



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1662 INGRAM ROAD

Room/suite

City or town, state or country, and ZIP + 4

CHARLESTON, SC 29407**F** Name and address of principal officer: **CAROLINE WEISBERG****1662 INGRAM ROAD, CHARLESTON, SC 29407****D** Employer identification number**57-0314369****E** Telephone number**843-402-9115****G** Gross receipts \$**2,961,217.****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) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **HTTP://SCCATHOLIC.ORG/CATHOLIC-CHARITIES****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1945** **M** State of legal domicile: **SC****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMANDED BY THE HOLY GOSPEL MANDATES TO LOVE, TO SERVE AND TO TEACH, CATHOLIC CHARITIES PROVIDES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	340
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		1,316,346.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		651,474.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,771.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,011,591.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		387,909.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,197,351.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,935.		0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		372,522.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		1,957,782.
	19 Revenue less expenses - Subtract line 18 from line 12		53,809.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,157,912.	3,128,231.
	22 Net assets or fund balances. Subtract line 21 from line 20	118,044.	65,576.
		3,039,868.	3,062,655.

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 ▶ *Caroline Weisberg* Signature of officer Date

▶ **CAROLINE WEISBERG, EXECUTIVE DIRECTOR** Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **ERIK M. GLASER, CPA** Preparer's signature *Erik M. Glaser* Date **5/2/2013** Check if self-employed ☐ PTIN **P00724565**

Firm's name ▶ **GLASERDUNCAN, CPAS** Firm's EIN ▶ **20-5788602**

Firm's address ▶ **1040 ANNA KNAPP BLVD.** Phone no. **843-849-0655**
MOUNT PLEASANT, SC 29464

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Gib 13

SCANNED JUN 25 2013

CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.

Form 990 (2011)

57-0314369 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission

COMMANDED BY THE HOLY GOSPEL MANDATES TO LOVE, TO SERVE AND TO TEACH,
CATHOLIC CHARITIES PROVIDES CARE AND SERVICES TO IMPROVE THE LIVES OF
SOUTH CAROLINIANS IN NEED.

- 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 673,442. including grants of \$) (Revenue \$ 577,450.)

A SENIOR MINISTRY OF CATHOLIC CHARITIES, CARTER-MAY HOME/ST. JOSEPH
RESIDENCE, PROVIDES CARING ASSISTED LIVING SERVICES FOR OLDER ADULTS.
THE FACILITY IS LOCATED IN THE WEST ASHLEY COMMUNITY OF HISTORIC
CHARLESTON, SOUTH CAROLINA.

4b (Code) (Expenses \$ 413,692. including grants of \$) (Revenue \$ 74,024.)

EDUCATION, CONSULTATION, GENERAL ASSISTANCE AND EMERGENCY SERVICES NOT
INCORPORATED UNDER ONE OF THE CATHOLIC CHARITIES OTHER PROGRAMS.

4c (Code) (Expenses \$ 313,113. including grants of \$ 313,113.) (Revenue \$)

FINANCIAL AND HEALTH CARE ASSISTANCE PROVIDED TO THE NEEDY.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ 192,906. including grants of \$ 74,796.) (Revenue \$)

4e Total program service expenses 1,593,153.

Form 990 (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form **990** (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	4	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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.	49	
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 (see instructions).	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
b If "Yes," enter the name of the foreign country: See instructions for 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Form 990 (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒ X

Section A. Governing Body and Management

	1a	5	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		5		
b Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, 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		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
THE ORGANIZATION - 843-402-9115
1662 INGRAM ROAD, CHARLESTON, SC 29407

132008
01-23-12

Form 990 (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page **8**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								21,112.	42,540.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								21,112.	42,540.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Form **990** (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page **9**

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	1 a Federated campaigns	1a	33,167.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	700,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	583,179.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,316,346.			
Program Service Revenue	2 a ELDER CARE RESIDENTIAL	Business Code	623000	577,450.	577,450.		
	b IMMIGRATION SERVICES		624100	73,534.	73,534.		
	c MISCELLANEOUS PROGRAM		624100	490.	490.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			651,474.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,977.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	987,420.			
b Less cost or other basis and sales expenses				949,626.			
c Gain or (loss)				37,794.			
d Net gain or (loss)				37,794.			37,794.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2,011,591.	651,474.	0.	43,771.

