

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CATHOLIC SOCIAL SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
197 EAST GAY STREET

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43215

D Employer identification number
31-4379437

E Telephone number
(614) 221-5891

G Gross receipts \$ 5,739,837

F Name and address of principal officer
RACHEL LUSTIG
197 EAST GAY STREET
COLUMBUS, OH 43215

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 ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW COLSCSS ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1966

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CATHOLIC SOCIAL SERVICES, INC (CSS) IS A NOT-FOR-PROFIT CORPORATION FORMED EXCLUSIVELY FOR THE PURPOSES OF PUBLIC CHARITY AND AS THE SOCIAL SERVICE AGENCY OF THE ROMAN CATHOLIC DIOCESE OF COLUMBUS CSS ENABLES THE HURTING AND POOR TO MEET THEIR NEEDS AND LIVE WITH HOPE AND PURPOSE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	85
6 Total number of volunteers (estimate if necessary)	6	633
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,982,005	5,020,887
9 Program service revenue (Part VIII, line 2g)	352,719	401,167
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,158	173,192
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,009
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,463,882	5,596,255
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	181,745	168,439
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,532,835	2,953,706
16a Professional fundraising fees (Part IX, column (A), line 11e)	9,000	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶202,318		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,324,339	1,751,096
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,047,919	4,873,241
19 Revenue less expenses Subtract line 18 from line 12	415,963	723,014
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,060,693	10,582,136
21 Total liabilities (Part X, line 26)	1,214,711	1,566,050
22 Net assets or fund balances Subtract line 21 from line 20	7,845,982	9,016,086

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 2018-11-15

RACHEL LUSTIG PRESIDENT & CEO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name EUGENE LOGAN	Preparer's signature EUGENE LOGAN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00227231
Firm's name ▶ SCHNEIDER DOWNS & CO INC			Firm's EIN ▶ 25-1408703	
Firm's address ▶ 65 E STATE ST STE 2000 COLUMBUS, OH 43215			Phone no (614) 621-4060	

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

MOTIVATED BY FAITH, CATHOLIC SOCIAL SERVICES HELPS POOR AND VULNERABLE SENIORS AND FAMILIES REACH THEIR POTENTIAL

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 \$ 571,262 including grants of \$ 23) (Revenue \$ 0) See Additional Data

4b (Code) (Expenses \$ 472,366 including grants of \$ 6,086) (Revenue \$ 4,554) See Additional Data

4c (Code) (Expenses \$ 420,613 including grants of \$ 0) (Revenue \$ 376,412) See Additional Data

(Code) (Expenses \$ 2,583,550 including grants of \$ 162,330) (Revenue \$ 20,201)

