

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information.

| | |
|--|---|
| Name of exempt organization or person subject to tax ASSOCIATED CATHOLIC CHARITIES INC | Taxpayer identification number 52-0591538 |
|--|---|

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|--|--|----|-------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 142,713,595 |
| 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 | |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |

Part II Declaration of Officer or Person Subject to Tax


- 8 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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 or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  05/11/2022 **Sarah Beckwith, Chief Financial Officer**
Signature of officer or person subject to tax Date Title, if applicable

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

I declare that I have reviewed the above 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 or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, 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. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | |
|---|------|--|---|-------------------|
| 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.

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name | Firm's EIN | | Phone no. | |
| | Firm's address | | | | |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07/01/2020** and ending **06/30/2021**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **ASSOCIATED CATHOLIC CHARITIES INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2300B Dulaney Valley Road

City or town, state or province, country, and ZIP or foreign postal code
Timonium, MD 21093

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

D Employer identification number
52-0591538

E Telephone number
667-600-2231

G Gross receipts \$ **178,885,579**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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: ▶ www.cc-md.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1923**

M State of legal domicile: **MD**

Part I Summary

| | | | | |
|------------------------------------|--|---|---------------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>Inspired by the Gospel mandates to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need.</u> | | |
| | 2 | Check this box <input type="checkbox"/> 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 | 33 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 2,186 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 1,780 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 72,110,389 | 96,282,115 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 36,280,605 | 33,841,344 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,000,881 | 11,826,102 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 654,093 | 764,034 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 118,045,968 | 142,713,595 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 2,317,563 | 4,320,856 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 84,917,863 | 81,432,576 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,950,071 | 0 | 0 |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 27,695,311 | 26,408,614 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 114,930,737 | 112,162,046 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,115,231 | 30,551,549 | |
| 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) | 156,826,618 | 200,755,872 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 52,440,051 | 54,445,383 |
| | | | 104,386,567 | 146,310,489 |

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Sarah Beckwith, Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
Inspired by the Gospel mandates to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders 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 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 \$ 64,574,640 including grants of \$ 89,687) (Revenue \$ 70,542,938)
Family Services programs include a continuum of behavioral health and special education services to children and their families ranging from counseling to intensive residential treatment. Villa Maria School provides educational and clinical services for children with significant emotional, behavioral, and learning challenges. St. Vincent's Villa offers residential treatment and diagnostic services for children between the ages of 5 and 13 with significant emotional and behavioral challenges. The goal is to move the children back to the community as soon as they are ready with all the necessary support and services to ensure long-term success. Behavioral Health Clinics provide individual and family mental and behavioral health and substance use disorder outpatient services in Baltimore City and seven Maryland counties. Gallagher Services provides support for adults with developmental disabilities in group homes throughout our community. Many Gallagher individuals participate in training programs, classes and partnerships to live the life of their choice. Safe Streets is designed to reduce shooting and homicides in areas that are disproportionately affected by gun violence by mediating disputes.

4b (Code:) (Expenses \$ 4,250,308 including grants of \$ 115) (Revenue \$ 4,032,453)
Senior Communities has developed and currently manages 24 communities providing quality, accessible and affordable housing to more than 1,700 residents and provides congregate housing services including meals, light housekeeping and personal care to allow seniors to continue living on their own. St. Ann Adult Day Care is a day program for older adults that provides activities, socialization and medical supervision so that loved ones can continue to live at home. Caritas House Assisted Living provides care and assistance for seniors 62 and older who require help in performing daily activities and can no longer live independently. Answers for the Aging is a free telephone-based information and referral service for older adults and caregivers.

4c (Code:) (Expenses \$ 24,278,610 including grants of \$ 1,654,973) (Revenue \$ 24,365,119)
Community Services programs support people impacted by poverty as follows: My Sister's Place Women's Center is Baltimore City's longest-serving women's day shelter and resource center for women and children experiencing homelessness and poverty. Supportive housing programs offer emergency, transitional, and permanent housing with an array of other services such as case management, counseling, career and life skills and employment assistance to help residents resume stable, independent lives. Our Daily Bread Employment Center helps people in need with a daily hot meal, case management, job training and employment counseling. Head Start and Early Head Start programs are child and family development programs that enables children to be better prepared when entering kindergarten, thereby improving the likelihood of their success in school and in life. The Esperanza Center is a comprehensive immigrant resource center that offers hope by providing essential services, referrals, ESL education, healthcare, and low-cost immigration legal services. The Weinberg Housing and Resource Center provides homeless services to over 275 adult men and women each night in the City of Baltimore.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 2,576,081 including grants of \$ 2,576,081) (Revenue \$ 0)

4e Total program service expenses **▶** 95,679,639

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 and XII is optional</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 See instructions</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 25a</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" to line 35a, 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 2186 | | |
| 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) | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 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)? | ✓ | |
| b | If "Yes," enter the name of the foreign country ► <u>Colombia</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 as charitable contributions? | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | ✓ |
| 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? | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | ✓ | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | ✓ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | ✓ |
| 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? | | |
| 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. | | |
| 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? | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | ✓ |

