

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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 \$ 6,431,648

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	98
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	271
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,769,225	5,398,148
<b>9</b> Program service revenue (Part VIII, line 2g)	443,475	587,760
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	253,007	307,785
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	949
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,465,707	6,294,642

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	186,391	154,686
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,332,446	3,572,154
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶247,185		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,849,190	1,869,653
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,368,027	5,596,493
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	97,680	698,149

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	10,072,821	11,539,844
<b>21</b> Total liabilities (Part X, line 26)	1,649,116	1,726,923
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,423,705	9,812,921

**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: 2020-11-09  
RACHEL LUSTIG PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date:  
Check  if self-employed PTIN: P00227231  
Firm's name: ▶ SCHNEIDER DOWNS & CO INC Firm's EIN: ▶ 25-1408703  
Firm's address: ▶ 65 EAST STATE STREET SUITE 2000 Phone no. (614) 621-4060  
COLUMBUS, OH 43215

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 533,967 including grants of \$ 416 ) (Revenue \$ 0 ) See Additional Data

4b (Code: ) (Expenses \$ 529,038 including grants of \$ 6,206 ) (Revenue \$ 5,288 ) See Additional Data

4c (Code: ) (Expenses \$ 511,152 including grants of \$ 0 ) (Revenue \$ 0 ) See Additional Data

(Code: ) (Expenses \$ 3,050,851 including grants of \$ 148,064 ) (Revenue \$ 582,472 )

