ	npaigns lues vents	1a 1b 1c 1d								Y 22
ntributions id other sig	e f	Government grants All other contribution and similar amounts Noncash contribution	ns, gifts, grants, s not included above		1,1	54,953		r X S				
	h	Total. Add line			• •			 .,154,	, 953			
Program Service Revenue				•	··	Busn. Code	· · · · ·	W 3.	%.	8 80 - 30 96	** * *	19 - 2 - 2 - 3
/en	2a						<del> </del>					
Re	ь				•••••		1					
/ice	c	••		••	• • •							
Sen	d	• • •		• •	••							
Ē	e	••			• •							
ogu	f	All other progr	am service rev	venue								
<u>_</u>	g	Total. Add line	es 2a–2f							* 2		
	3	Investment inc	come (includin	g divide	nds, intere	est, and						
		other similar a	mounts)			<b>&gt;</b>		1,	179			1,179
	4	Income from in	nvestment of t	ax-exem	pt bond p	roceeds 🕨						
	5	Royalties .	<u> </u>	·•.	· · · · · · · · · · · · · · · · · · ·	▶						
			(ı) Real		(ii) P	ersonal	* **	<i>#</i>	, \	1 10 1 10	N ( 3∞ 3.	A 200 300 3
	6a	Gross Rents		1,032				W.	"	13/2 1/2		
	b	Less rental exps		,263				•	~/ }			<b>∤</b> 4 4 8 8
	С	Rental inc or (loss)	-171	L,231					, , <u>š</u>	r 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	d	Net rental inco		<u></u>	<del>,</del>	<u> 🕨 </u>	···· · · ·	-171		-171,23	1	
	7a	Gross amount from sales of assets	(i) Secunt	ies	(ii)	Other	[2]		<b>(%</b>			
		other than inventory					3	• ``	***		The Property of March	
	þ	Less: cost or other					<b>1</b> %		ά.	1 1 1 1 1		Y 4 & 5 ;
		basis & sales exps			ļ			)	. 🤲	ν × × × ×		
	C	Gain or (loss)			<u> </u>		ř	* *	*	3 m 8 3		( 1 € 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×
	ď	Net gain or (lo			· · · · ·	<u> </u>	1 232					
	8a	Gross income fro	om fundraising e	vents			300	^ እ \$	-3			
an Ce		(not including \$					1.2	*	,	1 ' 6 ' 1		
Other Reve		of contributions r										
2	_	See Part IV, line		. a					, (			
Ĕ		Less: direct ex Net income or	• • •			<b>-</b>	•	•	•	F 1 2		
٦		Gross income from			CVEILLS			<del></del>	~ <u>~</u>	w	11	<del>                                     </del>
	Ja	See Part IV, line		ມເລ. <b>a</b> i			<b>.</b> .	(A.)	· ·			
İ	b	Less: direct ex		b		- <del></del>	1	300	3		1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	
		Net income or	• • • • •		tivities	•	··					<u> </u>
		Gross sales of	_				de v	• ``''	**	V 28 0 39	' 'A B S	X 22 8
		returns and all		a				4	, . ,	11 11 11		1 875 -
	b	Less: cost of g	•	b			:	;	~			
1		Net income or		les of in	ventory			i				- va
			ellaneous Reven			Busn. Code	₩	····	2		2 12 1	
	11a	DEVELOPME	NT FEES					<u> </u>				288,095
	þ											
İ	c											
	d	All other reven	ue									
	e	Total. Add line				•		288,	095	77 E JAN 8	K - / 15 18 18 18	24 🛬 🛷 👍
	12	Total Revenue		, 2g, 3,	4, 5, 6d, 7	'd, 8c,						
		9c, 10c, and 1	<u>1e</u>			<b></b>	1	,272,	996	-171,23	1 (	289,274