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | 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 on Schedule O. | | |
| | 1a 33 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 26 | | |
| 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? | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | ✓ |
| 6 | Did the organization have members or stockholders? | | ✓ |
| 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? | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | ✓ | |
| 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 on Schedule O | | ✓ |

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? | ✓ | |
| 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? | ✓ | |
| 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 | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ✓ | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | ✓ | |
| 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 | ✓ | |
| b | Other officers or key employees of the organization | ✓ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | ✓ |
| 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 ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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 | | | |
| William J McCarthy Jr Secretary | 40.00 1.00 | ✓ | | ✓ | | | | 432,477 | 0 | 60,523 |
| Ronald F Means Psychiatrist | 40.00 0.00 | | | | | ✓ | | 308,463 | 0 | 7,090 |
| Mohammed Younus Psychiatrist | 40.00 0.00 | | | | | ✓ | | 259,188 | 0 | 29,186 |
| Scott Becker Chief Financial Officer | 40.00 1.00 | | | | ✓ | | | 226,080 | 0 | 44,121 |
| Enrique I Oviedo Psychiatrist | 40.00 0.00 | | | | | ✓ | | 240,586 | 0 | 28,918 |
| Taylor P Scott MD Physician | 40.00 0.00 | | | | | ✓ | | 249,964 | 0 | 6,320 |
| Kevin M Keegan Division Director | 40.00 1.00 | | | | ✓ | | | 204,200 | 0 | 42,257 |
| Liwei L Hua Psychiatrist | 40.00 0.00 | | | | | ✓ | | 207,274 | 0 | 5,195 |
| Mary Anne O'Donnell Assistant Director/Chief Administration Officer | 40.00 1.00 | | | | ✓ | | | 178,179 | 0 | 11,523 |
| Aileen M Tinney Division Director | 40.00 1.00 | | | | ✓ | | | 164,897 | 0 | 24,334 |
| Amy N Collier Division Director | 40.00 1.00 | | | | ✓ | | | 170,581 | 0 | 15,962 |
| Archbishop William E Lori Chairman | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Paul Bowie Trustee | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Theresa D Becks President | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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 | | | |
| Stephen J Bisciotti | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Robert T Cawley | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Edward K Dunn III | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Ralph W Emerson Jr | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Matthew D Gallagher | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Eunhae M Gohng | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Pamela W Gray | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Marianne Schmitt Hellauer | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Reverend Charles D Kenney | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Most Rev Denis J Madden | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Bronwyn Mayden | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Mark G McGlone | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Catherine Motz | 1.00 | | | | | | | | | |
| Trustee | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Tamla Olivier | 1.00 | | | | | | | | | |
| Vice President | 0.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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 | | | |
| Most Rev Adam J Parker ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Brett Plano ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mary Louise Preis ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Michael R Smith ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| John P Stanton ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Arun Subhas ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| J Scott Wilfong ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Rob Biagiotti ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sam DiPaola ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sam Malhotra ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Natalie McSherry ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Daniel Rizzo ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Dr Mohan Suntha MD ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Gretchen Klebasko ----- Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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 | | | |
| Carlos Munoz-Lucas Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Louis P Mathews Jr Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Marc Wyatt Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Most Rev Bruce Lewandowski Trustee | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 2,641,889 | 0 | 275,429 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,641,889 | 0 | 275,429 |

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 **▶** 51

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 |
|--|--------------------------------|---------------------|
| Assisted Rehab Inc, PO Box 680, Riderwood, MD 21139 | Rehab Services | 1,560,424 |
| Plano-Coudon LLC, 2101 Washington Blvd, Baltimore, MD 21230 | Construction Services | 1,408,138 |
| ConnectRN Inc, 203 Crescent Street, Suite 403, Waltham, MA 02453 | Staffing Services | 1,404,605 |
| Dunbar Security Solutions, 235 Schilling Circle Suite 109, Hunt Valley, MD 21031 | Security Services | 1,219,595 |
| The Whiting Turner Contracting Company, PO Box 17596, Baltimore, MD 21297 | Construction Services | 1,213,090 |

