

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 5,586,568

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
SEE SCHEDULE O

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)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	96
6 Total number of volunteers (estimate if necessary)	496
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,020,887	4,769,225
9 Program service revenue (Part VIII, line 2g)	401,167	443,475
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,192	253,007
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,009	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,596,255	5,465,707
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	168,439	186,391
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)	2,953,706	3,332,446
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 243,390		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,751,096	1,849,190
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,873,241	5,368,027
19 Revenue less expenses Subtract line 18 from line 12	723,014	97,680
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,582,136	10,072,821
21 Total liabilities (Part X, line 26)	1,566,050	1,649,116
22 Net assets or fund balances Subtract line 21 from line 20	9,016,086	8,423,705

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: 2019-11-14

RACHEL LUSTIG PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	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 \$ 542,705 including grants of \$ 226) (Revenue \$ 0)
See Additional Data

4b (Code) (Expenses \$ 483,461 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 489,680 including grants of \$ 6,498) (Revenue \$ 4,280)
See Additional Data

(Code) (Expenses \$ 3,010,863 including grants of \$ 179,667) (Revenue \$ 439,195)

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 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 WE HELPED 336 AT-RISK STUDENTS IN 2018 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 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 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 2016, THE CENTER PROVIDED OVER 99,453 MEALS TO FAMILIES WITH FOOD INSECURITY, ACCESS TO NUTRITION EDUCATION, HEALTH SERVICES, AND ESL CLASSES COUNSELING SERVICES - ONE-IN-FIVE AMERICANS STRUGGLE WITH DIAGNOSED MENTAL HEALTH ISSUES YET, MENTAL ILLNESS IS STILL STIGMATIZED IN OUR SOCIETY WHEN MENTAL HEALTH AND NEGATIVE STIGMAS ARE PAIRED WITH POVERTY AND HARDSHIP, THE MOST VULNERABLE AMONG US MAY HAVE THE MOST DIFFICULTY ACCESSING VITAL MENTAL HEALTH RESOURCES CSS PROVIDES HIGH-QUALITY MENTAL HEALTHCARE TO LOW-INCOME CLIENTS WHO ARE SCHOOL AGE AND OLDER, BECAUSE WE BELIEVE INCOME SHOULD NOT BE A BARRIER TO ACCESSING MENTAL HEALTHCARE WE EMPLOY LICENSED SOCIAL WORKERS AND OUR COUNSELING PROGRAM IS NATIONALLY ACCREDITED BY THE COUNCIL ON ACCREDITATION (COA) AND CERTIFIED BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES -MATERNAL COUNSELING CSS' MATERNAL COUNSELING PROGRAM ALLOWS OUR LICENSED SOCIAL WORKERS TO PROVIDE CLINICAL COUNSELING TO MOTHERS IN THEIR HOMES THIS IS ESSENTIAL FOR HELPING LOW-INCOME MOTHERS-MANY OF WHOM EXPERIENCE PREGNANCY- OR PARENTING-RELATED STRESSORS SUCH AS POSTPARTUM DEPRESSION, RELATIONSHIP PROBLEMS, ISOLATION, OR A LACK OF SUPPORT WE HAVE SEEN THROUGH OUR EXPERIENCE WITH THIS POPULATION THAT NEW MOTHERS OFTEN HAVE MULTIPLE BARRIERS TO CARE AND LACK THE RESOURCES THEY NEED TO RAISE THEIR CHILDREN IN SAFE, NURTURING ENVIRONMENTS WE ARE ONE OF THE ONLY AGENCIES THAT VISITS THESE MOTHERS IN THEIR HOMES TO REMOVE BARRIERS TO CARE, LIKE FINDING CHILDCARE AND TRANSPORTING CHILDREN WE ARE COMMITTED TO GIVING LOW-INCOME MOTHERS THE SUPPORT THEY NEED TO KEEP THEMSELVES AND THEIR CHILDREN HEALTHY -CASE MANAGEMENT CSS' CASE MANAGER IS AVAILABLE TO HELP CLIENTS TACKLE THE MULTITUDE OF BARRIERS TO ECONOMIC SELF-SUFFICIENCY AND OVERALL FAMILY WELL-BEING OUR CASE MANAGER CAN HELP CLIENTS ACQUIRE AFFORDABLE HOUSING, LEARN HOW TO MANAGE THEIR FINANCES, FIND CHILDCARE, FIND JOBS, ACCESS BENEFITS AND COMMUNITY RESOURCES, AND MORE OUR CASE MANAGER ACTS AS AN ADVOCATE AND SUPPORT FOR CLIENTS WHO LACK STRONG SUPPORT SYSTEMS WE HAD A 125% INCREASE IN PEOPLE RECEIVING DEEPER,CASE MANAMGENET, SERVES IN 5 YEARS 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 PORTSMOUTH COMMUNITY CENTER - THE ST FRANCIS COMMUNITY CENTER SERVES SCIOTO AND THE SURROUNDING COUNTIES 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, ST VINCENT DE PAUL EMERGENCY ASSISTANCE FUNDS,AND ANGER MANAGEMENT CLASSES IN 2018, WE SERVED OVER 600 HOT MEALS MONTHLY THROUGH OUR SOUP KITCHEN 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 94% OF PATHWAYS TO HOPE SURVIVORS HAVE MAINTAINED STABLE HOUSING FOR ONE YEAR MONEY MANAGEMENT - THROUGH OUR MONEY MANAGEMENT PROGRAM, CSS ASSISTS LOW-INCOME SENIORS WHO HAVE DIFFICULTY MANAGING THEIR FINANCES SOCIAL WORKERS HELP CLIENTS MANAGE THEIR OWN FINANCES BY HELPING THEM PREPARE MONTHLY BUDGETS, PAY THEIR BILLS, DEPOSIT CHECKS, MAKE CONNECTIONS WITH FINANCIAL AND LEGAL RESOURCES, AND PREPARE FOR LONG-TERM NEEDS-ALL SO THEY CAN REMAIN INDEPENDENT