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page **10**

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)

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	29,500.	29,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	358,409.	358,409.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,248.		3,248.	
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	927,701.	842,972.	84,729.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	176,769.	162,567.	14,202.	
9 Other employee benefits	21,782.	20,032.	1,750.	
10 Payroll taxes	67,851.	62,400.	5,451.	
11 Fees for services (non-employees)				
a Management				
b Legal	960.		960.	
c Accounting	9,000.		9,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	116,871.	901.	115,970.	
12 Advertising and promotion				
13 Office expenses	48,798.	17,428.	18,435.	12,935.
14 Information technology				
15 Royalties				
16 Occupancy	137,036.	86,798.	50,238.	
17 Travel	24,358.	7,756.	16,602.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,487.	4,390.	7,097.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,048.		22,048.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING	1,964.		1,964.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,957,782.	1,593,153.	351,694.	12,935.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	230,419.	1	281,846.
	2 Savings and temporary cash investments	93,908.	2	24,816.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	291,855.	4	300,907.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,583.	9	3,965.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 572,159.		
	b Less. accumulated depreciation	10b 166,778.	10c 417,153.	405,381.
	11 Investments - publicly traded securities	2,121,994.	11	2,111,316.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,157,912.	16	3,128,231.	
Liabilities	17 Accounts payable and accrued expenses	118,044.	17	65,576.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	118,044.	26	65,576.
	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		1,028,629.	27	990,251.
28 Temporarily restricted net assets		511,239.	28	572,404.
29 Permanently restricted net assets		1,500,000.	29	1,500,000.
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		3,039,868.	33	3,062,655.
34 Total liabilities and net assets/fund balances		3,157,912.	34	3,128,231.

Form 990 (2011)

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Form 990 (2011)

57-0314369 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,011,591.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,957,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,809.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,039,868.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,022.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,062,655.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2011)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number
57-0314369

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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).**

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).**

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?

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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% support test - 2010. 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 - 2011. 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 - 2010. 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2011

CATHOLIC CHARITIES OF THE DIOCESE OF

Schedule A (Form 990 or 990-EZ) 2011 **CHARLESTON, INC.**

57-0314369 Page 3

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1405239.	1706619.	2948928.	1264885.	1316346.	8642017.
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	646,410.	608,977.	581,748.	556,005.	651,475.	3044615.
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 through 5	2051649.	2315596.	3530676.	1820890.	1967821.	11686632.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	795,299.	750,000.	2432424.	687,500.	700,000.	5365223.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					5,262.	5,262.
c Add lines 7a and 7b	795,299.	750,000.	2432424.	687,500.	705,262.	5370485.
8 Public support (Subtract line 7c from line 6)						6316147.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2051649.	2315596.	3530676.	1820890.	1967821.	11686632.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,618.	15,533.	27,621.	5,849.	5,976.	76,597.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,618.	15,533.	27,621.	5,849.	5,976.	76,597.
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)	12,815.	6,040.	5,330.	28,113.		52,298.
13 Total support (Add lines 9, 10c, 11, and 12)	2086082.	2337169.	3563627.	1854852.	1973797.	11815527.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	53.46 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.65 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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% support tests - 2010.** 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 ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**Employer identification number
57-0314369**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 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

57-0314369 Page 2

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

3 Using the organization's acquisition, 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 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 the arrangement in Part XIV and complete the following table

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

	Amount
1c	
1d	
1e	
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	1,684,568.				
b Contributions	0.				
c Net investment earnings, gains, and losses	6,091.				
d Grants or scholarships	0.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,690,659.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 88.70 %
 c Temporarily restricted endowment ☒ 11.30 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		392,574.	49,072.	343,502.
c Leasehold improvements		54,622.	12,432.	42,190.
d Equipment		124,963.	105,274.	19,689.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 405,381.

Schedule D (Form 990) 2011

CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

FIN 48 (ASC 740) Footnote. 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 (ASC 740).

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Schedule D (Form 990) 2011

57-0314369 Page **4**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,011,591.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,957,782.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	53,809.
4	Net unrealized gains (losses) on investments	4	-31,022.
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 through 8	9	-31,022.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	22,787.

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	2,149,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-31,022.
b	Donated services and use of facilities	2b	168,707.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	137,685.
3	Subtract line 2e from line 1	3	2,011,591.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,011,591.

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

1	Total expenses and losses per audited financial statements	1	2,126,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	168,707.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	168,707.
3	Subtract line 2e from line 1	3	1,957,782.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,957,782.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF A FUND

**ESTABLISHED PRIMARILY FOR THE GENERAL SUPPORT OF ORGANIZATIONAL PROGRAMS
AND INITIATIVES.**

**PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)
PROVIDES GUIDANCE ON CATHOLIC CHARITIES' EVALUATION OF ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE CATHOLIC CHARITIES'
TAX POSITION AND CONCLUDED THAT NO UNCERTAIN TAX POSITIONS EXIST THAT**

Part XIV Supplemental Information (continued)

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE
PROVISIONS OF THIS GUIDANCE.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Employer identification number
57-0314369

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" to Form 990, Part IV, line 21, for any
---------	---

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

A diagram consisting of two vertical lines. At the top of each line is a horizontal bar with a dot above it. At the bottom of each line is a triangle pointing upwards.

UHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

CATHOLIC CHARITIES OF THE DIOCESE OF

57-0314369

Page 2

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated 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 ASSIST NEEDY WITH UTILITIES	39	13,496.	0.		
PAYMENTS TO ASSIST NEEDY WITH DENTAL REPLACEMENTS	44	13,290.	0.		
PAYMENTS TO ASSIST NEEDY WITH FOOD	185	9,270.	0.		
PAYMENTS TO ASSIST NEEDY WITH GENERAL SUPPORT	122	6,800.	0.		
PAYMENTS TO ASSIST NEEDY WITH MORTGAGE PAYMENTS	4	2,586.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

SCHEDULE I, PART I, LINE 2: CATHOLIC CHARITIES GRANTS FUNDS TO OTHER

501(C)(3) ORGANIZATIONS THAT CARRY OUT THE MISSION OF CATHOLIC CHARITIES,

AS DETERMINED BY THE BOARD OF DIRECTORS OF CATHOLIC CHARITIES. THE GRANT

RECIPIENT ORGANIZATION IS REQUIRED TO REPORT BACK TO CATHOLIC CHARITIES ON

SPECIFICALLY HOW THE FUNDS WERE USED AND HOW SUCH USE CARRIES OUT THE

MISSION OF CATHOLIC CHARITIES.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE PROGRAM TO THE

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

CATHOLIC CHARITIES OF THE DIOCESE OF

CHARLESTON, INC.

57-0314369

Page 2

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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 ASSIST NEEDY WITH MEDICATION OR MEDICAL SUPPORT	22.	1,128.	0.		
PAYMENTS TO ASSIST NEEDY WITH RENT PAYMENTS	52.	24,147.	0.		
PAYMENTS TO ASSIST NEEDY WITH TRANSPORTATION NEEDS	63.	2,500.	0.		
SAVE A SMILE PROGRAM TO REPLACE DENTURES FOR THE ELDERLY AND NEEDY	130.	38,939.	0.		
DISTRIBUTIONS OF GROCERY AND FOOD PANTRY ITEMS TO THE NEEDY	1,500.	116,135.	0.		
FINANCIAL ASSISTANCE PROGRAM TO THE NEEDY PRIMARILY FROM THE MINISTRIES IN THE MIDLANDS, PEE DEE, PIEDMONT, AND LOWCOUNTRY AREAS OF SOUTH CAROLINA FOR RENT, FOOD, UTILITIES, MEDICATION AND	1,650.	124,118.	0.		

Schedule I (Form 990)

CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.

Schedule I (Form 990) 2011

57-0314369 Page 2

Part IV Supplemental Information

NEEDY PRIMARILY FROM THE MINISTRIES IN THE MIDLANDS, PEE DEE, PIEDMONT,
AND LOWCOUNTRY AREAS OF SOUTH CAROLINA FOR RENT, FOOD, UTILITIES,
MEDICATION AND OTHER ASSISTANCE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.

Employer identification number
57-0314369

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CARE AND SERVICES TO IMPROVE THE LIVES OF SOUTH CAROLINIANS IN NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CATHOLIC CHARITIES IS PART OF THE DIOCESE OF CHARLESTON SERVING AS THE
SOCIAL SERVICE AGENCY OF THE CHURCH. A MEMBER OF CATHOLIC CHARITIES
USA, CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON WORKS DIRECTLY AND
IN COLLABORATION WITH PARISH COMMUNITIES AND OTHER ORGANIZATIONS TO
SERVE THE NEEDY IN SOUTH CAROLINA. CATHOLIC CHARITIES IS COMMITTED TO
SOCIAL MINISTRY AS AN ESSENTIAL ELEMENT OF OUR FAITH.

CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON HONORS THE CALL TO HELP
BUILD A WORLD OF GREATER CHARITY, JUSTICE AND PEACE RECOGNIZING THAT,
AS MOTHER TERESA SAID, "WE CAN'T DO GREAT THINGS. ONLY SMALL THINGS
WITH GREAT LOVE."

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IMMIGRATION SERVICES - PROVIDES LOW-COST IMMIGRATION COUNSELING
SERVICES FOR THOSE WHO CANNOT AFFORD A PRIVATE LAWYER.

DISASTER RELIEF - FINANCIAL AND MATERIAL ASSISTANCE TO PERSONS AFFECTED
BY NATURAL DISASTERS.

SENIOR ASSISTANCE - PROVIDES ASSISTANCE TO SENIORS IN NEED.

ECHO HOUSE - PROVIDES MEALS, CLOTHING, TUTORING AND OTHER OUTREACH

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Employer identification number
57-0314369

MINISTRIES DIRECTED TOWARDS THE ELDERLY AND THE YOUTH.