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 **▶** 21

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
|---|--|---|--|---|--------------------------------------|---|---|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 1,737,812 | | | | | |
| | b | Membership dues | 1b 0 | | | | | |
| | c | Fundraising events | 1c 502,906 | | | | | |
| | d | Related organizations | 1d 0 | | | | | |
| | e | Government grants (contributions) | 1e 60,630,352 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 33,411,045 | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 681,340 | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 96,282,115 | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a | | Medicaid | 624100 | 29,620,125 | 29,620,125 | 0 | | |
| b | | Assisted Living Program Fees | 623990 | 2,224,941 | 2,224,941 | 0 | | |
| c | | Fees from Individuals and Third Parties | 624100 | 1,481,817 | 1,481,817 | 0 | | |
| d | | Other Fees | 624000 | 311,344 | 311,344 | 0 | | |
| e | | Entitlements | 624000 | 203,117 | 203,117 | 0 | | |
| f | | All other program service revenue . . | | 0 | 0 | 0 | | |
| g | | Total. Add lines 2a-2f ▶ | | 33,841,344 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,873,900 | 0 | 0 | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | | |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | | |
| | 6a | Gross rents | (i) Real | 501,613 | | | | |
| | | | (ii) Personal | 0 | | | | |
| | | | 6b | Less: rental expenses | 0 | | | |
| | | | 6c | Rental income or (loss) | 501,613 | | | |
| | d | Net rental income or (loss) ▶ | | 501,613 | 501,613 | 0 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 43,607,833 | | | | |
| | | | (ii) Other | 2,393,272 | | | | |
| | | | 7b | Less: cost or other basis and sales expenses | 36,048,903 | | | |
| | | | 7c | Gain or (loss) | 7,558,930 | | | |
| | d | Net gain or (loss) ▶ | | 9,952,202 | 0 | 0 | | |
| | 8a | Gross income from fundraising events (not including \$ 502,906 of contributions reported on line 1c). See Part IV, line 18 | 8a | 94,978 | | | | |
| | | | 8b | Less: direct expenses | 123,081 | | | |
| | | | c | Net income or (loss) from fundraising events . . ▶ | | -28,103 | 0 | -28,103 |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| 9b | | | Less: direct expenses | | | | | |
| c | | | Net income or (loss) from gaming activities . . . ▶ | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | 10b | Less: cost of goods sold | | | | | |
| | | c | Net income or (loss) from sales of inventory . . . ▶ | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | Congregate Housing Supportive Services | 624120 | 74,910 | 74,910 | 0 | | |
| | b | Publicity and Promotion Reimbursement | 541800 | 67,110 | 67,110 | 0 | | |
| | c | Credit Card Rebates | 900099 | 54,712 | 54,712 | 0 | | |
| | d | All other revenue | | 93,792 | 93,792 | 0 | | |
| e | Total. Add lines 11a-11d ▶ | | 290,524 | | | | | |
| 12 | Total revenue. See instructions ▶ | | 142,713,595 | 34,633,481 | 0 | 11,797,999 | | |

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 2,576,081 | 2,576,081 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,744,775 | 1,744,775 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,575,133 | 0 | 1,575,133 | 0 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 62,818,454 | 55,950,653 | 5,605,162 | 1,262,639 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 866,467 | 715,512 | 125,484 | 25,471 |
| 9 | Other employee benefits | 11,516,889 | 10,186,379 | 1,083,412 | 247,098 |
| 10 | Payroll taxes | 4,655,633 | 4,061,319 | 503,648 | 90,666 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 163,625 | 10 | 163,615 | 0 |
| c | Accounting | 126,596 | 8,000 | 118,596 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 252,092 | 0 | 252,092 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,294,671 | 1,488,677 | 342,283 | 463,711 |
| 12 | Advertising and promotion | 601,750 | 263,840 | 235,371 | 102,539 |
| 13 | Office expenses | 2,532,043 | 1,875,518 | 100,194 | 556,331 |
| 14 | Information technology | 2,986,992 | 1,346,321 | 1,620,221 | 20,450 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 6,871,532 | 6,364,675 | 431,545 | 75,312 |
| 17 | Travel | 353,797 | 346,503 | 3,237 | 4,057 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 508,957 | 360,493 | 142,437 | 6,027 |
| 20 | Interest | 386,668 | 243,706 | 142,962 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 3,409,887 | 2,606,731 | 803,156 | 0 |
| 23 | Insurance | 1,762,112 | 1,653,377 | 88,883 | 19,852 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>Food</u> | 1,744,526 | 1,744,526 | 0 | 0 |
| b | <u>Bad Debt</u> | 743,580 | 743,580 | 0 | 0 |
| c | <u>Temporary Help</u> | 742,472 | 658,341 | 30,123 | 54,008 |
| d | <u>Recruitment Costs</u> | 174,510 | 138,393 | 35,589 | 528 |
| e | All other expenses | 752,804 | 602,229 | 129,193 | 21,382 |
| 25 | Total functional expenses. Add lines 1 through 24e | 112,162,046 | 95,679,639 | 13,532,336 | 2,950,071 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|------------|
| Assets | 1 Cash—non-interest-bearing | 1,909,535 | 1 | 3,020,976 | |
| | 2 Savings and temporary cash investments | 2,610,296 | 2 | 1,603,718 | |
| | 3 Pledges and grants receivable, net | 760,662 | 3 | 15,627,248 | |
| | 4 Accounts receivable, net | 24,721,684 | 4 | 32,428,052 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 0 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | 0 | |
| | 7 Notes and loans receivable, net | 5,980,900 | 7 | 5,980,900 | |
| | 8 Inventories for sale or use | | 8 | 0 | |
| | 9 Prepaid expenses and deferred charges | 1,264,014 | 9 | 1,301,943 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 110,298,495 | | | |
| | b Less: accumulated depreciation | 10b 67,013,635 | 46,128,022 | 10c | 43,284,860 |
| | 11 Investments—publicly traded securities | 71,168,000 | 11 | 95,002,552 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | 0 | |
| | 13 Investments—program-related. See Part IV, line 11 | 1,148,696 | 13 | 1,148,696 | |
| | 14 Intangible assets | | 14 | 0 | |
| | 15 Other assets. See Part IV, line 11 | 1,134,809 | 15 | 1,356,927 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 156,826,618 | 16 | 200,755,872 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 14,885,614 | 17 | 16,290,427 | |
| | 18 Grants payable | | 18 | 0 | |
| | 19 Deferred revenue | 685,049 | 19 | 723,734 | |
| | 20 Tax-exempt bond liabilities | 10,980,417 | 20 | 9,770,417 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 1,011,967 | 21 | 791,698 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | 0 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 21,690,618 | 23 | 21,285,558 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 68,243 | 24 | 68,243 | |
| | 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 | 3,118,143 | 25 | 5,515,306 | |
| | 26 Total liabilities. Add lines 17 through 25 | 52,440,051 | 26 | 54,445,383 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 51,763,885 | 27 | 67,018,916 | |
| | 28 Net assets with donor restrictions | 52,622,682 | 28 | 79,291,573 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 104,386,567 | 32 | 146,310,489 | | |
| 33 Total liabilities and net assets/fund balances | 156,826,618 | 33 | 200,755,872 | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 142,713,595 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 112,162,046 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 30,551,549 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 104,386,567 |
| 5 | Net unrealized gains (losses) on investments | 5 | 11,372,373 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 146,310,489 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓ | |
| 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 on Schedule O. | ✓ | |
| 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 on Schedule O and describe any steps taken to undergo such audits. | ✓ | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 73,606,753 | 73,908,684 | 70,859,538 | 71,526,520 | 96,282,115 | 386,183,610 |
| 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 | 73,606,753 | 73,908,684 | 70,859,538 | 71,526,520 | 96,282,115 | 386,183,610 |
| 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) | | | | | | 301,213 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 385,882,397 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 73,606,753 | 73,908,684 | 70,859,538 | 71,526,520 | 96,282,115 | 386,183,610 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,920,081 | 2,197,805 | 2,569,253 | 2,101,919 | 2,375,513 | 11,164,571 |
| 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 VI.) | 33,842,384 | 34,749,449 | 38,230,800 | 36,563,746 | 34,131,867 | 177,518,246 |
| 11 Total support. Add lines 7 through 10 | | | | | | 574,866,427 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 175,784,525 |
| 13 First 5 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 67.13 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 64.4 % |
| 16a 33 1/3% support test—2020. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2019. 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 | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in line 11a above? | 11b | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----------|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | | Current Year |
|--------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 . . . | | | |
| b Excess from 2017 . . . | | | |
| c Excess from 2018 . . . | | | |
| d Excess from 2019 . . . | | | |
| e Excess from 2020 . . . | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - Other income includes program service fees paid directly by clients, through insurance, or Medicaid.