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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part Vill.	<u></u>	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, Ime 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			\$\frac{1}{2} \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot	
3	· ·				
	organizations, and individuals outside the			1888 - Cl. 18	[ N N N N N N N N N N N N N N N N N N N
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	, **
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<u> </u>		· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting		<u> </u>		_
ď	Lobbying	<u></u>		y, 10 W , 30	
e	Professional fundraising services. See Part IV, line 17		<u> </u>	y ₃ w	
f	Investment management fees				
9	Other				
12 13	Advertising and promotion	<del> </del>			
14	Office expenses Information technology				
15					
16	Royalties				······································
17	Occupancy				<del></del>
1B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	····			
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23	Insurance				
		, , , , , , , , , , , , , , , , , , ,		522 V 2 2 1 1 1	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		W		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
	5% of total expenses shown on line 25 below.)		Co. 18 8 18		<u> (1 12 / 3 ) </u>
а					
þ					
C		· · · · · · · · · · · · · · · · · · ·			
d	•				
e					
f a=	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f				
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				
	iunoraising solicitation				

	arr /	L Balance Sneet					_	<del>,</del>
						(A) Beginning of year		(B) - End of year
		Cook non-interest booring				90,133	1	105,640
	1	Cash—non-interest bearing			ŀ	30,133	<b>†</b>	103,040
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				ACA ECE	3	014 504
	4	Accounts receivable, net			. }	464,567	4	914,584
	5	Receivables from current and former officers, directors, to	rustees,	key	i		1	ļ
		employees, or other related parties. Complete Part II of S			[	***************************************	5	
	6	Receivables from other disqualified persons (as defined a 4958(f)(1)) and persons described in section 4958(c)(3)(E					*	
		Part II of Schedule L			- 1		6	
ţ	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use			- 1		8	
Ą	9	Prepaid expenses and deferred charges			. 1	10,913	9	10,109
-	10a	Land, buildings, and equipment: cost basis	10a	8,645,3	364	», «» ; , , , , , , , , , , , , , , , , , ,	<i>,</i>	× 8 / 200
	Ь	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	10b	1,136,7	786	7,637,038	10c	7,508,578
	11	Investments—publicly traded secunties					11	
	12	Investments—other securities. See Part IV, line 11	•		Ì		12	
	13	Investments—program-related. See Part IV, line 11	•		ŀ		13	
			•		ŀ		14	<del></del>
	14	Intangible assets			·· }	465,233		1,872,754
	15	Other assets. See Part IV, line 11				8,667,884	15	10,411,665
	16	Total assets. Add lines 1 through 15 (must equal line 34)	)	<del></del>	-			
	17	Accounts payable and accrued expenses				85,240		310,982
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities			Ļ		20	
<u>.</u>	21	Escrow account liability. Complete Part IV of Schedule D					21	
Llabilities	22	Payables to current and former officers, directors, trustee	s, key			i 🔞 🚬 🦠 53 📑	4 4	20 Y 4 X
ap		employees, highest compensated employees, and disqua	alified			. * ^ * *	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
$\exists$		persons. Complete Part II of Schedule L			l		22	
	23	Secured mortgages and notes payable to unrelated third	parties			4,379,749	23	4,285,696
	24	Unsecured notes and loans payable	•		1		24	
	25	Other liabilities. Complete Part X of Schedule D	•		[	3,580	25	3,580
	26	Total liabilities. Add lines 17 through 25			•	4,468,569		4,600,258
S		Organizations that follow SFAS 117, check here ▶ X	and			\$ \$ W Z	ě.	8 7% N
nces		complete lines 27 through 29, and lines 33 and 34.	.j ==			*	10	
B	27	Unrestricted net assets				4,199,315	27	5,811,407
Bala	28	Temporarily restricted net assets			- 1	1,100,010	28	3/011/10/
þ				• • • • •	ŀ			
Fund	29	Permanently restricted net assets	.cm		-	······································	29	<u> </u>
Ē		Organizations that do not follow SFAS 117, check here						\$ , \$ 1. <b>* *</b>
þ		and complete lines 30 through 34.					*	
ţ	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment					31	
Ä	32	Retained earnings, endowment, accumulated income, or	other fu	nds .	.	······································	32	
Net	33	Total net assets or fund balances			.	4,199,315	33	5,811,407
Z	34	Total liabilities and net assets/fund balances				8,667,884	34	10,411,665
Pi	art X	Financial Statements and Reporting		·-··				
								Yes No
1	Ac	counting method used to prepare the Form 990:	ash 🛚 🖹	Accrual	Ot	her		F. 6
28		re the organization's financial statements compiled or revi	_		ccount	tant?		2a X
b		ere the organization's financial statements audited by an in-	-	<u>-</u>		•• •• •• ••	•	2b X
c		Yes" to lines 2a or 2b, does the organization have a comm	•		sibility	for oversight of	• •	.
		a audit, review, or compilation of its financial statements ar		•	-	•		2c
3=		a result of a federal award, was the organization required t				•	• • • •	·
-		Single Audit Act and OMB Complex A 1222		_	~ 63 3	JOE 101 11 11		3a X
		Yes," did the organization undergo the required audit or au	 Idite?	• • • • • • •	•••		• •	3b X
		100, GO DIO Organization unocigo the required adult of 80	<u>. 1616</u>	<del></del>	<del></del>	<del></del>	<del></del>	Form <b>990</b> (2008)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number 94 - 33 9 5 4 7 3