4d Other program services (Describe in Schedule O)
(Expenses \$ 3,010,863 including grants of \$ 179,667) (Revenue \$ 439,195)

4e Total program service expenses 4,526,709

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	Yes
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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	48
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	96		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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 267,972			
	b Membership dues	1b			
	c Fundraising events	1c 297,131			
	d Related organizations	1d			
	e Government grants (contributions)	1e 2,963,120			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,241,002			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		4,769,225		

Program Service Revenue			Business Code			
	2a SERVICE FEES		624100	443,475	443,475	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			443,475			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			125,407			125,407
	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			127,600			
	c Gain or (loss)			0			
	d Net gain or (loss)			127,600			127,600
	8a Gross income from fundraising events (not including \$ 297,131 of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b		120,861			
	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	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			5,465,707	443,475	0	253,007	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	186,391	186,391		
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	410,184	216,075	191,098	3,011
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	2,286,637	2,010,595	124,287	151,755
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,418	40,424	5,126	868
9 Other employee benefits	366,942	322,526	32,682	11,734
10 Payroll taxes	222,265	182,774	26,464	13,027
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	32,008		32,008	
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)	147,016	52,060	82,823	12,133
12 Advertising and promotion	20,668	5,674	9,496	5,498
13 Office expenses	279,781	231,151	24,152	24,478
14 Information technology	117,138	93,887	20,325	2,926
15 Royalties				
16 Occupancy	131,345	127,477	3,095	773
17 Travel	154,011	152,014	508	1,489
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,749	90,566	3,363	7,820
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,521	107,993	18,783	745
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STIPENDS/VOLUNTEER COST	663,722	663,697	25	0
b FEES AND CHARGES	45,053	18,870	20,100	6,083
c MEMBERSHIP DUES	25,351	22,295	2,006	1,050
d				
e All other expenses	3,827	2,240	1,587	
25 Total functional expenses. Add lines 1 through 24e	5,368,027	4,526,709	597,928	243,390
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	1,516,249	1	1,609,177
	2 Savings and temporary cash investments	748,893	2	765,711
	3 Pledges and grants receivable, net	218,114	3	289,846
	4 Accounts receivable, net	346,453	4	299,863
	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	82,590	9	58,890
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,335,561		
	b Less accumulated depreciation	10b 959,154	446,633	10c 376,407
	11 Investments—publicly traded securities	7,221,887	11	6,671,610
	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)	10,582,136	16	10,072,821	
Liabilities	17 Accounts payable and accrued expenses	348,142	17	409,685
	18 Grants payable		18	
	19 Deferred revenue	4,263	19	1,257
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	1,213,645	21	1,238,174
	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	1,566,050	26	1,649,116
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	3,136,409	27	3,222,045
	28 Temporarily restricted net assets	3,395,987	28	2,989,142
	29 Permanently restricted net assets	2,483,690	29	2,212,518
	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	9,016,086	33	8,423,705	
34 Total liabilities and net assets/fund balances	10,582,136	34	10,072,821	