Schedule A, Part III, Line 12 - Other income consists of revenue from various supportive services to affiliated companies, credit card rebates, and other miscellaneous items.

Series of horizontal dashed lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

ASSOCIATED CATHOLIC CHARITIES INC

52-0591538

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | Substantial Contributor ----- ----- ----- | \$ 9,842,610 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Substantial Contributor ----- ----- ----- | \$ 4,750,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Substantial Contributor ----- ----- ----- | \$ 3,195,798 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Substantial Contributor ----- ----- ----- | \$ 2,332,390 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Maryland Department of Health ----- Herbert R O'Connor State Office Building, 201 W. Preston Street ----- Baltimore, MD 21201 ----- | \$ 23,295,847 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | U.S. Department of Human Services ----- 200 Independence Avenue SW ----- Washington, DC 20201 ----- | \$ 11,920,272 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | Maryland State Department of Education ----- State Education Building, 200 West Baltimore Street ----- Baltimore, MD 21201 ----- | \$ 6,371,053 ----- | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | Baltimore City Mayor's Office of Human Services ----- 7 East Redwood Street ----- Baltimore, MD 21202 ----- | \$ 4,475,626 ----- | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Maryland Department of Human Resources ----- 311 West Saratoga Street ----- Baltimore, MD 21201 ----- | \$ 3,984,626 ----- | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

ASSOCIATED CATHOLIC CHARITIES INC

52-0591538

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 4 | Shares of various stock bequeathed to Associated Catholic Charities ----- ----- ----- | \$ 2,332,390 | 9/28/2020 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |

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

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | ✓ | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ✓ | | |
| c Media advertisements? | | ✓ | |
| d Mailings to members, legislators, or the public? | ✓ | | 0 |
| e Publications, or published or broadcast statements? | ✓ | | 1,200 |
| f Grants to other organizations for lobbying purposes? | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 68,287 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ✓ | | 0 |
| i Other activities? | | ✓ | |
| j Total. Add lines 1c through 1i | | | 69,487 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - The Organization is neither for nor against any political candidate. The Organization has an Advocacy function whose total lobbying expenditures for the fiscal year amount to \$69,487, which is 0.06% of total expenses. The unit gave testimony before the Maryland General Assembly in support of some specific social service bills and in opposition of others. The majority of the Advocacy activities are accomplished in concert with coalitions that represent similar constituencies.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for tracking easements held at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 | 63,641,704 | 60,939,817 | 57,977,007 | 53,572,963 | 50,028,119 |
| b Contributions | 21,916 | 709,780 | 309,636 | 806,385 | 25,356 |
| c Net investment earnings, gains, and losses | 17,935,371 | 5,029,999 | 5,558,547 | 6,046,540 | 5,760,960 |
| d Grants or scholarships | 3,065,120 | 3,037,892 | 2,905,373 | 2,448,881 | 2,241,472 |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | 0 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 78,533,871 | 63,641,704 | 60,939,817 | 57,977,007 | 53,572,963 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 22.78 %
 - b** Permanent endowment 77.22 %
 - c** Term endowment 0 %
- The percentages on 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:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | 0 | 2,067,430 | 0 | 2,067,430 |
| b Buildings | 0 | 73,264,984 | 38,936,830 | 34,328,154 |
| c Leasehold improvements | 0 | 22,362,044 | 18,072,342 | 4,289,702 |
| d Equipment | 0 | 12,604,037 | 10,004,463 | 2,599,574 |
| e Other | 0 | 0 | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 43,284,860 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|------------------|
| (1) Federal income taxes | 0 |
| (2) Estimated Medicaid Payable | 4,057,400 |
| (3) Annuity Liability Payment | 723,137 |
| (4) Interest Rate Swap FMV | 294,791 |
| (5) Due to the Archdiocese of Baltimore | 247,037 |
| (6) Other | 192,941 |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 5,515,306 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Schedule D, Part IV, Line 2b - The Organization holds various deposits on behalf of clients for such purposes as personal use funds, burial funds, savings accounts and security deposits.

Schedule D, Part V, Line 4 - The Organization's endowment funds were established for a variety of purposes, the primary purpose being to help fund the operations and capital projects of its programs. Funds are appropriated for expenditure by the Organization in a manner consistent with the standard prudence prescribed by the Maryland Uniform Prudent Management of Institutional Funds Act.

Schedule D, Part X, Line 2 - Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the combined financial statements.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|------------------------------------|-----------------------------------|---------------------|---|
| | | Cooke Golf Classic (event type) | My Sister's Place (event type) | 7 (total number) | |
| Revenue | 1 Gross receipts | 397,755 | 48,375 | 150,682 | 596,812 |
| | 2 Less: Contributions | 305,055 | 48,375 | 149,476 | 502,906 |
| | 3 Gross income (line 1 minus line 2) | 92,700 | 0 | 1,206 | 93,906 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 0 | 0 | 0 | 0 |
| | 7 Food and beverages | 0 | 0 | 0 | 0 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 146,327 | 400 | 2,791 | 149,518 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 149,518 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -55,612 |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--|---|---|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

52-0591538

ASSOCIATED CATHOLIC CHARITIES INC

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|---|---------------|-----------------------|----------------------------|
| Name and address | Jenkins Memorial Nursing Home 2300B Dulaney Valley Road Timonium, MD 21093 | 52-1711371 | 1,457,303 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Operating and capital subsidy | | | |
| Name and address | Esperanza Center Health Services Inc 2300B Dulaney Valley Road Timonium, MD 21093 | 45-2234710 | 541,180 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Operating subsidy | | | |
| Name and address | Irvington My Brother's Keeper Inc 2300B Dulaney Valley Road Timonium, MD 21093 | 52-2129199 | 355,201 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Operating and capital subsidy | | | |
| Name and address | The Bethany Community Inc 2300B Dulaney Valley Road Timonium, MD 21093 | 52-1359066 | 185,800 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Operating subsidy | | | |
| Name and address | Hollins Ferry Road Apartments Inc 2300B Dulaney Valley Road Timonium, MD 21093 | 52-2028747 | 27,583 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Capital subsidy | | | |
| Name and address | Backbone Housing Inc dba Starner Hill 2300B Dulaney Valley Road Timonium, MD 21093 | 52-1486616 | 9,015 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Capital subsidy | | | |

Description of Grants and Other Assistance to Individuals in the United States

| | | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|--|----------------------|--------------------|------------------------|
| Type of grant | The number represents total number of individual payments made to vendors on behalf individuals to provide financial assistance including assistance with rent, utilities, clothing, transportation, and personal care needs. Although no financial award exceeded \$5,000 this explanation is provided due to the relatively large cumulative amount. | 15600 | 1,744,775 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Part I Questions Regarding Compensation