PROVEN PROCESS: FOR 75 YEARS, WE HAVE BEEN CONNECTING PEOPLE TO PROVEN SOLUTIONS THAT ALLOW THEM TO STABILIZE THEIR LIVES, OVERCOME SETBACKS, AND REALIZE THEIR FULLEST POTENTIAL. USING OUR PROVEN PROCESS, WE PROVIDE THE RESOURCES AND SUPPORT TO HELP THEM BREAK THE CYCLE OF POVERTY AND REACH THEIR GOALS IN LIFE. PAYEE SERVICES: THIS PROGRAM PROVIDES INDIVIDUALIZED FINANCIAL MANAGEMENT TO SENIORS AND PEOPLE WITH DISABILITIES WHO ARE UNABLE TO MANAGE THEIR FINANCIAL AFFAIRS. THROUGH THIS PROGRAM, CSS HELPS PROTECT PEOPLE WHO ARE OFTEN FINANCIALLY EXPLOITED BY HELPING THEM UNDERSTAND AND MEET THEIR FINANCIAL OBLIGATIONS. WE USE CLIENTS' INCOME TO PAY THEIR BILLS FOR THEM SO THEIR BASIC NEEDS ARE COVERED, THEN GIVE THEM THE MONEY LEFT OVER TO USE AT THEIR DISCRETION. 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: OUR TRANSPORTATION SERVICE ALLOWS SENIORS AND VETERANS TO GET TO NON-EMERGENCY MEDICAL APPOINTMENTS ANYWHERE IN THE STATE OF OHIO. THIS SERVICE IS AVAILABLE TO LICKING COUNTY RESIDENTS WHO ARE SENIORS OR QUALIFIED VETERANS. OUR LADY OF GUADALUPE CENTER: CATHOLIC SOCIAL SERVICES' OUR LADY OF GUADALUPE CENTER (OLGC) WORKS TO REDUCE POVERTY IN THE RAPIDLY GROWING HISPANIC POPULATION IN CENTRAL OHIO. THE CENTER HAS GROWN WITH THE HISPANIC COMMUNITY IN OUR REGION TO RESPOND TO THEIR UNIQUE CHALLENGES OF IMMIGRATION AND POVERTY LACK OF ACCESS TO BASIC NEEDS AND SOCIAL SUPPORT, LANGUAGE AND DISCRIMINATORY BARRIERS, ETC. THE OUR LADY OF GUADALUPE CENTER OPENED AS A FOOD PANTRY IN 1999 ON COLUMBUS' WEST SIDE, NEAR THE LARGEST CONCENTRATION OF VULNERABLE HISPANICS. INSPIRED BY THE DETERMINATION AND RESILIENCY OF THE COMMUNITY WHO HAS RISKED EVERYTHING TO COME TO A FOREIGN LAND IN AN ATTEMPT TO BUILD A BETTER LIFE FOR THEMSELVES AND THEIR CHILDREN, WE EXPANDED OUR FOCUS TO HELP. IN 2017, THE OUR LADY OF GUADALUPE CENTER MOVED INTO A NEW, LARGER FACILITY AND EXPANDED OUR PURPOSE: THE OUR LADY OF GUADALUPE CENTER IS THE PLACE TO BE FOR HISPANIC FAMILIES WHO WANT TO REALIZE THEIR AMERICAN DREAM. THROUGH PROGRAMS AND SERVICES, THE GUADALUPE CENTER PROVIDES A WELCOMING ENVIRONMENT WITHIN WHICH TO BUILD COMMUNITY, STRENGTHEN FAMILY, IMPROVE ECONOMIC STATUS, AND PROMOTE HEALTH AND WELL-BEING. BASED ON OUR NEW PURPOSE, OUR THEORY OF CHANGE IS: - IF WE PROVIDE OUR CLIENTS A SAFE, SUPPORTIVE ENVIRONMENT AND HELP THEM GET RESOURCES TO COVER THEIR BASIC NEEDS, LEARN NEW SKILLS, AND ACCESS OPPORTUNITIES, - THEN, THEY WILL DEVELOP AN INCREASED SENSE OF BELONGING, IMPROVE THEIR QUALITY OF LIFE AND WELL-BEING, AND REACH THEIR GOALS FOR A BETTER LIFE. SINCE 2017, THE OLGC HAS BEEN ON AN AGGRESSIVE GROWTH TRAJECTORY. NOW, THE CENTER OFFERS ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES, CITIZENSHIP READINESS CLASSES, ON-SITE WELLNESS CHECKS AND REFERRALS, A FOOD PANTRY, EMERGENCY FINANCIAL ASSISTANCE, COMMUNITY AND WELLNESS EVENTS, CASE MANAGEMENT, LEGAL SERVICES, AND JOB READINESS ASSISTANCE TO CLIENTS. THESE SERVICES ARE PROVIDED BY STAFF, VOLUNTEERS AND ON-SITE PARTNERS. COUNSELING: 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. HOME CHOICE: CSS HELPS PEOPLE OF ANY AGE MOVE OUT OF HOSPITALS, NURSING HOMES, AND OTHER LONG-TERM CARE FACILITIES INTO THEIR OWN HOMES OR COMMUNITY-BASED SETTINGS. OUR HOME CHOICE TRANSITION COORDINATORS HELP CLIENTS LOCATE HOUSING, SET UP THEIR HOUSEHOLDS, AND CONNECT WITH COMMUNITY RESOURCES. DUE TO THE FUNDER'S RESTRUCTURING OF THIS PROGRAM AS THE AGENCY NEEDING TO SERVE ALL COUNTIES IN THE STATE OF OHIO, THIS PROGRAM IS NOW CLOSED. ALL CSS CLIENTS WERE TRANSITIONED INTO OTHER AGENCIES. ST. FRANCIS CENTER: THE ST. FRANCIS CENTER, IS A DUAL BENEFICIARY COMMUNITY SERVICE FOR THE RESIDENTS OF SCIOTO COUNTY. FOR SOME, IT IS A BEACON OF HOPE WHERE THEY COULD COME IN THEIR DARKEST HOURS FOR FOOD, FINANCIAL EMERGENCY ASSISTANCE, CLOTHING, HOUSEHOLD ITEMS, INTERVENTION CLASSES AND SUPPORT FOR FAMILIES STRUGGLING WITH SUBSTANCE ABUSE. FOR OTHERS, IT IS A PLACE TO VOLUNTEER AND TO SHOW THOSE WHO WERE LESS FORTUNATE THAT THERE WERE ALWAYS PEOPLE WHO CARED AND WOULD LEND A HAND. THE ST. FRANCIS CENTER SERVES PORTSMOUTH, OHIO AS A ONE-STOP COMMUNITY CENTER PROVIDING A PLACE OF HOPE AND HEALING FOR THE COMMUNITY. STAY THE COURSE: CSS HAS PLACED THREE CASE MANAGERS AT COLUMBUS STATE COMMUNITY COLLEGE AS OF AUGUST 2019 TO REPLICATE CATHOLIC CHARITIES OF FORT WORTH'S STAY THE COURSE PROGRAM. CASE MANAGERS HELP LOW-INCOME STUDENTS PERSIST IN SCHOOL AND ULTIMATELY GRADUATE, EQUIPPING THEM WITH CREDENTIALS THAT INCREASE EARNING POWER. THE WILSON SHEEHAN LAB FOR ECONOMIC OPPORTUNITIES (LEO) AT THE UNIVERSITY OF NOTRE DAME EVALUATE THE PROGRAM'S RESULTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,050,851 including grants of \$ 148,064 ) (Revenue \$ 582,472 )

4e Total program service expenses 4,625,008

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).