FOSTER GRANDPARENT PROGRAM - FOSTER GRANDPARENT IS AN ON-GOING, DUAL-BENEFICIARY PROGRAM WITH A TWO-FOLD OBJECTIVE 1) TO HELP CHILDREN BE PREPARED FOR AND DO BETTER IN SCHOOL AND 2) TO PROVIDE AN OPPORTUNITY FOR LOW-INCOME SENIORS TO SUPPLEMENT THEIR INCOMES, COMBAT ISOLATION, AND HAVE A PURPOSEFUL WAY TO CONTRIBUTE TO THE COMMUNITY THROUGH THIS PROGRAM, LOW-INCOME, ACTIVE SENIORS TUTOR AT-RISK YOUTH IN AREA SCHOOLS AND HEAD STARTS AND RECEIVE A STIPEND FOR THEIR WORK TRANSPORTATION SERVICES CATHOLIC SOCIAL SERVICES HELPS SENIOR CITIZENS AND VETERANS IN LICKING COUNTY MAINTAIN THEIR INDEPENDENCE BY PROVIDING FREE TRANSPORTATION TO NON-EMERGENCY MEDICAL APPOINTMENTS WHETHER IT IS A CHEMOTHERAPY APPOINTMENT OR AN ANNUAL PHYSICAL, MANY OF OUR ELDERLY NEIGHBORS STRUGGLE TO GET TO THEIR ROUTINE MEDICAL APPOINTMENTS WITHOUT A RIDE HAVING SAFE TRANSPORTATION AVAILABLE MAKES IT POSSIBLE FOR SENIORS TO MANAGE THEIR HEALTH EFFECTIVELY, DRAMATICALLY INCREASING QUALITY OF LIFE AND PROLONGING THE TIME THEY CAN STAY IN THEIR HOMES OUR DRIVERS UNDERSTAND THAT CLIENTS MAY NOT FEEL WELL, AND WE ARE READY TO PROVIDE DOOR-TO-DOOR ASSISTANCE WHEELCHAIR ACCESSIBLE VEHICLES ARE AVAILABLE 98% OF CLIENTS REPORTED THAT THE SERVICES THEY RECEIVED MADE A POSITIVE DIFFERENCE AND HELPED THEM TO REMAIN INDEPENDENT POVERTY REDUCTION - CATHOLIC SOCIAL SERVICES RAISES AWARENESS OF THE REALITY OF POVERTY IN OUR AREA AND BUILDS PARTNERSHIPS WITH OTHER ORGANIZATIONS TO PROVIDE A GREATER SERVICE TO THE COMMUNITY CSS HOSTS LUNCHEONS AND MEETINGS WITH STAKEHOLDERS TO SHARE INFORMATION ON AVAILABLE SERVICES, COMMUNITY NEEDS, AND POSSIBLE COLLABORATIVE EFFORTS CSS ALSO HOSTS INFORMATIONAL SESSIONS TO MOTIVATE PEOPLE TO CARE FOR THE POOR AND TO INVITE THEM TO GET INVOLVED IN OPPORTUNITIES TO IMPROVE THE COMMUNITY COUNSELING SERVICES - CATHOLIC SOCIAL SERVICES PROVIDES COUNSELING TO EQUIP CLIENTS TO MANAGE DIFFICULT SITUATIONS, EXPERIENCE PERSONAL GROWTH, REDUCE STRESS, AND MAKE WELL-INFORMED DECISIONS CSS OFFERS INDIVIDUAL, COUPLE, AND FAMILY COUNSELING FOR A WIDE RANGE OF ISSUES INCLUDING ANXIETY, DEPRESSION, TRAUMA, AND RELATIONSHIP PROBLEMS MENTAL HEALTH COUNSELING IS PROVIDED USING A VARIETY OF TREATMENT MODALITIES CATHOLIC SOCIAL SERVICES ALSO OFFERS MATERNAL COUNSELING FOR THOSE EXPERIENCING STRESSORS RELATED TO PREGNANCY OR PARENTING SYMPTOMS MAY INCLUDE POSTPARTUM DEPRESSION, RELATIONSHIP PROBLEMS, AND ISOLATION OR LACK OF SUPPORT HOME-BASED COUNSELING MAY BE AVAILABLE FOR MEDICAID CLIENTS OUR COUNSELING PROGRAM IS NATIONALLY ACCREDITED BY THE COUNCIL ON ACCREDITATION AND CERTIFIED BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES THE COUNSELING PROGRAM HAS SERVED 191 CLIENTS IN 2017 FIFTY EIGHT PERCENT (58%) OF PEOPLE FELT AN IMPROVEMENT IN THEIR SYMPTOM DISTRESS% CSS CONTINUES TO STRIVE TO BE RESPONSIVE TO THE NEEDS OF THE COMMUNITY OF THE CLIENTS SEEN, 40% WERE SEEN IN THE CLIENT'S HOME OR COMMUNITY AND 60% WERE SEEN IN THE OFFICE HOME CHOICE CATHOLIC SOCIAL SERVICES HELPS INDIVIDUALS OF ANY AGE (INCLUDING BABIES) MOVE OUT OF HOSPITALS, NURSING HOMES, AND OTHER LONG-TERM CARE FACILITIES INTO THEIR OWN HOMES OR COMMUNITY-BASED SETTINGS CATHOLIC SOCIAL SERVICES' TRAINED HOME CHOICE TRANSITION COORDINATOR HELPS AN INDIVIDUAL LOCATE HOUSING, SET UP A HOUSEHOLD, AND CONNECT WITH COMMUNITY SERVICES THE INDIVIDUAL IS PROVIDED WITH A STIPEND TO ESTABLISH A HOME BY ASSISTING WITH COSTS, LIKE THE FIRST MONTH'S RENT, UTILITIES, FURNITURE, AND TRANSPORTATION SUPPORT IS PROVIDED TO THE INDIVIDUAL FOR 90 DAYS AFTER LEAVING THE FACILITY SINCE 2009, THE CSS HOMECHOICE