			CARI	TAS COM	INUN	TY H	OUSI	NG C	ORP.					94	-339	547	3_	
P	art i	Reas	on for P	ublic Charity	Statu	s (All	organi	zation	s must	comple	te this	part.)	(see i	nstruc	tions)			
The	orga	nization is not	a private fo	oundation because	se it ıs:	(Please	check o	nly one	organiza	tion.)								
1		A church, co	nvention of	churches, or ass	sociatio	n of chu	rches de	scribed	in sectio	n 170(b)(	1)(A)(i).							
2	П	A school des	cribed in se	ection 170(b)(1)(	(A)(II). (	Attach S	Schedule	E.)										
3	П			ive hospital servi				-	ction 17	D(b)(1)(A)	(III). (Att	ach Sch	edule F	1)				
4	П			nization operate											ospital's	name		
		city, and stat		•		•		•			•		•		•			
5	П	An organizat	ion operate	d for the benefit	of a col	lege or u	university	y owned	or opera	ted by a c	Iovemm	ental un	it descr	ibed in		•••	•	
	_	_		. (Complete Part		Ū	•	•	•	,								
6	$\Box$			government or g	•	nental u	nıt descri	ıbed in !	section 1	70(b)(1)( <i>A</i>	4)(v).							
7	П			mally receives a								from the	gener	al public	>			
	_			0(b)(1)(A)(vi). (C		-		•					•	•				
8				ribed in section				lete Par	t II.)									
9	X			mally receives: (						n contribu	tions, m	embersi	nip fees	, and gr	oss			
	_	receipts from	activities n	elated to its exer	npt fund	ctions	subject t	o certai	n exceptio	ons, and (	2) no mo	ore than	33 1/3	% of its				
		support from	gross inves	stment income a	nd unre	lated bu	ısıness tı	axable i	ncome (le	ess section	n 511 ta	x) from I	ousines	ses				
	_	acquired by t	he organiza	ation after June 3	30, 1975	5. See s	ection 5	09(a)(2)	. (Compl	ete Part II	l.)							
10	Ш	An organizat	ion organize	ed and operated	exclusiv	vely to to	est for pu	ublic saf	fety. See	section 5	09(a)(4)	(see in	structio	ns)				
11		-	-	ed and operated		•		-	•				•					
				publicly support										section	1			
		509(a)(3). Ch	eck the bo	k that describes t	the type	of supp	porting or	rganizat	ion and c	omplete li	ines 11e	through	11h.					
		a Type		∐ Type II	C	_			ally integ		d		e III-O					
e	Ш			ertify that the org					-									
				dation managers	and oth	ner than	one or r	nore pu	blicly sup	ported on	ganizatio	ns desc	ribed ır	section	1			
		509(a)(1) or s																
f				ed a written dete	erminati	on from	the IRS	that it is	s a Type	l, Type II,	or Type	III supp	orting					_
		organization,					٠.,							•				Ш
â		_		has the organiza	ition act	æpted a	iny giπ o	r contrib	oution froi	n any or t	ne							
		following per		the or indicable o	natuala	م مطاعم		46				***						<u></u>
				lly or indirectly or	•			•	with pers	ons desc	noean (	(11)				44-70	Yes	No
			-	governing body o a person descril		• •	_	auon? .	,			• • •		• •	• •	11g(i)		
				ntity of a person of	•	•		O103	•	•			••			11g(ii)		
h				formation about t		• • •	٠,			 <del>de</del> c		• • • • •		•• ••		[11g(iii)]		
				<del></del>	1		- •		<del></del>		T		1					
(1)		of supported		(II) EIN			forganiza I on lines 1		1 ' '	organization Isted in your		rou notify nization in		Is the tron in col.	(1	vii) Amo supp		
						above or	IRC section	on		document?	T	of your		ized in the		оорр	<b>.</b>	
						(see ins	tructions	<b>;)</b> )			+	port?	+	S?				
									Yes	No	Yes	No	Yes	No				
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		···			-				ļ	<del> </del>			<b>_</b>	<b>  </b>				
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-				\$ 60 p	]			(1 )) 18 (1	10		*.	) ; . );	<b> </b>	25				