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 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17, 18, 19, 20.







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	234,349				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	260,994				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,904,053				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,998,752				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,398,148			
<b>Program Service Revenue</b>	<b>2a</b> SERVICE FEES	Business Code					
		624100	587,760	587,760			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			587,760				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		131,583			131,583	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses		0			
		<b>7c</b> Gain or (loss)		176,202			
		<b>d</b> Net gain or (loss) . . . . .		176,202			176,202
	<b>8a</b> Gross income from fundraising events (not including \$ 260,994 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		137,006			
		<b>8b</b> Less: direct expenses . . . . .		137,006			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>9b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
	<b>10b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS	900099	949			949		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			949				
<b>12 Total revenue.</b> See instructions . . . . .			6,294,642	587,760	0	308,734	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	154,686	154,686		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	422,896	244,822	168,205	9,869
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,468,705	2,089,599	233,756	145,350
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	55,450	43,607	8,293	3,550
<b>9</b> Other employee benefits . . . . .	383,771	312,133	54,031	17,607
<b>10</b> Payroll taxes . . . . .	241,332	195,659	32,912	12,761
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	55,751	16,374	38,735	642
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,583	10,737	35,699	10,147
<b>12</b> Advertising and promotion . . . . .	47,600	14,187	32,658	755
<b>13</b> Office expenses . . . . .	312,768	253,913	39,878	18,977
<b>14</b> Information technology . . . . .	122,920	98,552	21,067	3,301
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	134,228	129,414	4,125	689
<b>17</b> Travel . . . . .	146,549	143,063	1,679	1,807
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	72,474	53,284	9,478	9,712
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	122,387	102,757	18,885	745
<b>23</b> Insurance . . . . .				
<b>24</b> 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.)				
<b>a</b> STIPENDS/VOLUNTEER COST	712,888	712,883	5	0
<b>b</b> FEES AND CHARGES	55,860	21,993	23,581	10,286
<b>c</b> MEMBERSHIP DUES	21,865	19,793	1,085	987
<b>d</b>				
<b>e</b> All other expenses	7,780	7,552	228	
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,596,493	4,625,008	724,300	247,185
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,609,177	<b>1</b>	1,691,810
	<b>2</b> Savings and temporary cash investments . . . . .	765,711	<b>2</b>	786,020
	<b>3</b> Pledges and grants receivable, net . . . . .	289,846	<b>3</b>	792,598
	<b>4</b> Accounts receivable, net . . . . .	299,863	<b>4</b>	319,905
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,317	<b>8</b>	1,317
	<b>9</b> Prepaid expenses and deferred charges . . . . .	58,890	<b>9</b>	49,236
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,431,888		
	<b>b</b> Less: accumulated depreciation	1,081,543		
	<b>11</b> Investments—publicly traded securities . . . . .	6,671,610	<b>11</b>	7,548,613
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,072,821	<b>16</b>	11,539,844	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	409,685	<b>17</b>	443,186
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,257	<b>19</b>	2,717
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	1,238,174	<b>21</b>	1,281,020
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,649,116	<b>26</b>	1,726,923
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,222,045	<b>27</b>	3,587,229
	<b>28</b> Net assets with donor restrictions . . . . .	5,201,660	<b>28</b>	6,225,692
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	8,423,705	<b>32</b>	9,812,921	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	10,072,821	<b>33</b>	11,539,844	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,294,642
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,596,493
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	698,149
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,423,705
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	422,420
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	268,647
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	9,812,921

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-4379437

**Name:** CATHOLIC SOCIAL SERVICES INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

SENIOR COMPANION: 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. SENIOR COMPANIONS, ALL OF WHOM QUALIFY AS LOW-INCOME, RECEIVE STIPENDS AND TRAVEL REIMBURSEMENT TO VISIT HOME-BOUND SENIORS FOR 15+ HOURS A WEEK. THEY PROVIDE NEEDED SOCIALIZATION AND NON-MEDICAL ASSISTANCE SO CLIENTS CAN REMAIN INDEPENDENT IN THEIR HOMES. THE PROGRAM HELPS BOTH GROUPS STAY CONNECTED AND RETAIN THEIR INDEPENDENCE.

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## **Form 990, Part III, Line 4b:**

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.

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**Form 990, Part III, Line 4c:**

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.