PROGRAM HAS TRANSITIONED 467 INDIVIDUALS FROM LONG-TERM CARE FACILITIES BACK TO THE COMMUNITY AND HELPING THEM REGAIN THEIR INDEPENDENCE WITH AN AVERAGE ANNUAL COST FOR LONG-TERM CARE OF \$65,476, THE ESTIMATED SAVINGS ARE \$21,214,224 OUR LADY OF GUADALUPE CENTER AT THE OUR LADY OF GUADALUPE CENTER IN WEST COLUMBUS, WE HAVE CREATED A HAVEN FOR THE GROWING HISPANIC COMMUNITY THE CENTER IS ACTING AS A TRAMPOLINE FOR HISPANIC FAMILIES, WHO WANT A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES WE PROVIDE FOOD AND EMERGENCY ASSISTANCE, HEALTH SCREENINGS, NUTRITION AND ENGLISH CLASSES, LEGAL CONSULTATIONS, AND REFERRALS TO A NUMBER OF OUR COMMUNITY PARTNERS IN 2017, THE CENTER PROVIDED OVER 105,587 MEALS TO FAMILIES WITH FOOD INSECURITY, ACCESS TO NUTRITION EDUCATION, HEALTH SERVICES, AND ESL CLASSES SETON SERVICE COORDINATION/CASE MANAGEMENT - SEE NARRATIVE ABOUT PROGRAM SERVICES ADDED PORTSMOUTH FAMILY STRENGTHENING - THE ST FRANCIS CATHOLIC OUTREACH CENTER SERVES SCIOTO COUNTY AS A ONE STOP COMMUNITY CENTER, PROVIDING FAMILIES ACCESS TO A WIDE VARIETY OF SERVICES FROM CSS AND ITS KEY PARTNERS THE COMMUNITY HAS THE HEART AND HOPE FOR A BRIGHTER FUTURE, AND THE ST FRANCIS CENTER IS IN THE MIDDLE OF IT, PROVIDING EMERGENCY ASSISTANCE FOR TODAY AND INSPIRATION FOR TOMORROW THE CENTER OFFERS FAMILY STRENGTHENING CLASSES AND GROUP THERAPY, EMERGENCY ASSISTANCE, A FOOD PANTRY, A SOUP KITCHEN, CLOTHING ASSISTANCE, EMERGENCY ASSISTANCE FUNDS, RAPHAEL'S HANDS SUBSTANCE ABUSE AND ADDICTION HEALING, AND ST JOSEPH MONASTERY CHAPEL PASTORAL MINISTRY PATHWAYS TO HOPE CATHOLIC SOCIAL SERVICES IS DEDICATED TO HELPING SURVIVORS OF DOMESTIC VIOLENCE WITH CHILDREN REBUILD THEIR LIVES IN A SAFE HOME, WITH A STABLE INCOME, AND WITH A NETWORK OF HEALTHY, SUPPORTIVE RELATIONSHIPS THE PATHWAYS TO HOPE PROGRAM HELPS FAMILIES ESTABLISH SAFE, AFFORDABLE HOUSING AND PROVIDES INTENSIVE CASE MANAGEMENT FOR UP TO TWO YEARS TO PROVIDE SURVIVORS WITH CHILDREN THE SUPPORT THEY NEED TO BREAK THE CYCLES OF POVERTY AND VIOLENCE THROUGH A COLLABORATIVE PROCESS WITH THE SURVIVOR AND A CASE MANAGER, WE DEVELOP AN INDIVIDUALIZED PLAN THAT CAN INCLUDE EDUCATION OR JOB TRAINING, COUNSELING, MENTORING, AND REFERRALS TO COMMUNITY SERVICES 100% OF PATHWAYS TO HOPE SURVIVORS HAVE MAINTAINED STABLE HOUSING FOR ONE YEAR MONEY MANAGEMENT - THE MONEY MANAGEMENT SERVICE ASSISTS SENIORS WHO ARE HAVING DIFFICULTY MANAGING THEIR DAILY FINANCES THESE SERVICES HELP SENIORS MAINTAIN FINANCIAL INDEPENDENCE AND PROVIDE PROTECTION FROM MANAGEMENT SERVICES TO SENIORS BY PREPARING A MONTHLY BUDGET, ASSISTING WITH BILL PAY AND CHECK DEPOSITS, MAKING CONNECTIONS WITH FINANCIAL AND LEGAL RESOURCES, AND PREPARING FOR LONG-TERM NEEDS 100% OF CLIENTS HAD THEIR ESSENTIAL LIVING NEEDS MET EACH MONTH, ALLOWING THEM TO REMAIN INDEPENDENT AND FREE FROM EXPLOITATION FRIENDLY VISITING PROGRAM - MANY SENIORS ARE LONELY AND AT RISK OF BEING ISOLATED, WHICH CAN NEGATIVELY IMPACT THEIR HEALTH AND WELL-BEING PEOPLE WHO FEEL ISOLATED HAVE HIGHER RATES OF DEPRESSION, HIGHER INSTANCES OF CHRONIC ILLNESS, AND SHORTER LIFESPANS FOR DECADES, CATHOLIC SOCIAL SERVICES HAS HELPED LONELY HOMEBOUND SENIORS STAY CONNECTED BY SENDING A WEEKLY VISITOR TO PROVIDE NEEDED SOCIALIZATION AND NON-MEDICAL ASSISTANCE SO THAT CLIENTS REMAIN INDEPENDENT IN THEIR HOMES THE FRIENDLY VISITING PROGRAM MATCHES PEOPLE OF ALL AGES, AND SOCIO-ECONOMIC BACKGROUNDS WITH A SENIOR FRIEND IN FRANKLIN AND DELAWARE COUNTIES 90% OF SENIORS REPORTED THAT THEY FEEL LESS LONELY AND HAVE CLOSER TIES TO THE COMMUNITY SINCE HAVING A FRIENDLY VISITOR