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	5,465,707
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,368,027
3	Revenue less expenses Subtract line 2 from line 1	3	97,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,016,086
5	Net unrealized gains (losses) on investments	5	-325,110
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	-364,951
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,423,705

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 31-4379437

Name: CATHOLIC SOCIAL SERVICES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SENIOR COMPANION PROGRAM THIS PROGRAM ADDRESSES TWO SPECIFIC ISSUES WITHIN THE SENIOR POPULATION IN FRANKLIN COUNTY 1) LONELINESS AND ISOLATION AND 2) UNDERUSE OF RESOURCES ACTIVE SENIORS HAVE TO GIVE THE PROGRAM ENGAGES TWO DIFFERENT POPULATIONS OF SENIORS HOME-BOUND SENIORS AND ACTIVE, LOW-INCOME SENIORS 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 20+ HOURS A WEEK COMPANION VOLUNTEERS ENJOY THE COMRADERY OF FELLOWSHIP WITH OTHER COMPANIONS AT MONTHLY IN-SERVICES AND RECEIVE ASSISTANCE AND EXPENSE REIMBURSEMENT 98% 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:

SETON SERVICE COORDINATION 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 14 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 IN 2018 WE SERVED 1,000 SENIORS THROUGHOUT THE 14 SETON PROPERTIES

Form 990, Part III, Line 4c:

SUPPORTIVE SERVICES - THROUGH THE SUPPORTIVE SERVICES PROGRAM, CSS REMOVES BARRIERS FOR LOW-INCOME SENIORS WHO NEED ASSISTANCE TO MAINTAIN THEIR INDEPENDENCE AND REMAIN SAFELY IN THEIR OWN HOMES OUR LICENSED SOCIAL WORKERS PROVIDE INDIVIDUALIZED CARE AND CASE MANAGEMENT TO OLDER ADULTS AND THEIR FAMILIES BY HELPING SENIORS NAVIGATE THEIR BENEFITS, LOCATE TRANSPORTATION SERVICES, SCHEDULE MEDICAL APPOINTMENTS, MANAGE FINANCES, FIND APPROPRIATE HOUSING, AND MORE WE PROVIDE IN-HOME CARE FOR THIS OFTEN HOME-BOUND POPULATION IN-HOME SERVICE IS ESPECIALLY NECESSARY IN RURAL COUNTIES WHERE SENIORS HAVE EVEN MORE BARRIERS TO ACCESSING CARE OUR SUPPORTIVE SERVICES PROGRAM BRIDGES THE GAP FOR MANY SENIORS WHO NEED ASSISTANCE TO MAINTAIN THEIR INDEPENDENCE AND REMAIN SAFELY IN THEIR OWN HOMES WE SERVED 3,628 SENIORS IN 2018 THROUGH ALL OF SENIOR PROGRAMS 95% OF SENIORS STATED THAT CSS HELPED THEM REMAIN INDEPENDENT 98% OF OUR SENIOR CLIENTS SAY WE HELPED THEM MEET THEIR GOALS (E G , STABLE HOUSING AND INCOME)

