

# 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


Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)	
1	Revenue
2	Expenses
3	Changes in Net Assets or Fund Balances
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Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule  (cash \$211,000 noncash \$0 ) If this amount includes foreign grants, check here  <input type="checkbox"/>	22a	211,000	211,000	
22b	Other grants and allocations (attach schedule)  (cash \$485,844 noncash \$0 ) If this amount includes foreign grants, check here  <input checked="" type="checkbox"/>	22b	485,844	485,844	
23	Specific assistance to individuals (attach schedule) 	23	873,451	873,451	
24	Benefits paid to or for members (attach schedule)	24	0	0	
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) . . . . .	25a	672,884	672,884	0
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule) . . . . .	25b	0	0	0
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	54,264,990	47,830,286	5,554,473
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27	2,992,783	2,577,015	365,379
28	Employee benefits not included on lines 25a - 27 . . . . .	28	7,858,358	7,243,594	539,316
29	Payroll taxes . . . . .	29	4,298,233	3,816,028	419,558
30	Professional fundraising fees . . . . .	30	0	0	0
31	Accounting fees . . . . .	31	183,384	19,990	163,394
32	Legal fees . . . . .	32	199,328	21,012	178,316
33	Supplies . . . . .	33	3,900,764	3,791,018	97,375
34	Telephone . . . . .	34	686,713	592,939	84,163
35	Postage and shipping . . . . .	35	202,068	95,891	31,798
36	Occupancy . . . . .	36	5,195,878	4,332,529	798,570
37	Equipment rental and maintenance . . . . .	37	634,200	498,100	110,937
38	Printing and publications . . . . .	38	637,596	260,893	116,355
39	Travel . . . . .	39	96,608	83,435	8,836
40	Conferences, conventions, and meetings . . . . .	40	710,124	415,888	178,085
41	Interest . . . . .	41	1,000,207	891,765	108,442
42	Depreciation, depletion, etc. (attach schedule) 	42	3,079,965	2,827,140	243,937
43	Other expenses not covered above (itemize)				
a	Transportation	43a	1,545,458	1,494,348	41,021
b	Miscellaneous	43b	486,504	427,900	44,433
c	Boarding payments - foster families	43c	1,793,156	1,793,156	0
d	Professional fees and services	43d	3,295,150	2,802,438	291,461
e	Recruitment costs	43e	493,982	266,582	225,284
f	Temporary help from agencies	43f	1,068,077	824,256	237,759
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	96,866,705	85,149,382	9,838,892

**Joint Costs.** Check  ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services?  ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ \_\_\_\_\_, **(ii)** the amount allocated to Program services \$ \_\_\_\_\_, **(iii)** the amount allocated to Management and general \$ \_\_\_\_\_, and **(iv)** the amount allocated to Fundraising \$ \_\_\_\_\_.

Part III







Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?	<p>► Catholic Charities of the Archdiocese of Baltimore compassionately cares for more than 160,000 people and serves over a quarter million meals every year to those who are hungry. Our 80 programs offer a diverse array of services in Baltimore City and eight surrounding counties in Maryland. We care for children and families, people who are poor and disadvantaged and those who have developmental disabilities. In cherishing the divine within, we improve lives by offering meaningful help and hope so that every person can realize her or his full potential. Today, Catholic Charities is the leading private provider of human services in Maryland, widely known for creative and compassionate caregiving for developing programs aimed at self-sufficiency. Our 10,000 volunteers, 20,000 donors and 2100 employees are comprised of people of all faiths.</p>	<div>Program Service Expenses</div> <div>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</div>
<div>a</div> See Additional Data Table		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<div>b</div>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<div>c</div>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<div>d</div>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<div>e</div> Other program services (attach schedule)		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<div>f</div> Total of Program Service Expenses (should equal line 44, column (B), Program services)		85,149,382