4d Other program services (Describe in Schedule O) (Expenses \$ 2,583,550 including grants of \$ 162,330) (Revenue \$ 20,201)

4e Total program service expenses 4,047,791

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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>	Yes	
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>		No
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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>	Yes	
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>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
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>	Yes	
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		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>	Yes	
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>		No
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
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>		No
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>		No
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	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NAZREE GORE 197 EAST GAY STREET COLUMBUS, OH 43215 (614) 221-5891

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							353,702	0	43,570	

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 ▶ **2**

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

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
WIDESTREAM SOLUTIONS INC PO BOX 287 DEERFIELD, IL 60015	TECHNICAL SUPPORT	148,627

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 ▶ **1**

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	272,992				
	b Membership dues	1b					
	c Fundraising events	1c	230,246				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,772,941				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,744,708				
	g Noncash contributions included in lines 1a-1f \$ _____		84,823				
	h Total. Add lines 1a-1f			5,020,887			
Program Service Revenue			Business Code				
	2a SERVICE FEES		624100	401,167	401,167		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			401,167				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			114,980		114,980	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			58,212		58,212
	8a Gross income from fundraising events (not including \$ 230,246 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses		143,582			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	1,009		1,009		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,009				
12 Total revenue. See Instructions			5,596,255	401,167	0	174,201	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	168,439	168,439		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	353,701	200,813	142,031	10,857
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	2,031,183	1,791,892	141,646	97,645
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	40,992	32,033	6,742	2,217
9 Other employee benefits.	329,355	277,968	42,126	9,261
10 Payroll taxes.	198,475	165,595	23,820	9,060
11 Fees for services (non-employees)				
a Management.				
b Legal.	1,163		1,163	
c Accounting.	28,695		28,695	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	212,449	48,949	141,021	22,479
12 Advertising and promotion.	12,854	6,435	6,170	249
13 Office expenses.	251,517	194,663	26,217	30,637
14 Information technology.	129,586	102,186	24,897	2,503
15 Royalties.				
16 Occupancy.	111,150	111,150		
17 Travel.	106,495	105,550	128	817
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	76,124	65,020	2,375	8,729
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	88,356	78,324	9,221	811
23 Insurance.	41,579	37,945	3,053	581
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STIPENDS/VOLUNTEER COST	625,753	625,753		
b FEES AND CHARGES	51,931	24,751	22,339	4,841
c MEMBERSHIP DUES	10,268	9,170	669	429
d				
e All other expenses	3,176	1,155	819	1,202
25 Total functional expenses. Add lines 1 through 24e.	4,873,241	4,047,791	623,132	202,318
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,237,390	1	1,516,249
	2 Savings and temporary cash investments	1,137,422	2	748,893
	3 Pledges and grants receivable, net	422,972	3	218,114
	4 Accounts receivable, net	276,389	4	346,453
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,317	8	1,317
	9 Prepaid expenses and deferred charges	67,482	9	82,590
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,278,266		
	b Less accumulated depreciation	831,633		
	11 Investments—publicly traded securities	5,746,994	11	7,221,887
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,060,693	16	10,582,136	
Liabilities	17 Accounts payable and accrued expenses	328,523	17	348,142
	18 Grants payable		18	
	19 Deferred revenue	4,546	19	4,263
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	881,642	21	1,213,645
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,214,711	26	1,566,050
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,573,281	27	3,136,409
	28 Temporarily restricted net assets	3,027,462	28	3,395,987
	29 Permanently restricted net assets	2,245,239	29	2,483,690
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,845,982	33	9,016,086	
34 Total liabilities and net assets/fund balances	9,060,693	34	10,582,136	

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	5,596,255
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,873,241
3	Revenue less expenses Subtract line 2 from line 1	3	723,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,845,982
5	Net unrealized gains (losses) on investments	5	210,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	236,630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,016,086

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	2a		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-4379437