Public support percentage from 2007 Schedule A, Part IV-A, line 26f  33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this l	15   %
. SO NO MEDIDICILIESCE ZUUD, II INE CICANIZADUN DIO ROLCIRCA DIE DOX UN INE LO, AND INE 14 IS SO NO MORIDIR. CHECA DIE 1	JUX

33 1/3 % support test-2007. If the organization did not check a 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 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

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

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support					<u> </u>				
Ca	tendar 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")	571,644	35,838	32,449	37,317	1,154,953	1,832,201			
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	275,425	386,518	521,179	555,647	564,032	2,302,801			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		•							
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1-5	847,069	422,356	553,628	592,964	1,718,985	4,135,002			
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	259,414	381,518	515,148	549,158	543,949	2,249,187			
c	Add lines 7a and 7b	259,414	381,518	515,148	549,158	543,949	2,249,187			
8	Public support (Subtract line 7c from line 6.)	587,655	40,838	38,480	43,806	1,175,036	1 005 015			
Sac	tion B. Total Support		`		<u> </u>		1,885,815			
-	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
9	Amounts from line 6	847,069	422,356	553,628		1,718,985	4,135,002			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						-			
	sources	775	1,382	1,473	1,511	1,179	6,320			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b	775	1,382	1,473	1,511	1,179	6,320			
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.)	753,294	1,400	48,000	54,403	288,095	1,145,192			
13	Total support. (Add lines 9, 10c, 11,	1,601,138	425,138	603,101	648,878	2,008,259	· · · · · · ·			
	and 12.)	\$ 5 th 8	\$ 1 V V	. 6 6	3	, s s , j , j	5,286,514			
14										
Sec	tion C. Computation of Public Su					<del></del>	·····			
15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))  15 35.6722										
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g										
	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>			
17										
18										
19a			• •	14, and line 15 is	more than 33 1/3					
	a 33 1/3 % support 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									
Ь										
00	line 18 is not more than 33 1/3 %, check the	•	-	•		=	▶  -			
20	Private foundation. If the organization did	not check a box o	<u>n line 14, 19a or 1</u>	yd, check this box	ano see instructio	ns	▶ ∐			

Schedule A										94-3395		Page 4
Part IV										uired by Par ation. (see ir		• •
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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 Open to Public Inspection