Part IV

Balance Sheets (See the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing . . . . .		0	45	0	
	46	Savings and temporary cash investments . . . . .		9,387,410	46	12,317,112	
	47a	Accounts receivable . . . . .	47a	8,841,648			
	b	Less allowance for doubtful accounts	47b	189,952	9,292,523	47c	8,651,696
	48a	Pledges receivable . . . . .	48a	6,127,664			
	b	Less allowance for doubtful accounts	48b	440,624	8,645,836	48c	5,687,040
	49	Grants receivable . . . . .		0	49	0	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50a	0	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		0	50b	0	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a	0			
	b	Less allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use . . . . .		18,874	52	18,720	
	53	Prepaid expenses and deferred charges . . . . .		1,356,973	53	1,236,460	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		55,655,113	54a	49,467,137	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	0	
	55a	Investments—land, buildings, and equipment basis . . . . .	55a	0			
	b	Less accumulated depreciation (attach schedule) . . . . .	55b	0	0	55c	0
	56	Investments—other (attach schedule) . . . . .		985,179	56	 985,179	
57a	Land, buildings, and equipment basis	57a	89,115,601				
b	Less accumulated depreciation (attach schedule) . . . . .	57b	29,544,144	59,935,026	57c	 59,571,457	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____ )		4,303,222	58	 4,861,201		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		149,580,156	59	142,796,002		
Liabilities	60	Accounts payable and accrued expenses . . . . .		13,984,322	60	13,051,186	
	61	Grants payable . . . . .		0	61	0	
	62	Deferred revenue . . . . .		6,253,987	62	5,759,590	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		15,415,000	64a	 14,735,000	
	b	Mortgages and other notes payable (attach schedule) . . . . .		9,098,171	64b	 10,546,114	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____ )		2,491,326	65	 2,500,008	
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		47,242,806	66	46,591,898	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	67	Unrestricted . . . . .		72,534,382	67	70,963,520	
	68	Temporarily restricted . . . . .		29,620,968	68	24,558,584	
	69	Permanently restricted . . . . .		182,000	69	682,000	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	70	Capital stock, trust principal, or current funds . . . . .			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72		
	73	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		102,337,350	73	96,204,104	
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		149,580,156	74	142,796,002	

Part I. Revenue			Total revenue		
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>		
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		<b>b</b>		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>			
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>			
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>			
<b>4</b>	Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>		
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>		
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>		<b>d</b>		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>			
<b>2</b>	Other (specify) _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .				
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>		

Reconciliation of Expenses for Audited Financial Statements With Expenses for Return			
<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		<b>b</b>
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		<b>d</b>
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>

[illegible]

<b>Part V-A</b> <b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>38</u>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . <u>  </u> If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	No
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B**    **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

<b>Part VI</b> <b>Other Information</b> <i>(See the instructions.)</i>		<b>Yes</b>	<b>No</b>
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>	No
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	<b>78a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes
<b>b</b>	If "Yes," enter the name of the organization <u>See Additional Data Table</u> _____and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . <u>81a</u> <u>0</u>	<b>81a</b>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

Part VIOther Information (continued)

YesNo

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

1,647,991

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

Yes

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

Yes

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0

89b

No

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0

89c

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed:

90b

1,848

91a

The books are in care of: Taxpayer Telephone no: (443) 519-2383

1966 Greenspring Drive

Located at: Timonium, MD ZIP + 4: 21093

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <span>▶</span> <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year <span>▶</span>		92	

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

<b>Note:</b> Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Program service revenue		0		0	7,805,308
b						
c						
d						
e						
f	Medicare/Medicaid payments . . . . .					
g	Fees and contracts from government agencies		0		0	70,538,203
94	Membership dues and assessments . . . .					
95	Interest on savings and temporary cash investments		0		0	178,120
96	Dividends and interest from securities . . . .		0		0	1,650,030
97	Net rental income or (loss) from real estate					
a	debt-financed property . . . . .					
b	non debt-financed property . . . . .		0		0	145,796
98	Net rental income or (loss) from personal property					
99	Other investment income . . . . .					
100	Gain or (loss) from sales of assets other than inventory		0		0	620,177
101	Net income or (loss) from special events . . . .		0		0	-116,483
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Miscellaneous		0		0	48,176
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . . . .		0		0	80,869,327
105	Total (add line 104, columns (B), (D), and (E)) . . . . .					80,869,327

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	See Additional Data Table

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
St Mark's Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-1758289	100 00 %	Rental	0	68,143
Hollins Ferry Road Apartments Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2028747	100 00 %	Rental	0	200
Belair Senior Housing Inc 1966 Greenspring Drive Suite 200 Timonium, MD21093 52-2156208	100 00 %	Rental	0	200
	%			

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NOTE:</b> If "Yes" to (b), file Form 8870 <b>and</b> Form 4720 (see instructions).		