Name: CATHOLIC SOCIAL SERVICES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SENIOR COMPANION PROGRAM - MANY SENIORS ARE LONELY AND AT RISK OF BEING ISOLATED, WHICH CAN NEGATIVELY IMPACT THEIR HEALTH AND WELL-BEING. PEOPLE WHO FEEL ISOLATED HAVE HIGHER RATES OF DEPRESSION, HIGHER INSTANCES OF CHRONIC ILLNESS, AND SHORTER LIFE SPANS. FOR DECADES, CATHOLIC SOCIAL SERVICES HAS HELPED LONELY, HOMEBOUND SENIORS STAY CONNECTED BY SENDING A WEEKLY VISITOR TO PROVIDE NEEDED SOCIALIZATION AND NON-MEDICAL ASSISTANCE SO THAT CLIENTS REMAIN INDEPENDENT IN THEIR HOMES. THROUGH THE SENIOR COMPANION PROGRAM, A LOW-INCOME SENIOR CAN VOLUNTEER TO VISIT A FEW SENIORS FOR 15+ HOURS A WEEK. COMPANION VOLUNTEERS ENJOY THE COMRADERY OF FELLOWSHIP WITH OTHER COMPANIONS AT MONTHLY IN-SERVICES AND RECEIVE A STIPEND AND EXPENSE REIMBURSEMENT. 90% OF SENIORS REPORTED THAT THEY FEEL LESS LONELY AND HAVE CLOSER TIES TO THE COMMUNITY SINCE HAVING A SENIOR COMPANION.

Form 990, Part III, Line 4b:

SUPPORTIVE SERVICES - OUR SUPPORTIVE SERVICES PROGRAM BRIDGES THE GAP FOR MANY SENIORS WHO NEED ASSISTANCE TO MAINTAIN THEIR INDEPENDENCE AND REMAIN SAFELY IN THEIR OWN HOMES. OUR LICENSED SOCIAL WORKERS PROVIDE A HELPING HAND TO OLDER ADULTS AND THEIR FAMILIES TO ALLEVIATE CONCERNS AND ASSIST WITH TASKS SENIORS NEED TO STAY INDEPENDENT. WE CAN HELP THE SENIOR MANAGE THEIR BENEFITS, LIKE MEDICARE OR MEDICAID, LOCATE TRANSPORTATION SERVICES, SCHEDULE MEDICAL APPOINTMENTS, HELP MANAGE FINANCES, OR LOCATE APPROPRIATE HOUSING. WE PROVIDE THE EXTRA HELP SENIORS NEED WHEN NEW CHALLENGES ARE TOO MUCH, SO THEY CAN STAY IN THEIR HOMES WITH CONFIDENCE. 95% OF SENIORS STATED THAT CSS HELPED THEM REMAIN INDEPENDENT.

Form 990, Part III, Line 4c:

PAYEE SERVICES - THE PAYEE SERVICES PROGRAM PROVIDES INDIVIDUALIZED FINANCIAL MANAGEMENT TO DISABLED INDIVIDUALS AND SENIORS WHO ARE UNABLE TO MANAGE THEIR FINANCIAL AFFAIRS WE HELP CLIENTS UNDERSTAND AND MEET THEIR FINANCIAL OBLIGATIONS WE SET UP AN INDIVIDUALIZED MONTHLY BUDGET, ACCOUNT FOR ALL INCOME, PAY BILLS, AND ENSURE THAT THE CLIENT HAS SPENDING MONEY FOR FOOD AND ESSENTIALS EACH WEEK THE PROGRAM SEES TO IT THAT BILLS ARE PAID ON TIME AND THAT CLIENTS DON'T GO INTO DEBT THEY CAN'T HANDLE THE PAYEE PROGRAM PROTECTS THOSE WHO ARE OFTEN FINANCIALLY EXPLOITED (E G DEVELOPMENTALLY DISABLED AND ELDERLY PERSONS), HELPS BUILD SAVINGS FOR UNEXPECTED EXPENSES, ENSURES THERE IS AS MUCH MONEY FOR FOOD THE LAST WEEK OF THE MONTH AS THERE IS THE FIRST STAFF IS A PHONE CALL AWAY TO RESPOND WHEN NEEDED 100% OF CLIENTS HAD THEIR ESSENTIAL LIVING NEEDS MET EACH MONTH, ALLOWING THEM TO REMAIN INDEPENDENT AND FREE FROM EXPLOITATION