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | | |
| 1b | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | | |
| 2 | | |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | | <input checked="" type="checkbox"/> |
| 4a | | <input checked="" type="checkbox"/> |
| <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> | <input checked="" type="checkbox"/> | |
| 4b | <input checked="" type="checkbox"/> | |
| <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> | | |
| <p>a The organization?</p> | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> | | |
| <p>a The organization?</p> | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|--------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | | |
| 1 | William J McCarthy Jr, Secretary | (i) | 416,539 | 0 | 15,937 | 37,945 | 22,578 | 492,999 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Scott Becker, Chief Financial Officer | (i) | 215,378 | 0 | 10,702 | 21,543 | 22,578 | 270,201 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Mary Anne O'Donnell, Assistant Director/Chief Administration Officer | (i) | 151,592 | 0 | 26,587 | 5,207 | 6,316 | 189,702 | 13,728 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Kevin M Keegan, Division Director | (i) | 193,662 | 0 | 10,538 | 19,679 | 22,578 | 246,457 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Amy N Collier, Division Director | (i) | 166,825 | 0 | 3,756 | 15,962 | 0 | 186,543 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Aileen M Tinney, Division Director | (i) | 161,044 | 0 | 3,853 | 15,650 | 8,684 | 189,231 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Ronald F Means, Psychiatrist | (i) | 308,300 | 0 | 162 | 7,090 | 0 | 315,552 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Mohammed Younus, Psychiatrist | (i) | 258,828 | 0 | 360 | 6,608 | 22,578 | 288,374 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Enrique I Oviedo, Psychiatrist | (i) | 240,424 | 0 | 162 | 6,340 | 22,578 | 269,504 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Taylor P Scott MD, Physician | (i) | 249,331 | 0 | 634 | 6,320 | 0 | 256,285 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Liwei L Hua, Psychiatrist | (i) | 207,083 | 0 | 191 | 5,195 | 0 | 212,469 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 13 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 14 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 15 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 16 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 3 - A compensation committee annually reviews the compensation of the executive staff. In addition, an independent firm is retained to evaluate the appropriateness of the compensation. Minutes of the compensation committee meetings are recorded.

Schedule J, Part I, Line 4 - During the calendar year ended December 31, 2020, the following officers and key employees participated in ACC's supplemental executive retirement plan (SERP): William J. McCarthy, Jr., Scott Becker, Kevin Keegan, Amy Collier, and Aileen Tinney, who received contributions to their SERP account of \$30,820, \$16,003, \$14,618, \$11,832, and \$11,600, respectively. Accumulated contributions to participant accounts at December 31, 2020 were unvested, and may never become vested and thus may never be distributed. Balances in participants' SERP accounts are subject to forfeiture if the participant voluntarily terminates employment prior to his or her applicable vesting date under the agreement. In addition, under current law, interests under the SERP are reportable taxable compensation when they become vested even if those amounts are not yet payable to the participant (and even if those amounts are never paid to the participant). No rollover or other tax-deferral options are available to participants. Participants' interests under the SERP are not guaranteed or secured in any way and at all times are subject to claims of the Organization's bankruptcy creditors. By virtue of having achieved vested status in the SERP Mary Anne O'Donnell did not participate in the plan during calendar 2020, but did receive taxable cash payments in lieu of SERP of \$13,728. Cash payments in lieu of SERP and contributions to SERP participant accounts are evaluated by the independent compensation consultant and approved by ACC's compensation committee.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|----------|---|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Maryland Industrial Development Financing Authority | 52-6002033 | | 06/03/2013 | 19,055,417 | Provide refinancing of prior bonds | | ✓ | | ✓ | | ✓ |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-----|----|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | 0 | | | | | | | |
| 2 | Amount of bonds legally defeased | 0 | | | | | | | |
| 3 | Total proceeds of issue | 0 | | | | | | | |
| 4 | Gross proceeds in reserve funds | 0 | | | | | | | |
| 5 | Capitalized interest from proceeds | 0 | | | | | | | |
| 6 | Proceeds in refunding escrows | 0 | | | | | | | |
| 7 | Issuance costs from proceeds | 0 | | | | | | | |
| 8 | Credit enhancement from proceeds | 0 | | | | | | | |
| 9 | Working capital expenditures from proceeds | 0 | | | | | | | |
| 10 | Capital expenditures from proceeds | 0 | | | | | | | |
| 11 | Other spent proceeds | 0 | | | | | | | |
| 12 | Other unspent proceeds | 0 | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | ✓ | | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | ✓ | | | | | | |
| 16 | Has the final allocation of proceeds been made? | ✓ | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | ✓ | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|-----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | ✓ | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶ | | 0 % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶ | | 0 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | 0 % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | ✓ | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | ✓ | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | ✓ | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | ✓ | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | ✓ | | | | | | |
| b Exception to rebate? | ✓ | | | | | | | |
| c No rebate due? | | ✓ | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | ✓ | | | | | | | |

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | (1) | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total ▶ | | | | | | \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Archbishop William E Lori | ACC Board Member | 150,600 | See Part V | | ✓ |
| (2) Substantial Contributor | Substantial Contributor | 9,818,610 | Contribution | | ✓ |
| (3) Substantial Contributor | Substantial Contributor | 4,750,000 | Contribution | | ✓ |
| (4) Substantial Contributor | Substantial Contributor | 3,195,798 | Contribution | | ✓ |
| (5) Substantial Contributor | Substantial Contributor | 2,332,390 | Contribution | | ✓ |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part IV - The Organization operates under the auspices of the Roman Catholic Archbishop of Baltimore, and his successors in office, a corporation sole (the Archdiocese). The Organization pays to participate in health, retirement, and insurance plans administered by the Archdiocese. The Organization paid \$150,625 in 2021 for office space that it leases from the Archdiocese. Also serving on ACC's board are Auxiliary Bishops of the Archdiocese Madden, Lewandowski, and Parker. In addition, ACC rents space in several parish buildings throughout the Archdiocese in which it conducts certain programming.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