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Additional Data			
b				
c				

107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Additional Data			
b				
c				

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<div>Signature of officer</div>		<div>2009-02-06</div> <div>Date</div>
	<div>James Gabriel Associate Director and Chief Financ</div> <div>Type or print name and title</div>		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no.

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization  
ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number  
52-0591538

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mark J Schulz 320 Cathedral Street Baltimore, MD 21201	Division Director 40	181,972	25,199	2,217
John Rusinko 320 Cathedral Street Baltimore, MD 21201	Division Director 40	189,709	25,204	4,290
Mark E Greenberg 320 Cathedral Street Baltimore, MD 21201	Administrator 40	184,326	14,249	6,208
Joseph H O'Leary 320 Cathedral Street Baltimore, MD 21201	Physician 40	190,672	25,441	0
James Tucker 1966 Greenspring Drive Suite 200 Timonium, MD 21093	IT Director 40	222,345	22,901	0
Total number of other employees paid over \$50,000 ▶	232			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Ernst Young LLP 621East Pratt Street Baltimore, MD 21202	CPA Firm	381,306
Exceptional Nursing Services 1305 Quaker Church Road Street, MD 21154	Nursing Services	249,852
Dimensional Health Care Services 100 Owings Mills Court Reisterstown, MD 21136	Nursing Services	270,785
Care Resources 1026 Cromwell Bridge Road Baltimore, MD 21286	Occupational Therapy	256,994
Cochran Stevenson Donkervoet 323 West Camden Street Baltimore, MD 21201	Architect	241,127
Total number of others receiving over \$50,000 for professional services ▶	8	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Overlea Caterers 6809 Belair Road Baltimore, MD 21206	Caterer-congregate housing meals	194,486
Securtas Secuntly Services USA Inc P O Box 403412 Atlanta, GA 30384	Security Guards/Service	501,642
Struever Bros Eccles Rouse 1040 Hull Street Baltimore, MD 21230	Construction Contractor	2,515,354
Harkins Builders 2201 Warwick Way Marriotsville, MD 21104	Construction Contractor	406,335
Cam Construction Co Inc 106 W Timonium Road Timonium, MD 21093	Construction Contractor	152,170
Total number of other contractors receiving over \$50,000 for other services ▶	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 andCat No 11285FSchedule A (Form 990 or 990-EZ)2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ 56,784 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📄			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) 📄	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶1			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶1,329,735			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9

☐

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

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12

☒

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 t hrough 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

Part IV-A

Support Schedule

(Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.


Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	96,126,785	99,639,587	87,188,393	98,946,014	381,900,779
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	2,134,204	0	0	0	2,134,204
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	1,527,427	1,330,919	922,479	3,780,825
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	312,579	1,726,930	1,693,009	2,009,262	5,741,780
23 Total of lines 15 through 22	98,573,568	102,893,944	90,212,321	101,877,755	393,557,588
24 Line 23 minus line 17	96,439,364	102,893,944	90,212,321	101,877,755	391,423,384
25 Enter 1% of line 23	985,736	1,028,939	902,123	1,018,778	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	391,423,384
d Add Amounts from column (e) for lines 18 19 22 26 b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) 0(2005) 0(2004) 0(2003) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) 0(2005) 0(2004) 0(2003) 0					
c Add Amounts from column (e) for lines 15 381,900,779 16 0 17 2,134,204 20 0 21 0				27c	384,034,983
d Add Line 27a total 0 and line 27 b total 0				27d	0
e Public support (line 27c total minus line 27d total)				27e	384,034,983
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	393,557,588			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	97 58 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	0 96 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		


Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities  
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers	Yes		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)	Yes		
<b>c</b> Media advertisements		No	
<b>d</b> Mailings to members, legislators, or the public		No	
<b>e</b> Publications, or published or broadcast statements		No	
<b>f</b> Grants to other organizations for lobbying purposes		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		56,784
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			56,784
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