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			
MR JOHN BARKER BOARD MEMBER	1 00	X						0	0	0
MR PETE BEIRNE BOARD MEMBER	1 00	X						0	0	0
MR PAUL DO FORNO ENTER 1018 BOARD MEMBER	1 00	X						0	0	0
MS KIM DORNIDEN ENTER 1018 BOARD MEMBER	1 00	X						0	0	0
MS MARY GALLAGHER BOARD MEMBER	1 00	X						0	0	0
SR BARBARA HAHL BOARD MEMBER	1 00	X						0	0	0
MR PAUL HELLER BOARD MEMBER	1 00	X						0	0	0
MS ERIN HERBST BOARD MEMBER	1 00	X						0	0	0
MRS PATTY HILL-CALLAHAN BOARD MEMBER	1 00	X						0	0	0
MR MARK HUDDY 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			
MR GARY IRVINE BOARD MEMBER	1 00	X						0	0	0
MS JILL KIRILA BOARD MEMBER	1 00	X						0	0	0
MR JOHN MACKESSY BOARD MEMBER	1 00	X						0	0	0
MRS NATALIE MCCORD BOARD MEMBER	1 00	X						0	0	0
MS KATHLEEN KATHY MCGINNIS BOARD MEMBER	1 00	X						0	0	0
MR JOSEPH MILLER BOARD MEMBER	1 00	X						0	0	0
MR JAMES JIM NEGRON BOARD MEMBER	1 00	X						0	0	0
MR ROBERT TONY RUSCILLI JR BOARD MEMBER	1 00	X						0	0	0
MR BRADLEY SHAW BOARD MEMBER	1 00	X						0	0	0
MR ANDREW SONDERMAN 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			
MR CHARLES CHAD WILSON JR BOARD MEMBER	1 00	X						0	0	0
MR DAVID WHITE ENTER 218 BOARD MEMBER	1 00	X						0	0	0
MR THOMAS WINTERS BOARD MEMBER	1 00	X						0	0	0
MR ADAM ZALLER BOARD MEMBER	1 00	X						0	0	0
RACHEL LUSTIG PRESIDENT & CEO	48 00			X				138,824	0	11,707
NAZREE GORE TREASURER	46 00			X				73,356	0	15,101
DEBORA HELD SECRETARY	41 00			X				47,192	0	7,557
SABREE AKINYELE VICE PRESIDENT	44 00			X				104,132	0	12,314

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

2018

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 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,009,592	3,592,620	3,982,005	5,020,887	4,769,225	22,374,329
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,009,592	3,592,620	3,982,005	5,020,887	4,769,225	22,374,329
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						22,374,329

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	5,009,592	3,592,620	3,982,005	5,020,887	4,769,225	22,374,329
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,600	101,654	11,915	114,980	125,407	428,556
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						22,803,894
12	Gross receipts from related activities, etc. (see instructions)					12	1,873,462

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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.120 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	98.280 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>	Yes	No
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

OMB No 1545-0047
2018
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 7/25/06, 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 |
|--|-----------|
| c Beginning balance | 1,213,645 |
| d Additions during the year | 24,529 |
| e Distributions during the year | |
| f Ending balance | 1,238,174 |
- 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	6,459,989	5,406,755	5,371,852	5,518,684	3,673,871
b Contributions	24,672	573,508	54,081	226,500	1,841,503
c Net investment earnings, gains, and losses	-400,215	903,622	312,029	-225,730	167,414
d Grants or scholarships					
e Other expenditures for facilities and programs	207,199	423,896	331,207	147,602	164,104
f Administrative expenses					
g End of year balance	5,877,247	6,459,989	5,406,755	5,371,852	5,518,684

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 12 170 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 87 830 %
- 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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		101,829	72,770	29,059
d Equipment		572,511	409,133	163,378
e Other		661,221	477,251	183,970
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				376,407

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	4,873,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-325,110
b	Donated services and use of facilities	2b	97,785
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-364,951
e	Add lines 2a through 2d	2e	-592,276
3	Subtract line 2e from line 1	3	5,465,707
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	5,465,707

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	5,465,812
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	
e	Add lines 2a through 2d	2e	97,785
3	Subtract line 2e from line 1	3	5,368,027
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	5,368,027

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, 2018 AND 2017 RELATED TO UNCERTAIN INCOME TAX POSITIONS CSS'S OPEN AUDIT PERIODS ARE FOR THE FISCAL YEARS ENDED 2015 THROUGH 2018

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	ADJ TO FMV OF FUNDS HELD IN TRUST BY OTHERS -364,951

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

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

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			
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))
Revenue	1 Gross receipts	329,828	81,381	6,783	417,992
	2 Less Contributions	244,422	45,926	6,783	297,131
	3 Gross income (line 1 minus line 2)	85,406	35,455		120,861
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	34,934	17,854		52,788
	8 Entertainment				
	9 Other direct expenses	50,472	17,601		68,073
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				120,861
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	13a	%
b	An outside facility	13b	%

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

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 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? [X] 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

Table with 8 columns: (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. Rows 1-12.