ASSOCIATED CATHOLIC CHARITIES INC

52-0591538

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | ✓ | | 51,601 | Estimated |
| 6 Cars and other vehicles | ✓ | 71 | 115,955 | Auction/Cash |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 30 | 2,458,394 | Cash |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | ✓ | 365 | 258,844 | Estimated |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ASSOCIATED CATHOLIC CHARITIES INC

Employer identification number

52-0591538

Form 990, Part III, Line 3 - In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) a pandemic. There have been mandates from federal, state, and local authorities requiring temporary closure of various schools, businesses and other facilities and organizations. While there were no significant program closures or service disruptions during the years ended June 30, 2021 and 2020, Catholic Charities did experience declines in service volumes in certain areas, notably our skilled nursing facility and our community-based behavioral health and substance use clinic sites, as well as overall increased costs of operating in this pandemic. Since March 2020, Catholic Charities also experienced an overall increase in philanthropic activity and received supplemental funding from Federal and State agencies. While these impacts are expected to be temporary, the continued spread of COVID-19 and its impact on social interaction, travel, economies, and financial markets may adversely affect Catholic Charities' operations and financial condition.

Form 990, Part VI, Section A, Line 7a - The Organization's by-laws states the Board of Trustees shall submit a list of nominees to the Archbishop of Baltimore to fill the positions of those trustees whose terms are expiring. The Archbishop of Baltimore has the power to appoint trustees.

Form 990, Part VI, Section B, Line 11b - The Organization's draft Form 990 was reviewed with the Executive Committee of the Board of Trustees at their monthly meeting held April 6, 2022. A final draft was then provided to all Board Members before it was filed.

Form 990, Part VI, Section B, Line 12c - The Board of Trustees Conflict of Interest Policy sets forth the procedures to be followed to ensure that conflicts of interest are properly identified, approved and/or reported in a timely and transparent manner for board members of Associated Catholic Charities, Inc. (ACC) and its affiliated organizations. These policies include written disclosures by each board member upon election to the board and annual certifications thereafter. Management reviews these disclosures and reports its findings to the executive committee of the board on an annual basis. In addition, all employees of ACC and its affiliated organizations are required to comply with its Code of Ethics and Business Conduct Policy which provides specific guidance on such matters. Employees are required to acknowledge compliance with this policy on an annual basis. In September 2019 the Board of Trustees clarified the policy to require that all transactions involving a possible conflict of interest must be approved in advance by ACC's Executive Committee.

Form 990, Part VI, Section B, Line 15 - A compensation committee annually reviews the compensation of the Organization's executive staff. Additionally, an independent firm is retained to evaluate the appropriateness of such compensation. Minutes of the compensation committee meetings are recorded.

Form 990, Part VI, Section C, Line 19 - The combined audit report of Associated Catholic Charities, Inc. and Affiliated Organizations is provided online on the Agency's website. Year-end financial and statistical information is provided in summary form in the Organization's annual report, which is widely distributed to donors, employees, and businesses and is provided online on the Agency's website and made available upon request. Governing documents and the conflict of interest policy are also available upon request.

Reasonable Cause Explanations

Explanation

The IRS approved an extension.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|--|------------------|------------------|----------|
| | Some affiliated organizations included in Associated Catholic Charities' consolidated financial statements receive agency funding to support their various programs from the Organization. While in consolidation this funding is eliminated, since this return only reflects Associated Catholic Charities, the financial support provided is an expense of the Organization. | 2,576,081 | 2,576,081 | 0 |
| Total: | | 2,576,081 | 2,576,081 | 0 |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