**Exempt Organizations** (See page 12 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |               |  |    |
|---------------|--|----|
| <b>51a(i)</b> |  | No |
| <b>a(ii)</b>  |  | No |

--	--	--

- |               |  |    |
|---------------|--|----|
| <b>b(i)</b>   |  | No |
| <b>b(ii)</b>  |  | No |
| <b>b(iii)</b> |  | No |
| <b>b(iv)</b>  |  | No |
| <b>b(v)</b>   |  | No |
| <b>b(vi)</b>  |  | No |

<b>c</b>		No
----------	--	----

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

7

☒

No

**b** If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID: 07000149

Software Version: v1.00

EIN: 52-0591538

Name: ASSOCIATED CATHOLIC CHARITIES INC


Form 990, Part III - Program Service Accomplishments:

	<b>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</b>	<b>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</b>
a	<p>Services for Individuals with Disabilities Services to the Disabled-provides an array of services and support for people with developmental disabilities in 45 homes and 3 day programs Provided residential services to 248 individuals including 24 hour supervised care, assisted living and specialized care for the frail and elderly Provided vocational services to 161 individuals through supervised work environments, pre-vocational and vocational training and supported employment Served 77 individuals with habitation activities including occupational, speech, and physical therapies, counseling, medical care and retirement programs (0 miscellaneous)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	18,094,705
b	<p>Comprehensive Senior Services, General/Other Senior Life Services - provide medical adult day services for 103 participants, assisted living services for 80 frail seniors with low to moderate incomes referral and counseling for over 2000 older adults and caregivers, and management of a 162 bed comprehensive care nursing home with 116 beds for long-term care, 16 beds for skilled rehabilitative care and 30 beds for Alzheimers care (0 miscellaneous)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	3,378,972
c	<p>Family-Based Services, General/Other Family and Childrens Services provides a continuum of mental health and special education services to children and their families ranging from counseling to intensive residential treatment Provided education services(285 children) and residential services(284 children)to moderately to severely emotionally disturbed children Provide Head Start and Early Head Start services to 575 children Served 162 children in 97 therapeutic foster families, provided therapeutic foster care services to 22 medically fragile children and certified 17 new families for placement of foster children Provide outpatient mental health service to 4,159 individuals/families including 213 children in psychiatric crisis Provided consultation services to 1,900 students in 31 schools (0 miscellaneous)</p> <p>(Grants and allocations \$ 696,844) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	51,934,932
d	<p>Affordable Housing Issues Housing Services- develop/manage 1,506 low income housing units for seniors Provide congregate housing services to 170 individuals (0 miscellaneous)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,321,990
e	<p>Emergency Shelter Programs, General/Other Community Services - provides shelter, traditional housing and/or job readiness or life skills workshops to homeless individuals or families Served over 215,000 meals to families and individuals in need averaging 683 people per day including serving breakfast to 12,300 senior citizens and persons with disabilities Provided outreach services to individuals (approximately 30,000) Provided 112 formerly homeless men with job skills training, employment and independent living assistance with a 100% successful job placement record Placed 252 other individuals in new jobs including 52 ex-offenders from the Maryland Re-entry Partnership Assisted 890 women and children with day shelter, case management, lifeskills workshops, resources and referrals, shower and laundry facilities and meals (0 miscellaneous)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	10,418,783

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David J Norman 1966 Greenspring Drive Suite 200 Timonium, MD 21093	Trustee 0	0	0	0
Mark T Timbie 1966 Greenspring Drive Suite 200 Timonium, MD 21093	Trustee 0	0	0	0
Archbishop Edwin F O'Brien 320 Cathedral Street Baltimore, MD 21201	Chairman 0	0	0	0
Clinton R Daly 320 Cathedral Street Baltimore, MD 21201	President 0	0	0	0
William J Baird III 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Stephen J Bisciotti 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Kevin G Byrnes 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Dean S Harrison 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Joan F Neal 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Patricia S Tunstall 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0