Schedule D (Form 990) 2008

Name of the organization Employer identification number CARITAS COMMUNITY HOUSING CORP. 94-3395473 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part* the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) ...... Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Protection of natural habitat Preservation of certified histonic structure Preservation of open space 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 c Number of conservation easements on a certified histonic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ __ _ _ _ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . 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 For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

		OMMUNITY HOU			395473	Page 2				
PE	武 期◎  Organizations Maintaining	Collections of Art,	<b>Historical Trea</b>	sures, or Other	Similar Ass	ets (continued),				
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a	significant use of its	s collection					
а	Public exhibition	d Loan	or exchange progran	ns						
b		<u> </u>								
c										
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 assets to be sold to raise funds rather than to	receive donations of art, be maintained as part of	historical treasures, the organization's or	or other similar ollection?		Yes No_				
Pa	rt IV Trust, Escrow and Custod	ial Arrangements. C	Complete if orga	nization answer	red "Yes" to I	Form 990,				
• "	Part IV, line 9, or reported a	an amount on Form	990, Part X, line	<del>2</del> 1.						
1a	Is the organization an agent, trustee, custodia	an or other Intermediary fo	or contributions or ott	her assets not						
	included on Form 000. Book V2					Yes No				
ь	If "Yes," explain the arrangement in Part XIV									
_			<b>5</b>		T	Amount				
_	Beginning balance				1c					
C					· -					
d	Additions during the year				. 1d					
е	Distributions during the year				1e					
f					. <u>  1f  </u>	<del></del>				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				∐ Yes ∐ No				
ь	If "Yes," explain the arrangement in Part XIV.									
₽a	## V Endowment Funds. Compl	ete if organization a	nswered "Yes" t	to Form 990, Pa	art IV, line 10	·				
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years t	back (e) Four years back				
1a	Beginning of year balance		· · · · · · · · · · · · · · · · · · ·	. 9	()	7 3 3				
ь	Contributions		<u> </u>			<b>*</b>				
c	Investment earnings or losses		*	- W	<b></b>					
_	· · · · · · · · · · · · · · · · · · ·	·	······································		ļ	1/2 3				
đ	Grants or scholarships		***************************************		<del>[,</del>	7 7 1				
е	Other expenditures for facilities				1					
	and programs			may mine	<u> </u>	<u> </u>				
f	Administrative expenses			· ·	<u> </u>					
9	End of year balance									
2	Provide the estimated percentage of the year	end balance held as:								
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %									
	Term endowment ▶ %									
	Are there endowment funds not in the posses	sion of the organization th	nat are held and adm	inistered for the						
	organization by:	order or the organization to				Yes No				
	(i) unrelated organizations									
	••••	• • • • •		•••		3a(i)				
	(ii) related organizations				• •	3a(ii)				
D	If "Yes" to 3a(ii), are the related organizations					3b				
4_	Describe in Part XIV the intended uses of the									
Pa	rt VI Investments—Land, Buildi				U.					
	Description of Investment	(a) Cost or other basis	(b) Cost or oth	er (c) De	preciation	(d) Book value				
		(investment)	basis (other)	)						
1a	Land		651	,502	: • •	651,502				
	Buildings		7,993		136,786	6,857,076				
	Leasehold improvements			·	<del></del>					
	Equipment									
			+			<del></del>				
	Other	000 D-4V : :	D) has 40(1) ;			7 500 550				
otal	. Add lines 1a-1e. (Column (d) should equal Fo	יוויט אט, אווויט אין אטער יוויט ( Part X, column	b), line 10(C).}		▶ 1	7,508,578				

(a) Description of liability (b) Amount

Federal income taxes

ACCRUED INTEREST PAYABLE 3,580

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) 

3,580

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.