52-0591538

ASSOCIATED CATHOLIC CHARITIES INC

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

| (a) Name, address, and EIN (if applicable) 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) _____ | | | | | |
| (2) _____ | | | | | |
| (3) _____ | | | | | |
| (4) _____ | | | | | |
| (5) _____ | | | | | |
| (6) _____ | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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? | |
|--|-----------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) <u>Abingdon Senior Housing Inc (20-2404048)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Low Income Senior Housing | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (2) <u>Aberdeen Senior Housing Inc (42-1569394)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Low Income Senior Housing | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (3) <u>Catholic Charities Nursing Inc (27-2838759)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Inactive | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (4) <u>Backbone Housing Inc (dba Starner Hill) (52-1486616)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Low Income Senior Housing | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (5) <u>Cherry Hill Town Center Inc (52-2013649)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Neighborhood Revitalization | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (6) <u>Coursey Station Apartments Inc (91-1916898)</u> 2300B Dulaney Valley Road, Timonium, MD 21093 | Low Income Senior Housing | MD | 501(c)(3) | 9 | Associated Catholic | ✓ | |
| (7) <u>(Continued on Schedule R, Part VII, Statement 1)</u> | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) Belair Limited Partnership (52-2300B Dulaney Valley Road, Timonium, MD 21103) | Senior housing | MD | Belair Senior Housing Inc | Related | | | | ✓ | | ✓ | | |
| (2) Hollins Ferry Senior Housing (52-2300B Dulaney Valley Road, Timonium, MD 21103) | Senior housing | MD | Hollins Ferry Road | Related | | | | ✓ | | | ✓ | |
| (3) St Marks Limited Partnership (52-2300B Dulaney Valley Road, Timonium, MD 21103) | Senior housing | MD | St Marks Housing Inc | Related | | | | ✓ | | ✓ | | |
| (4) Village Crossroads Senior Housing (52-2300B Dulaney Valley Road, Timonium, MD 21103) | Senior Housing | MD | Village Crossroads | Related | | | | ✓ | | | ✓ | |
| (5) Basilica Place Limited Partnership (52-2300B Dulaney Valley Road, Timonium, MD 21103) | Senior Housing | MD | BPL Inc | Related | | | | ✓ | | | ✓ | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Belair Senior Housing Inc (52-2156208) (2300B Dulaney Valley Road, Timonium, MD 21093) | Senior housing | MD | Associated Catholic | C | | | 100% | ✓ | |
| (2) Hollins Ferry Road Apartments Inc (52-2028747) (2300B Dulaney Valley Road, Timonium, MD 21093) | Senior Housing | MD | Associated Catholic | C | | | 100% | ✓ | |
| (3) St Marks Housing Inc (52-1758285) (2300B Dulaney Valley Road, Timonium, MD 21093) | Senior housing | MD | Associated Catholic | C | | | 100% | ✓ | |
| (4) Village Crossroads Senior Housing Inc (45-38087) (2300B Dulaney Valley Road, Timonium, MD 21093) | Senior Housing | MD | Associated Catholic | C | | | 100% | ✓ | |
| (5) BPL Inc (38-3924698) (2300B Dulaney Valley Road, Timonium, MD 21093) | Senior Housing | MD | Associated Catholic | C | | | 55% | ✓ | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?

| | Yes | No |
|--|-----|----|
| 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 Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | ✓ | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | ✓ |
| o Sharing of paid employees with related organization(s) | ✓ | |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | ✓ | |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s 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 related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Description of Identification of Related Tax-Exempt Organizations

Name and EIN DePaul House Inc (52-0591618)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Esperanza Center Health Services Inc (45-2234710)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Free medical and dental services to immigrants
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Glen Burnie Senior Housing Inc (52-2125710)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Irvington My Brother's Keeper Inc (52-2129199)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Provide daily meals and outreach services
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Jenkins Memorial Nursing Home Inc (dba St Elizabeth's Nursing Home) (52-1711371)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities 162 Bed Nursing Home
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN My Sister's Place Women's Center Fund Inc (26-0501902)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Provides Funds for Related Tax Exempt Organizations

Schedule R, Part VII, Statement 1

ASSOCIATED CATHOLIC CHARITIES INC

State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 11
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN Odenton Senior Housing Inc (52-2030205)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093
 Primary activities Low Income Senior Housing
 State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 9
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN Odenton Senior Housing II Inc (87-0810127)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093
 Primary activities Low Income Senior Housing
 State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 9
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN Our Daily Bread Employment Center Fund Inc (26-0337599)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093
 Primary activities Provides Funds for Related Tax Exempt Organizations
 State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 11
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN OLF Senior Housing Inc (26-2348038)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093
 Primary activities Low Income Senior Housing
 State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 9
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN OLF Senior Housing II Inc (26-4290198)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093
 Primary activities Low Income Senior Housing
 State or foreign country MD
 Exempt code section 501(c)(3)
 Public charity status 9
 Direct controlling entity Associated Catholic Charities Inc
 512(b)(13) controlled organization? Yes

Name and EIN Owings Mills Senior Housing Inc (52-2289902)
 Address 2300B Dulaney Valley Road
 Timonium, MD 21093

Schedule R, Part VII, Statement 1

ASSOCIATED CATHOLIC CHARITIES INC

Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Reisterstown Gardens Senior Housing Inc (52-2224808)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Reisterstown Village Senior Housing Inc (52-2160792)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Sarah's House Fund Inc (26-0337645)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Provides Funds for Related Tax Exempt Organizations
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 11
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN St Charles House Inc (52-1465523)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN St Joachim House Inc (52-1815777)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN St Luke's Apartments Inc (52-1771022)
Address 2300B Dulaney Valley Road

Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN The Bethany Community Inc (52-1359066)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Housing for Disabled
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN The Catholic Charities Housing Inc (dba Basilica Place) (91-1916896)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Trinity House Apartments Inc (52-1911953)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Village Crossroads Senior Housing II Inc (45-4302603)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MA
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes

Name and EIN Woodlawn Senior Housing Inc (47-0937712)
Address 2300B Dulaney Valley Road
 Timonium, MD 21093
Primary activities Low Income Senior Housing
State or foreign country MD
Exempt code section 501(c)(3)
Public charity status 9
Direct controlling entity Associated Catholic Charities Inc
512(b)(13) controlled organization? Yes