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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark R Erickson 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Rev Denis J Madden 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Abigail E Smith 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Michael D Sullivan 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
John J McLaughlin 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Michael D Mangan 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Carl AJ Wright  320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Richard A Grossi 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Boniface DS Kim 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Hugh M Evans III 1966 Greenspring Drive Suite 200 Timonium, MD 21093	Trustee 0	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Patricia M O Ryan 1966 Greenspring Drive Suite 200 Timonium, MD 21093	Trustee 0	0	0	0
James Gabriel 320 Cathedral Street Baltimore, MD 21201	Assoc Dir/CFO 40	198,686	38,461	5,182
William J Stromberg 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Richard O Berndt 320 Cathedral Street Baltimore, MD 21201	Attorney 0	0	0	0
James M Bannantine 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Susan C Butta 320 Cathedral Street Baltimre, MD 21201	Trustee 0	0	0	0
Neil J Cashen 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Louis Maranto 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Rev Mitchell Rozanski 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Marc G Bunting 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael L Falcone 320 Cathedral Street Baltimore, MD 21201	Treasurer 0	0	0	0
Kevin M O'Keefe 320 Cathedral Street Baltimore, MD 21201	Vice President 0	0	0	0
Joseph A Sullivan 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Michael J Wallace 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Rev W Francis Malooly DD 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Michael W Walton 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Harold A Smith  320 Cathedral Street Baltimore, MD 21201	Secretary 40	474,199	50,661	8,473
Ralph W Emerson Jr 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0
Cathy B McClain 320 Cathedral Street Baltimore, MD 21201	Trustee 0	0	0	0

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

Name of the Organization	Exempt	Nonexempt
Abingdon Senior Housing Inc	X	
Belair Senior Housing Inc		X
Trinity House Apartments Inc	X	
Reisterstown Gardens Senior Housing Inc	X	
St Luke's Apartments Inc	X	
DePaul House Inc	X	
My Sister's Place Women's Center Fund Inc	X	
661 Corporation	X	
Aberdeen Senior Housing Inc	X	
Backbone Housing Inc (dba Starner Hill)	X	
Reisterstown Village Senior Housing Inc Inc	X	
The Children's Fund Inc	X	
Woodlawn Senior Housing Inc	X	
Owings Mills Senior Housing Inc	X	
Sarah's House Fund Inc	X	
St Joachim House Inc	X	
St Mark's Housing Inc		X
Cherry Hill Town Center Inc	X	
Glen Burnie Senior Housing Inc	X	
Jenkins Memorial Nursing Home Inc (dba St Eliza	X	
Associated Catholic Charities	X	
The Bethany Community Inc	X	
Coursey Station Apartments Inc	X	
St Charles House Inc	X	
The Catholic Charities Housing Inc (dba Basilica	X	
Hollins Ferry Road Apartments Inc		X
Odenton Senior Housing Inc	X	
Odenton Senior Housing II Inc	X	
Our Daily Bread Employment Center Fund Inc	X	

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 a	Fees for providing social services including elderly congregate housing, assisted living, adult day care, MR/DDA residential services, family and individual counseling and adoption services
93 g	Social services under government contracts, Head Start, residential and educational services to emotionally disturbed children, residential and day activities for MR/DDA and transitional shelter for the homeless
103 a	Support services from affiliated social service organizations and miscellaneous income
97 b	Primarily related to housing services for the homeless and MR/DDA clients
95	Earnings from cash received for social services invested in stocks and bonds
96	Earnings from cash received for social services invested in stocks and bonds
100	Gain (loss) on sales of investment securities and fixed assets
101	Ner income (loss) from special events

Form 990, Part XI, line 106:

