

**Return of Organization Exempt From Income Tax**

Under section 501(c)(3) or 501(c)(29) of the Internal Revenue Code (except private foundations)

- ▶ Report other assets and liability numbers on Schedule A if they do not match.
- ▶ See instructions for Form 990 for instructions and the latest information.

OMB 1545-0047

**2020**  
Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

**1** For the 2020 calendar year, or other year beginning ending

**2** Name of the organization  
**CATHOLIC CHARITIES OF ANNEARICA COUNTY**

**3** Employer identification number  
**24-0714622**

**4** Mailing address (Do not include P.O. box or rural delivery address)  
**4205 PARK AVENUE, 3RD FLOOR  
ANNAPOLIS, MD 21403**

**5** Telephone number  
**443-952-2122**

**6** DBO (Director, Board President, or equivalent officer) **JANE GRIFFIN**

**7** EIN of the reporting entity **24-0714622**

**8** For additional?  Yes  No

**9** If "Yes" check one: See instructions

**10** State (and county or parish or other local government jurisdiction) **MD**

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**Part II Summary**

**1** Part I describes the organization's mission or most significant activities. **TO SERVE PEOPLE, STRATEGIC PARTNERS, PROCLAIM LIFE AND BUILD ANNEARICA COMMUNITY.**

<b>2</b> Check the box that best describes the organization: <input type="checkbox"/> (1) This organization is described by the operations or purposes in Part I or Part II.	<b>A</b>	
<b>3</b> Number of voting members of the governing body (Part II, line 1a)	<b>B</b>	
<b>4</b> Number of non-voting voting members of the governing body (Part II, line 1b)	<b>C</b>	
<b>5</b> Total number of individuals employed calendar year 2020 (Part I, line 1c)	<b>D</b>	
<b>6</b> Total number of volunteers (Part I, line 1d)	<b>E</b>	
<b>7a</b> Total unrelated business income from Part III, column (A), line 10	<b>F</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part 1, line 11	<b>G</b>	

	Part III, line 10	Part III, line 11
<b>8</b> Contributions and grants (Part III, line 1a)	1,267,247	1,267,247
<b>9</b> Program service income (Part III, line 1b)	1,267,247	1,267,247
<b>10</b> Investment income (Part III, column (A), lines 11, 12, and 13)	1,267,247	1,267,247
<b>11</b> Other income (Part III, column (A), lines 14, 15, 16, 17, 18, and 19)	1,267,247	1,267,247
<b>12</b> Total income, net of expenses (Part III, column (A), line 20)	1,267,247	1,267,247
<b>13</b> Total expenses, net of expenses (Part III, column (B), line 21)	1,267,247	1,267,247
<b>14</b> Net income (Part III, column (C), line 22)	827,137	827,137
<b>15</b> Professional fundraising fee (Part III, column (B), line 17a)		
<b>16</b> Total fundraising expenses (Part III, column (B), line 17b) <b>11,004</b>		
<b>17</b> Other expenses (Part III, column (B), lines 17c-17d, 17e-f)	1,267,247	1,267,247
<b>18</b> Total expenses (Part III, column (B), line 21)	1,267,247	1,267,247
<b>19</b> Net income (Part III, column (C), line 22)	827,137	827,137
<b>20</b> Total assets (Part I, line 1e)	Beginning of year	End of year
<b>21</b> Total liabilities (Part I, line 1f)	Beginning of year	End of year

**Part III Expenses**

Enter amounts of expenses in column (B) and column (C), including corresponding schedule and statement, and in the last of the knowledge and belief, the tax-exempt and unrelated business income of the organization.

**22** Name of the organization **CATHOLIC CHARITIES OF ANNEARICA COUNTY**

**23** EIN **24-0714622**

**24** Director **JANE GRIFFIN**

**25** President **SARA PATTERSON**

**26** Treasurer **BRUCEY + BRYNNE LLC**

**27** Secretary **3774 MONROE JORDAN RD, SUITE 402  
CROTON, MD 21114-2524**

**28** Telephone **(301) 946-2400**