Form 990, 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			
JOHN BARKER BOARD MEMBER	1 00	X						0	0	0
PETE BEIRNE BOARD MEMBER	1 00	X						0	0	0
MARY GALLAGHER BOARD MEMBER	1 00	X						0	0	0
SR BARBARA HAHN BOARD MEMBER	1 00	X						0	0	0
PAUL HELLER BOARD MEMBER	1 00	X						0	0	0
ERIN HERBST BOARD MEMBER	1 00	X						0	0	0
PATTY HILL-CALLAHAN ENTER 217 BOARD MEMBER	1 00	X						0	0	0
MARK HUDDY BOARD MEMBER	3 00	X						0	0	0
GARY IRVINE BOARD MEMBER	1 00	X						0	0	0
JILL KIRILA BOARD MEMBER	1 00	X						0	0	0

Form 990, 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			
JOHN MACKESSY BOARD MEMBER	1 00	X						0	0	0
NATALIE MCCORD BOARD MEMBER	1 00	X						0	0	0
KATHY MCGINNIS BOARD MEMBER	3 00	X						0	0	0
JOSEPH MILLER BOARD MEMBER	1 00	X						0	0	0
ROGER MINNER EXIT 217 BOARD MEMBER	2 00	X						0	0	0
JIM NEGRON BOARD MEMBER	3 00	X						0	0	0
KENNETH RAMOS EXIT 217 BOARD MEMBER	1 00	X						0	0	0
TONY RUSCILLI BOARD MEMBER	3 00	X						0	0	0
ROBERT SCHMIDT JR EXIT 217 BOARD MEMBER	1 00	X						0	0	0
BRAD SHAW BOARD MEMBER	1 00	X						0	0	0

Form 990, 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			
ANDY SONDERMAN BOARD MEMBER	1 00	X						0	0	0
CHAD WILSON BOARD MEMBER	2 00	X						0	0	0
TOM WINTERS BOARD MEMBER	2 00	X						0	0	0
ADAM ZALLER ENTER 217 BOARD MEMBER	1 00	X						0	0	0
RACHEL LUSTIG PRESIDENT & CEO	52 00			X				135,713	0	11,205
NAZREE GORE TREASURER	44 00			X				67,831	0	14,131
DEBORA HELD SECRETARY	42 00			X				48,415	0	6,324
SABREE AKINYELE VICE PRESIDENT	45 50			X				101,743	0	11,910

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SOCIAL SERVICES INC

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

31-4379437

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 **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,139,204	5,009,592	3,592,620	3,982,005	5,020,887	20,744,308
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	3,139,204	5,009,592	3,592,620	3,982,005	5,020,887	20,744,308
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						20,744,308

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,139,204	5,009,592	3,592,620	3,982,005	5,020,887	20,744,308
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,723	74,600	101,654	11,915	114,980	362,872
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.)					1,009	1,009
11	Total support. Add lines 7 through 10						21,108,189
12	Gross receipts from related activities, etc. (see instructions)					12	1,721,352

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.280%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	98.470%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
b	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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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))? If "Yes," provide detail in Part VI .		
	9a		
b	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? If "Yes," provide detail in Part VI .		
	9b		
c	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? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)	1	
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)		
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 31-4379437

Name: CATHOLIC SOCIAL SERVICES INC

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number
31-4379437

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 | 881,642 |
| 1d Additions during the year | 332,003 |
| 1e Distributions during the year | |
| 1f Ending balance | 1,213,645 |
- 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 in 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	5,406,755	5,371,852	5,518,684	3,673,871	3,287,196
b Contributions	573,508	54,081	226,500	1,841,503	10,549
c Net investment earnings, gains, and losses	596,121	312,029	-225,730	167,414	468,091
d Grants or scholarships					
e Other expenditures for facilities and programs	423,896	331,207	147,602	164,104	91,965
f Administrative expenses					
g End of year balance	6,152,488	5,406,755	5,371,852	5,518,684	3,673,871

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 13 020 %
 - b** Permanent endowment ▶ 40 370 %
 - c** Temporarily restricted endowment ▶ 46 610 %
- 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 | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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				
b Buildings				
c Leasehold improvements		85,814	55,830	29,984
d Equipment		531,231	345,617	185,614
e Other		661,221	430,186	231,035
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				446,633

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements	1	6,284,712
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	210,460
b	Donated services and use of facilities	2b	97,785
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	380,212
e	Add lines 2a through 2d	2e	688,457
3	Subtract line 2e from line 1	3	5,596,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,596,255

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.