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	ABINGDON SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	202404048	Temporary transfers to/from due primarily to having common paymasters and payables	273,007
	REISTERSTOWN VILLAGE SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522160792	Temporary transfers to/from due primarily to having common paymasters and payables	280,098
	OWINGS MILLS SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522289902	Temporary transfers to/from due primarily to having common paymasters and payables	261,451
	BETHANY COMMUNITY INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521359066	Temporary transfers to/from due primarily to having common paymasters and payables	989,483
	CATHOLIC CHARITIES HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	911916896	Temporary transfers to/from due primarily to having common paymasters and payables	1,926,041
	BELAIR SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522156208	Temporary transfers to/from due primarily to having common paymasters and payables	201,367
	GLEN BURNIE SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522125710	Temporary transfers to/from due primarily to having common paymasters and payables	257,682
	ST LUKES APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521771022	Temporary transfers to/from due primarily to having common paymasters and payables	462,178
	ST MARK'S HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521758285	Temporary transfers to/from due primarily to having common paymasters and payables	84,505
	REISTERSTOWN GARDENS SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522224808	Temporary transfers to/from due primarily to having common paymasters and payables	297,184
	JENKINS MEMORIAL NURSING HOME INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521711371	Temporary transfers to/from due primarily to having common paymasters and payables	3,596,283
	CHILDRENS FUND INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521436319	Temporary transfers to/from due primarily to having common paymasters and payables	291,865
	661 CORPORATION 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522176978	Temporary transfers to/from due primarily to having common paymasters and payables	12,470
	WOODLAWN SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	470937712	Temporary transfers to/from due primarily to having common paymasters and payables	325,536
	COURSEY STATION APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	911916898	Temporary transfers to/from due primarily to having common paymasters and payables	291,148
	JENKINS MEMORIAL INCORPORATED 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	520591618	Temporary transfers to/from due primarily to having common paymasters and payables	546,225
	HOLLINS FERRY ROAD APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522028747	Temporary transfers to/from due primarily to having common paymasters and payables	213,885
	ODENTON SENIOR HOUSING II INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	870810127	Temporary transfers to/from due primarily to having common paymasters and payables	1,231,508
	ODENTON SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522030205	Temporary transfers to/from due primarily to having common paymasters and payables	325,781
	BACKBONE HOUSING INCdba Stamer Hill 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521486616	Temporary transfers to/from due primarily to having common paymasters and payables	91,823
	TRINITY HOUSE APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521911953	Temporary transfers to/from due primarily to having common paymasters and payables	381,768
	ST CHARLES HOUSE INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521465523	Temporary transfers to/from due primarily to having common paymasters and payables	152,137
	ST JOACHIM HOUSE INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521815777	Temporary transfers to/from due primarily to having common paymasters and payables	416,252
	ABERDEEN SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	421569394	Temporary transfers to/from due primarily to having common paymasters and payables	312,448
	CHERRY HILL TOWN CENTER INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522013649	Temporary transfers to/from due primarily to having common paymasters and payables	254,121
Totals				13,476,246

Form 990, Part XI, line 107:

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	BETHANY COMMUNITY INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521359066	Temporary transfers to/from due primarily to having common paymasters and payables	1,157,277
	ST CHARLES HOUSE INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521465523	Temporary transfers to/from due primarily to having common paymasters and payables	152,867
	CATHOLIC CHARITIES HOUSING INCdba Basilica Place 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	911916896	Temporary transfers to/from due primarily to having common paymasters and payables	1,885,894
	COURSEY STATION APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	911916898	Temporary transfers to/from due primarily to having common paymasters and payables	286,485
	HOLLINS FERRY ROAD APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522028747	Temporary transfers to/from due primarily to having common paymasters and payables	226,252
	OWINGS MILLS SENIOR HOUSING INC 1966 Greenspring Drive Suit 200 Suite 200 Timonium, MD 21093	522289902	Temporary transfers to/from due primarily to having common paymasters and payables	258,987
	BACKBONE HOUSING INCdba Starner Hill 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521486616	Temporary transfers to/from due primarily to having common paymasters and payables	88,825
	JENKINS MEMORIAL NURSING HOME INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521711371	Temporary transfers to/from due primarily to having common paymasters and payables	3,238,974
	CHILDRENS FUND INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521436319	Temporary transfers to/from due primarily to having common paymasters and payables	319,476
	ABINGDON SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	202404048	Temporary transfers to/from due primarily to having common paymasters and payables	273,544
	ABERDEEN SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	421569394	Temporary transfers to/from due primarily to having common paymasters and payables	371,946
	CHERRY HILL TOWN CENTER INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522013649	Temporary transfers to/from due primarily to having common paymasters and payables	227,473
	GLEN BURNIE SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522125710	Temporary transfers to/from due primarily to having common paymasters and payables	263,871
	ODENTON SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522030205	Temporary transfers to/from due primarily to having common paymasters and payables	316,259
	REISTERSTOWN GARDENS SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522224808	Temporary transfers to/from due primarily to having common paymasters and payables	286,122
	ST JOACHIM HOUSE INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521815777	Temporary transfers to/from due primarily to having common paymasters and payables	422,824
	TRINITY HOUSE APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521911953	Temporary transfers to/from due primarily to having common paymasters and payables	408,720
	JENKINS MEMORIAL INCORPORATEDdba DePaul House Inc 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	520591618	Temporary transfers to/from due primarily to having common paymasters and payables	528,367
	BELAIR SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522156208	Temporary transfers to/from due primarily to having common paymasters and payables	206,311
	ST LUKES APARTMENTS INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521771022	Temporary transfers to/from due primarily to having common paymasters and payables	462,060
	ST MARK'S HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	521758285	Temporary transfers to/from due primarily to having common paymasters and payables	67,545
	ODENTON SENIOR HOUSING II INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	870810127	Temporary transfers to/from due primarily to having common paymasters and payables	966,871
	REISTERSTOWN VILLAGE SENIOR HOUSING INC 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522160792	Temporary transfers to/from due primarily to having common paymasters and payables	272,420
	661 CORPORATION 1966 Greenspring Drive Suite 200 Suite 200 Timonium, MD 21093	522176978	Temporary transfers to/from due primarily to having common paymasters and payables	1,477
	WOODLAWN SENIOR HOUSING INC 1966 Greenspring Drne Suite 200 Suite 200 Timonium, MD 21093	470937712	Temporary transfers to/from due primarily to having common paymasters and payables	467,443
Totals				13,158,290