EXPENSES \$ 192,906. INCLUDING GRANTS OF \$ 74,796. REVENUE \$ 0.

**FORM 990, PART VI, SECTION B, LINE 11: AFTER THE FORM 990 IS REVIEWED BY
THE OFFICERS OF CATHOLIC CHARITIES IT IS PROVIDED TO BOARD OF DIRECTORS OF
CATHOLIC CHARITIES FOR REVIEW. THE BOARD OF DIRECTORS IS GIVEN A PERIOD
OF TIME TO RAISE QUESTIONS. AFTER THE BOARD'S QUESTIONS HAVE BEEN
ADDRESSED BY THE OFFICERS OF CATHOLIC CHARITIES, THE FORM 990 IS FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES EACH
BOARD MEMBER, AS A CONDITION OF SERVICE, TO SIGN A STATEMENT CONFIRMING
THEY ARE TO BE BOUND BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE
POLICY REQUIRES THE BOARD MEMBER OR KEY EMPLOYEE TO COMMUNICATE THEIR
INTEREST IN A TRANSACTION THAT MAY RESULT IN A CONFLICT OF INTEREST PRIOR
TO THE ORGANIZATIONS EXECUTION OF SUCH TRANSACTION. THE BOARD WILL EVALUATE
THE FACTS AND VOTE BY MAJORITY WHETHER SUCH TRANSACTION SHOULD BE EXECUTED.**

**FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS AN ESTABLISHED
WAGE AND SALARY PLAN THAT INCLUDES THE EXECUTIVE DIRECTOR OF CATHOLIC
CHARITIES. THIS STARTS WITH A POSITION PROFILE THAT OUTLINES THE DUTIES
AND RESPONSIBILITIES OF EACH POSITION. THIS POSITION PROFILE IS COMPARED
TO LIKE POSITIONS WITHIN THE ORGANIZATION TO DETERMINE JOB CLASSIFICATIONS.
WHEN HIRED, THE NUMBERS OF YEARS EXPERIENCE WILL BE DETERMINED AND CREDITED
TO THE STARTING SALARY AS IT RELATES TO THE CURRENT POSITION (MAXIMUM YEAR
EXPERIENCE GRANTED IS 15 YEARS).**

**AS PART OF THE CONTINUING WAGE AND SALARY PROCESS, THE ORGANIZATION HAS
ESTABLISHED A GRID WHICH HAS JOB CLASSIFICATION ON ONE AXIS AND YEARS**

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**

Employer identification number
57-0314369

EXPERIENCE ON THE OTHER AXIS WHERE POSITIONS AND SALARIES ARE REVIEWED AS A WHOLE OR A PART OF THE WHOLE. THIS GRID IS COMPILED BY HUMAN RESOURCES AND REVIEWED AND APPROVED BY THE CHIEF FINANCIAL OFFICER OF THE DIOCESE OF CHARLESTON. MAJOR CHANGES WILL BE APPROVED BY THE VICAR GENERAL AND/OR THE BISHOP OF THE DIOCESE OF CHARLESTON.

IN ADDITION, EVERY TWO TO FIVE YEARS OUR CLASSIFICATIONS AND SALARIES ARE COMPARED TO THE NATIONAL ASSOCIATION OF CHURCH PERSONNEL ADMINISTRATORS ANNUAL SURVEYS TO SEE IF ADJUSTMENTS NEED TO BE RECOMMENDED.

THE ORGANIZATION DOES NOT HAVE MERIT PAY; ALL ANNUAL RAISES ARE THE SAME FOR ALL PERSONNEL.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE AT THE ORGANIZATION'S CORPORATE OFFICES UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS CORPORATE OFFICES UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -31,022.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE ON CATHOLIC CHARITIES' EVALUATION OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE CATHOLIC CHARITIES' TAX POSITION AND CONCLUDED THAT NO UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS

Name of the organization **CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.**Employer identification number
57-0314369**GUIDANCE.**

SCHEDULER R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No. 1545-0047 2011 Open to Public Inspection
Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, INC.		Employer identification number 57-0314369

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?
BISHOP OF CHARLESTON - 57-0352255 1662 INGRAM ROAD CHARLESTON, SC 29407	TO FURTHER THE FAITH AND TEACHINGS OF JESUS CHRIST IN SOUTH CAROLINA.	SOUTH CAROLINA	501(C)(3)	CHURCH		Yes ☐ No ☒

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, INC.

57-0314369 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BISHOP OF CHARLESTON	C	700,000.	ALLOCATION
(2) BISHOP OF CHARLESTON	M	168,707.	ESTIMATED FMV
(3)			
(4)			
(5)			
(6)			

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

[illegible]

CATHOLIC CHARITIES OF THE DIOCESE OF
CHARLESTON, INC.

Schedule R (Form 990) 2011

57-0314369 Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Lined area for supplemental information.