1	Total expenses and losses per audited financial statements	1	5,114,608
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	97,785
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	143,582
e	Add lines 2a through 2d	2e	241,367
3	Subtract line 2e from line 1	3	4,873,241
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,873,241

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-4379437

Name: CATHOLIC SOCIAL SERVICES INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CSS HELPS ITS CLIENTS BY MANAGING THEIR FINANCES FOR DAILY NEEDS, PRIMARILY IN THE FORM OF PAYING BILLS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	PAYEE SERVICES PROGRAM CUSTODIAL FUNDS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUND ASSETS ARE USED PRIMARILY TO PROVIDE FOR HOUSING SERVICES, SERVICES FOR SENIORS, AND TO PROVIDE ASSISTANCE FOR PROGRAMS THAT IMPACT INFANTS, YOUNG CHILDREN AND THEIR MOTHERS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CSS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CSS HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN INCOME TAX POSITIONS REQUIRING AN ACCRUAL OR DISCLOSURE IN THE FINANCIAL STATEMENTS THERE WERE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 RELATED TO UNCERTAIN INCOME TAX POSITIONS CSS'S OPEN AUDIT PERIODS ARE FOR THE FISCAL YEARS ENDED 2014 THROUGH 2017

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 143,582 ADJ TO FMV OF FUNDS HELD IN TRUST BY OTHERS 236,630

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 143,582

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number

31-4379437

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 ten 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPIRIT OF HOPE GALA (event type)	BREAKFAST WITH THE BISHOP (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	294,954	73,311	5,563	373,828
2	Less Contributions	189,427	35,256	5,563	230,246
3	Gross income (line 1 minus line 2)	105,527	38,055		143,582
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	51,646	16,674		68,320
	8 Entertainment				
	9 Other direct expenses	53,880	21,382		75,262
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				143,582
11	Net income summary Subtract line 10 from line 3, column (d) ▶				0

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.

Revenue		(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 _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number
31-4379437

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

(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)							
(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 ▶ _____

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PRESCRIPTIONS/MEDICAL ASSISTANCE	33	461		FMV	PRESCRIPTIONS AND MEDICAL ASSISTANCE NEEDS
(2) UTILITY ASSISTANCE	50	6,599		FMV	UTILITY PAYMENTS TO AVOID SHUT-OFFS OR RESTORE SERVICE
(3) MATERIALS/SUPPLIES	99	11,146		FMV	DAILY LIVING ITEMS OR HOUSEHOLD NEEDS
(4) RENTAL/HOUSING ASSISTANCE	478	107,817		FMV	RENT PAYMENTS OR SECURITY DEPOSITS FOR HOUSING
(5) FOOD ASSISTANCE	200	38,479		FMV	FOOD
(6) TRANSPORTATION	1	7		FMV	BUS, TAXI, AND OTHER TRANSPORTATION ASSISTANCE
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number
31-4379437

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				
6 Cars and other vehicles	X	3	84,823	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
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 IV, Donee Acknowledgement

29	
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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 is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THREE WHEEL CHAIR ACCESSIBLE VEHICLES CONTRIBUTED