## TY 2007 Cash Grants Paid Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Class of Activity	Recipient's name	Address	Amount	Relationship
aging services	Jenkins Memorial Nursing Home and related organizations	3320 Benson Avenue Baltimore, MD 21227	441,385	related organization
adoptions	Holt Children's Services	CPO Box 2536 Seoul, Korea KS	2,705	none
housing	St Ambrose housing Aid Center	321 E 25th Street Baltimore, MD 21218	25,000	none
adoptions	Parenting Foundation of the Philippines	19 Chapel Drive West Service Road Muntinlupa, RP	2,414	none
adoption	Chosen Children	No 6 Llocos Abra St Manila, Philippines RP	4,500	none
religious	Archdiocese of Baltimore	320 Cathedral Street Baltimore, MD 21201	2,000	parent
charitable	Christo Rey	n/a Baltimore, MD 21201	5,000	none
social service	Catholic Social Services of the Catholic Archdiocese of Brownsville	700 North Virgen De San Juan Blvd San Juan, TX 78589	1,000	none

Class of Activity	Recipient's name	Address	Amount	Relationship
adoption	Bethany Christian Home for Children	8700 Talakag Bukidnon, Philippines RP	1,840	none

## TY 2007 Compensation Explanation

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Person Name	Explanation
Carl AJ Wright	
Harold A. Smith	Compensation includes a SERP payment of \$109,834

**TY 2007****DAFCashGrantsPaidSchedule****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
Religious	Cardinal Keeler Fund	320 Cathedral Street Baltimore, MD 21201	10,000	none
medical research	Muscular Dystrophy Association	8501 LaSalle Road - 106 Towson, MD 21286	1,000	none
education	Woodmont Academy	2000 Woodmont Drive Cooksville, MD 21723	10,000	none
education	Mt St Joseph High School	4403 Frederick Road Catonsville, MD 21228	10,000	none
scientific research	Johns Hopkins Medicine Research	600 North Wolfe Street Baltimore, MD 21287	50,000	none
social service	My Brother's Keeper	4207 Frederick Avenue Baltimore, MD 21229	70,000	none
public broadcasting	MPT Foundation Attn Elmer Horsey	P O Box 266 Chestertown, MD 21620	5,000	none
hospice	Stella Maris	2300 Dulaney Valley Road Timonium, MD 21093	40,000	none

Class of Activity	Recipient's name	Address	Amount	Relationship
education	Notre Dame	901 Asquith Street Baltimore, MD 21202	15,000	none

TY 2007 Depreciation and Depletion Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Asset	Amount
Land building and equipment	3,079,965

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

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: ASSOCIATED CATHOLIC CHARITIES INC