Sche	dule D (Form 990) 2008 CARITAS COMMUNITY HOUSING CORP. 94-33954	73	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		* *
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,272,996
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,272,996
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,272,996
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	1,272,996
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities 2b	1/ 🕍	
c	Recovenes of prior year grants 2c		
ď	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	1 2e	
3	Subtract line 2e from line 1	3	1,272,996
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	1/1	
b	Other (December in Dect VIII.)	1: . ]	
-	Add lines to and the	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	1,272,996
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
ь	Prior year adjustments 2b	1 4	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	<b>*</b> ]	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	<u> </u>	
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, Ime 18.)	5	<del></del>
	rt XIV Supplemental Information	. • .	
	plete 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		<del></del>
	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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Schedule Part X	IV :	Su	pple	eme	nta	ıl İn	forr	mat	tion	(cor	tinue	ed)																					•
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#### **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

Open to Public Inspection

Name of the organization  CARITAS COMMUNITY HOUSING CORP.	Employer identification number 94~3395473
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT AC	TIVITIES
MODERATE INCOME INDIVIDUALS AND FAMILIES TO MEET THEIR	
PHYSICAL, SOCIAL, SPIRITUAL, AND PSYCHOLOGICAL NEEDS, AN	no,
TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS, AND INCLUS	ion
IN THE LARGER COMMUNITY AND TO HELP DEVELOPE SUCH	
COMMUNITIES AND OPPORTUNITIES FOR SELF-HELP.	
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED	
THE ORGANIZATION HAS DELEGATED CONTROL OVER MANAGEMENT D	UTIES TO CATHOLIC
CHARITIES OF OREGON AND CASCADE MANAGEMENT.	
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKH	OLDERS
THE ORGANIZATION HAS ONE CLASS OF MEMBERS.	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THE	IR RIGHTS
MEMBERS OF THE ORGANIZATION MAY ELECT ONE OR MORE MEMBER	S OF THE GOVERNING
BODY	
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROV	AL OF MEMBERS
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL	BY MEMBERS OF THE
ORGANIZATION.	
FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED	TO REVIEW FORM 990
A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'	
AND APPROVED BEFORE IT WAS FILED.	

Name of this organization  CARITAS COMMUNITY HOUSING CORP.	Employer identification number 94-3395473
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENT	S DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC	UPON REQUEST.

# Form **4562**

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

> Attachment Sequence No 67

identifying number Name(s) shown on return CARITAS COMMUNITY HOUSING CORP. 94-3395473 Business or activity to which this form relates SANDY VISTA PHASE 1 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 2. 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property, instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part # Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 120,244 16 Other depreciation (including ACRS) Part 期 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 226 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention vear placed in period service only-see instructions) 3-year property 鹶 b 5-year property 7-year property 10-year property ž 15-year property 20-year property S/L 25-year property 25 yrs S/L MM Residential rental 27.5 yrs. property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. SA property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. b 12-year S/L c 40-vear 40 vrs. MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 120,470 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 23 For assets shown above and placed in service during the current year,

enter the portion of the basis attributable to section 263A costs

# Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172 2008

Identifying number

Attachment Sequence No. 67

CARITAS COMMUNITY HOUSING CORP. 94-3395473 Business or activity to which this form relates SANDY VISTA PHASE 2 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 1 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 89,194 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 11,309 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property yéar placed in (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 8 1,398 5-year property Ŷ MO 200DB 70 C 7-year property ŝ 10-year property 3 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental MM S/L 27.5 yrs property MM 27.5 yrs. S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 100,573 For assets shown above and placed in service during the current year. enter the portion of the basis attributable to section 263A costs

# Form 4562

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return Identifying number CARITAS COMMUNITY HOUSING CORP. 94-3395473 Business or activity to which this form relates CEDAR PARK GARDENS Part 1 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250.000 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income (mitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 15,442 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 2,347 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (husiness/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property * C 7-year property ú 10-year property C 15-year property ż 20-year property 25-year property S/I 25 yrs. Residential rental 27.5 yrs. MM S/L property ММ 27.5 yrs. S/L MM Nonresidential real 39 vrs S/L property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 30 12-year 12 yrs. S/L 40-year C 40 vrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 17,789 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)