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number

31-4379437

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	<p>IN 2017, CSS BEGAN CONTRACTING TO PROVIDE SERVICE COORDINATION SUPPORT TO SENIORS IN SETON SENIOR PROPERTIES OUR SERVICE COORDINATORS HELP LOW-INCOME SENIORS LIVE INDEPENDENTLY AND REMAIN IN THEIR HOMES BY LINKING THEM WITH NEEDED RESOURCES CSS HAS PLACED A SERVICE COORDINATOR AT EACH OF THE 13 DIOCESAN-OWNED SETON SQUARE SENIOR AFFORDABLE HOUSING COMMUNITIES WHERE THEY ASSIST WHEN SENIORS ARE CONFRONTED BY NEW CHALLENGES SUCH AS MEDICAL OR HEALTH ISSUES, TAX LAWS OR BENEFITS, OR TECHNOLOGICAL HURDLES BEYOND THEIR SKILL LEVEL THIS INTERVENTION INCREASES SENIORS' QUALITY OF LIFE AND ALLOWS THEM TO CONTINUE LIVING IN THEIR HOMES WITH CONFIDENCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	AT THE END OF 2017 THE AGENCY ENDED ITS FRIENDLY VISITING PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CATHOLIC SOCIAL SERVICES, INC IS INCORPORATED IN THE STATE OF OHIO AS A SOLE MEMBER NON-PROFIT 501(C)(3) CORPORATION THE SOLE MEMBER OF CATHOLIC SOCIAL SERVICES, INC IS THE DIOCESAN CHARITIES MEMBERSHIP CORPORATION, ALSO INCORPORATED AS A NON-PROFIT 501(C)(3) CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DIOCESAN CHARITIES MEMBERSHIP CORPORATION, AS THE SOLE MEMBER OF CATHOLIC SOCIAL SERVICES, INC HAS APPROVAL AUTHORITY OVER MEMBERSHIP OF THE BOARD OF DIRECTORS OF CATHOLIC SOCIAL SERVICES, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BESIDES APPROVAL OF MEMBERSHIP TO THE CATHOLIC SOCIAL SERVICES INC'S BOARD OF DIRECTORS, THE DIOCESAN CHARITIES MEMBERSHIP CORPORATION HAS RESERVED POWERS OVER ANY SIGNIFICANT DECISIONS REGARDING ORGANIZATIONAL CHANGES SUCH AS ACQUISITION OF DEBT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY SCHNEIDER DOWNS & CO , INC BASED ON INPUT FROM THE AUDITED F INANCIAL STATEMENTS, VARIOUS INTERNAL DOCUMENTS AND CSS MANAGEMENT THE COMPLETED FORM 990 WAS REVIEWED BY THE PRESIDENT AND TREASURER, THE FINANCE COMMITTEE AND THEN THE FULL CSS BOARD INPUT AS TO THE COMPLETENESS AND ACCURACY WAS SOLICITED FROM ALL AND INCORPORATED I NTO THE FINAL DOCUMENT THAT WAS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, IN ACCORDANCE WITH THE AGENCY'S CONFLICT OF INTEREST POLICY, BOARD MEMBERS ARE REQUIRED TO REVIEW THE POLICY AND SIGN A FORM INDICATING EITHER 'NO CONFLICT OR IDENTIFYING AND EXPLAINING A CONFLICT IF ONE EXISTS. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, POTENTIAL REMEDIES ARE REVIEWED BY THE CEO AND BOARD CHAIR. ALL REMEDIES ARE DOCUMENTED AND SIGNED BY THE CEO, BOARD CHAIR AND IDENTIFIED BOARD MEMBER. SHOULD A MATTER COME BEFORE THE BOARD WHERE A CONFLICT EXISTS FOR ONE OR MORE BOARD MEMBERS, THE CONFLICT IS IDENTIFIED AND THOSE MEMBERS DO NOT PARTICIPATE IN THE VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL CSS STAFF, INCLUDING THE CEO AND DIRECT REPORTS, ARE EVALUATED EVERY THREE YEARS USING COMPARATIVE DATA FROM A SALARY SURVEY CONDUCTED EVERY THREE YEARS BY THE OHIO ASSOCIATION OF NON-PROFIT ORGANIZATIONS, THAT INCLUDES INFORMATION SPECIFIC TO OHIO IN ADDITION, THE HR COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE 990 FILINGS OF SEVERAL LOCAL NON-PROFIT ORGANIZATIONS AND LEARNED THAT AGENCY SALARY RANGES WERE COMPETITIVE FOR THE CEO IN ESTABLISHING THE SALARY LEVEL FOR THE CEO, SPECIFIC OBJECTIVES ARE SET AT THE BEGINNING OF EACH YEAR WITH THE BOARD OF DIRECTORS EACH YEAR, THE CEO SUBMITS A WRITTEN EVALUATION OF HIS/HER PERFORMANCE VERSUS THOSE OBJECTIVES THE BOARD CHAIR SOLICITS INPUT FROM CSS' EXECUTIVE COMMITTEE AFTER WHICH THE CHAIR FINALIZES THE CEO'S EVALUATION AN ANNUAL MERIT INCREASE IS THEN CONSIDERED BASED ON THE CEO'S PERFORMANCE AGAINST THE OBJECTIVES THE FINAL SALARY IS RECOMMENDED BY THE BOARD CHAIR AND HR CHAIR AND REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, THE ANNUAL (AUDITED) FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE UPON REQUEST AT NO CHARGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO FAIR VALUE OF FUNDS HELD IN TRUST BY OTHERS 236,630

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number

31-4379437

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

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.

See Additional Data Table

(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

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	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 31-4379437
Name: CATHOLIC SOCIAL SERVICES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
198 E BROAD STREET COLUMBUS, OH 43215 27-1329413	CHARITABLE SERVICES	OH	501(C)(3)	LINE 7	N/A		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1420830	CHARITABLE SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1426538	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 34-1791760	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1426540	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1634102	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1176117	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078683	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1317475	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 34-1791759	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1318580	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078684	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078678	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078677	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1076860	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078676	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
1500 E 17TH AVENUE COLUMBUS, OH 43219 31-4379568	SOCIAL SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
1490 E MAIN STREET COLUMBUS, OH 43205 31-4379572	SOCIAL SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-4379451	EDUCATIONAL	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
198 E BROAD STREET COLUMBUS, OH 43215 26-4091511	EDUCATIONAL	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No