EIN: 52-0591538

Software ID: 07000149

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciat ion
Fixed Assets	1999-12	cash, financing, grants	2008-05	various	2,347,093	3,779,329		0	146,346	1,578,582

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00**Gross Sales Price:** 47,663,703**Basis:** 47,189,872**Sales Expenses:** 0**Total (net):** 473,831

**TY 2007 Individual Assistance Schedule**

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Class of Activity	Amount
Client rent	396,464
Other client assistance	476,987

TY 2007 Investments - Other Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Description	Book Value	Cost/FMV
Investments in subsidiaries	985,179	C

## TY 2007 Land etc. Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,376,900	0	1,376,900
Construction in progress	5,502,438	0	5,502,438
Land improvements	1,795,798	891,084	904,714
Furniture and equipment	9,931,550	6,928,082	3,003,468
Buildings	70,508,915	21,724,978	48,783,937

**TY 2007 Mortgages and Notes Payable Schedule****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00**Total Mortgage Amount:** 10546114

TY 2007 Other Assets Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Primarily due from affiliates	4,303,222	4,861,201

TY 2007 Other Changes in Net Assets Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Description	Amount
Unrealized losses	-6,211,976

**TY 2007 Other Liabilities Schedule****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Annuity payment liability	688,590	891,285
Funds held on deposit	589,823	605,669
Other liabilities	1,212,913	1,003,054

**TY 2007 Special Events Schedule****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Young Professionals Golf Tournament	50,489	31,769	18,720	28,170	-9,450
Other Events	0	0	0	62,756	-62,756
Catholic Charities Golf Classic	338,500	232,300	106,200	150,477	-44,277

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: ASSOCIATED CATHOLIC CHARITIES INC

EIN: 52-0591538

Software ID: 07000149

Software Version: v1.00

Item No.	1
Name of Issue	2002 MEDCO Bond
Purpose	To finance/refinance various tax exempt revenue projects
Amount Outstanding	4165000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	2004 MEDCO Bond
Purpose	To finance a tax exempt revenue project
Amount Outstanding	7160000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	1999 MEDCO Bond
Purpose	To finance/refinance various tax exempt revenue projects
Amount Outstanding	3410000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

**TY 2007 Non Electing Public Charities Statement**

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

**Statement:** The organization is neither for or against any politacal candidate. The organization has a socila concerns unit whose total expenditure for the fiscal year amounted to \$56,784. This amount is less than .05% of the organizations total expenses. This unit gave testimony before the Maryland General Assembly in support of some specific socila service bills and in opposition to others.

## TY 2007 Other Income Schedule

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

Description	2006	2005	2004	2003	Total
Other	312,579	206,629	282,745	649,388	1,451,341
Support service		1,520,301	1,410,264	1,359,874	

## TY 2007 Scholarship Award Statement

**Name:** ASSOCIATED CATHOLIC CHARITIES INC

**EIN:** 52-0591538

**Software ID:** 07000149

**Software Version:** v1.00

**Statement:** Scholarships are awarded to individuals, volunteers and staff.  
Individuals qualify on a combination of factors which include  
commitment to study, commitment to serving and financial need.

**TY 2007 Self Dealing Statement****Name:** ASSOCIATED CATHOLIC CHARITIES INC**EIN:** 52-0591538**Software ID:** 07000149**Software Version:** v1.00

Line Number	Explanation
2d	The Secretary and Associate Director/CFO are full time employees and as such receive compensation and work related expense reimbursements.

\*\*\* 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form <b>8453-EO</b>	<b>Exempt Organization Declaration and Signature for Electronic Filing</b> For calendar year 2007, or tax year beginning <u>7/1/2007</u> , and ending <u>6/30/2008</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	OMB No. 1545-1879  <div style="font-size: 2em; font-weight: bold;">2007</div>
Department of the Treasury Internal Revenue Service		
Name of exempt organization <b>ASSOCIATED CATHOLIC CHARITIES INC</b>		Employer identification number <b>52 0591538</b>

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

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	\$96,945,435
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

### Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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

Sign  
Here


  
Signature of officer

2-11-09  
Date


**James Gabriel, Associate Director and C**  
Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no. ( )

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

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN
				Phone no. ( )