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**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			
RACHEL LUSTIG ..... PRESIDENT & CEO	48.00 .....			X				142,004	0	12,760
SABREE AKINYELE ..... VICE PRESIDENT	44.00 .....			X				105,810	0	12,180
NAZREE GORE ..... TREASURER	46.00 .....			X				76,342	0	15,503
DEBORA HELD ..... SECRETARY	41.00 .....			X				48,934	0	9,363
MR JOHN BARKER ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR PETE BEIRNE EXIT 219 ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR PAUL DO FORNO ..... BOARD MEMBER	3.00 .....	X						0	0	0
MS KIM DORNIDEN ..... 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



**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 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	3.00 .....	X						0	0	0
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	3.00 .....	X						0	0	0
MR JOSEPH MILLER ..... BOARD MEMBER	3.00 .....	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 JAMES JIM NEGRON ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR ROBERT TONY RUSCILLI JR ..... BOARD MEMBER	3.00 .....	X						0	0	0
MR BRADLEY SHAW ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR ANDREW SONDERMAN EXIT 219 ..... BOARD MEMBER	1.00 .....	X						0	0	0
MS JENNIFER TIPTON ENTER 519 ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR CHARLES CHAD WILSON JR ..... BOARD MEMBER	1.00 .....	X						0	0	0
MR DAVID WHITE ..... 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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,592,620	3,982,005	5,020,887	4,769,225	5,398,148	22,762,885
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	3,592,620	3,982,005	5,020,887	4,769,225	5,398,148	22,762,885
<b>5</b> 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) . . .						2,144,228
<b>6 Public support.</b> Subtract line 5 from line 4.						20,618,657

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	3,592,620	3,982,005	5,020,887	4,769,225	5,398,148	22,762,885
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	101,654	11,915	114,980	125,407	131,583	485,539
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .			1,009		949	1,958
<b>11 Total support.</b> Add lines 7 through 10						23,250,382
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,122,914

**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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	88.680 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.120 %

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

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? . . . . .  Yes  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? . . . . .  Yes  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
<b>1c</b> Beginning balance . . . . .	1,238,174
<b>1d</b> Additions during the year . . . . .	42,846
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	1,281,020

- 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
<b>1a</b> Beginning of year balance . . . . .	5,877,247	6,459,989	5,406,755	5,371,852	5,518,684
<b>b</b> Contributions . . . . .	6,195	24,672	573,508	54,081	226,500
<b>c</b> Net investment earnings, gains, and losses	839,488	-400,215	903,622	312,029	-225,730
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	384,607	207,199	423,896	331,207	147,602
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,338,323	5,877,247	6,459,989	5,406,755	5,371,852

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ 13.420 %

**b** Permanent endowment ▶

**c** Temporarily restricted endowment ▶ 86.580 %

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 . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>	Yes	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		129,289	50,257	79,032
<b>d</b> Equipment . . . . .		626,232	480,481	145,751
<b>e</b> Other . . . . .		676,367	550,805	125,562
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				350,345

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	7,083,494
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	422,420
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	97,785
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	268,647
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	788,852
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,294,642
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	6,294,642

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	5,694,278
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	97,785
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	97,785
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,596,493
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	5,596,493

**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, 2019 AND 2018 RELATED TO UNCERTAIN INCOME TAX POSITIONS. THE STATUTORY TAX YEARS SUBSEQUENT TO 2016 REMAIN OPEN TO INSPECTION.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	ADJ TO FMV OF FUNDS HELD IN TRUST BY OTHERS 268,647.



**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) Total events
		<b>SPIRIT OF HOPE GALA</b> (event type)	<b>BREAKFAST W/ THE BISHOP</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	273,408	120,172	4,420	398,000
<b>2</b>	Less: Contributions . . . . .	189,490	67,084	4,420	260,994
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	83,918	53,088		137,006
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	83,918	53,088		137,006
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				137,006
<b>11</b>	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))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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

2019

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...
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.

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, (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	10	3,104		FMV	PRESCRIPTIONS AND MEDICAL ASSISTANCE NEEDS
(2) UTILITY ASSISTANCE	42	12,722		FMV	UTILITY PAYMENTS TO AVOID SHUT-OFFS OR RESTORE SERVICE
(3) MATERIALS/SUPPLIES	75	27,417		FMV	DAILY LIVING ITEMS OR HOUSEHOLD NEEDS
(4) RENTAL/HOUSING ASSISTANCE	267	74,040		FMV	RENT PAYMENTS OR SECURITY DEPOSITS FOR HOUSING
(5) FOOD ASSISTANCE	170	35,777		FMV	FOOD
(6) TRANSPORTATION	12	1,626		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)

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b>	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 on Line 1a?	<b>2</b>	
<b>3</b>	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.		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	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.	<b>7</b>	No
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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.