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	91	868		FMV	PRESCRIPTIONS AND MEDICAL ASSISTANCE NEEDS
(2) UTILITY ASSISTANCE	65	9,485		FMV	UTILITY PAYMENTS TO AVOID SHUT-OFFS OR RESTORE SERVICE
(3) MATERIALS/SUPPLIES	15	17,810		FMV	DAILY LIVING ITEMS OR HOUSEHOLD NEEDS
(4) RENTAL/HOUSING ASSISTANCE	496	119,267		FMV	RENT PAYMENTS OR SECURITY DEPOSITS FOR HOUSING
(5) FOOD ASSISTANCE	145	37,302		FMV	FOOD
(6) TRANSPORTATION	6	1,659		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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number
31-4379437

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

Part III **Supplemental Information**

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
CATHOLIC SOCIAL SERVICES INC

Employer identification number
31-4379437

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART I, LINE 1	<p>CATHOLIC SOCIAL SERVICES, INC (CSS) IS A FAITH-BASED, MULTI-SERVICE AGENCY THAT HAS BEEN SERVING FAMILIES AND SENIORS IN CENTRAL AND SOUTHERN OHIO FOR 75 YEARS CSS HELPS WORKING-POOR FAMILIES STABILIZE AND BECOME SELF-SUFFICIENT THROUGH CASE MANAGEMENT, MENTAL HEALTH CARE, AND EMERGENCY ASSISTANCE WE HELP LOW-INCOME SENIORS AGE WITH GRACE AND INDEPENDENCE THROUGH SUPPORTIVE SERVICES AND COMMUNITY-IMPACT OPPORTUNITIES CSS HAS RESPONDED TO THE RAPIDLY GROWING SENIOR POPULATION - SERVING 50% MORE SENIORS IN FIVE YEARS THROUGH INNOVATION, MORE EFFECTIVE TECHNOLOGY SOLUTIONS, VOLUNTEER ENGAGEMENT AND PARTNERSHIP SIMILARLY, CSS HAS RENEWED ITS FOCUS ON HELPING PEOPLE WHO ARE TRYING TO BUILD BETTER LIVES FOR THEMSELVES, BUT WHO ARE BALANCING THE COMPLICATED AND INTERRELATED CHALLENGES OF PROVERTY CSS HELPS CLIENTS USE THEIR OWN STRENGTHS AND LEVERAGE THE SUPPORT OF THE ENTIRE COMMUNITY TO HELP REACH THEIR GOALS IN 2018, CSS'S 14 PROGRAMS HELPED 34,000 PEOPLE IN OUR 23-COUNTY REGION, AND WE PARTNERED WITH HUNDREDS OF CORPORATIONS, PUBLIC ENTITIES, NONPROFITS AND HUMAN SERVICE PROVIDERS TO HELP MORE CSS CLIENTS REACH THEIR FULL POTENTIAL CSS IS ACCREDITED BY THE COUNCIL ON ACCREDITATION AND THE BETTER BUSINESS BUREAU TO ILLUSTRATE OUR COMMITMENT TO BEST-PRACTICE SOCIAL SERVICES AND SOUND BUSINESS MANAGEMENT WE ARE A RESEARCH PARTNER WITH THE WILSON SHEEHAN LAB FOR ECONOMIC OPPORTUNITIES AT THE UNIVERSITY OF NOTRE DAME BECAUSE WE ARE COMMITTED TO EVIDENCE-BASED PRACTICE WE ARE A MEMBER OF THE CATHOLIC DIOCESE OF COLUMBUS, CATHOLIC CHARITIES USA, AND THE HUMAN SERVICE CHAMBER OF FRANKLIN COUNTY</p>

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 -364,951

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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 VII **Supplemental Information**

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

Return Reference	Explanation

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 31-1078660	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