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**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](http://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 III, 4D	<p>SIGNIFICANT ACCOMPLISHMENTS: IN 2019, WE SUCCESSFULLY EXTENDED OUR PROVEN PROCESS INTO TWO KEY AREAS: COMMUNITY COLLEGES AND SENIOR LIVING COMMUNITIES. FIRST, WE LAUNCHED THE STAY THE COURSE PROGRAM AT COLUMBUS STATE COMMUNITY COLLEGE TO ADDRESS AN EMERGING, UNMET NEED IN OUR COMMUNITY. THE PROGRAM ALIGNS PERFECTLY WITH OUR PROVEN PROCESS, AND HELPS WORKING-POOR COLLEGE STUDENTS ENDURE THE RIGORS OF BALANCING HOME, WORK, AND ACADEMICS TO REMAIN I N SCHOOL. STAY THE COURSE HAS BEEN SHOWN TO INCREASE COLLEGE PERSISTENCE BY 25% AND HAS HE LPED STUDENTS COME CLOSER TO THEIR DEGREES. SECONDLY, WE EXPANDED OUR SENIOR SERVICES PROG RAMS. WE NOW HAVE 11 SERVICE COORDINATORS WHO STAFF 13 SENIOR RESIDENCES ACROSS OUR 23-COU NTYDIOCESAN FOOTPRINT. OUR NEW OUTCOME-ORIENTED APPROACH TO SERVICE IS HELPING MORE SENIOR S AGE IN PLACE, WITH MORE RESOURCES AND SECURITY. PROVEN PROCESS: FOR 75 YEARS, WE HAVE BE EN CONNECTING PEOPLE TO PROVEN SOLUTIONS THAT ALLOW THEM TO STABILIZE THEIR LIVES, OVERCOM E SETBACKS, AND REALIZE THEIR FULLEST POTENTIAL. USING OUR PROVEN PROCESS, WE PROVIDE THE RESOURCES AND SUPPORT TO HELP THEM BREAK THE CYCLE OF POVERTY AND REACH THEIR GOALS IN LIF E. BUILD TRUST - WITHOUT TRUST, IT'S IMPOSSIBLE TO HELP A PERSON, MUCH LESS REALIZE THEIR FULLEST POTENTIAL. WE DO THIS BY MEETING PEOPLE WHEREVER THEY ARE EMOTIONALLY, PHYSICALLY, AND SPIRITUALLY AND BY TREATING THEM WITH RESPECT AND DIGNITY. WE OFFER THEM COMPASSIONAT E SERVICES WITHOUT JUDGMENT OR FEAR, AND WE HONOR THEIR HUMANITY. WHEN WE INTERACT WITH OU R CLIENTS, WE WANT THEM TO FEEL SAFE AND AUTONOMOUS. STABILIZE - ONCE WE'VE BUILT TRUST WI TH A CLIENT, WE CONNECT THEM TO RESOURCES TO HELP THEM OVERCOME THEIR OBSTACLES AND STABIL IZE THEIR SITUATION. OBSTACLES CAN RANGE FROM FOOD INSECURITY TO LANGUAGE BARRIERS TO ISO LATION. WHATEVER THE CHALLENGE, WHEN CLIENTS ARE EXPERIENCING A CRISIS, THEY OFTEN NEED TO ADDRESS ONE BIG ISSUE TO GIVE THEM THE ABILITY TO TAKE ON SMALLER ONES. THIS STABILIZATIO N PHASE OFTEN GIVES OUR CLIENTS CONFIDENCE AND DETERMINATION TO OVERCOME LIFE'S CHALLENGE S IN THE FUTURE. REACH GOALS - HAVING BUILT A TRUSTING RELATIONSHIP WITH OUR CLIENTS AND S TABILIZED THEIR SITUATION, WE HELP THEM TAKE THE NEXT STEP FORWARD. WE WORK WITH OUR CLIE NTS AND TALK ABOUT WHAT THEY WANT OUT OF LIFE. WE LAY OUT ACTION PLANS AND GIVE THEM A CLEA R VIEW TO THE LIFE THEY WANT TO LIVE. BY THE TIME OUR CLIENTS REACH THIS PHASE, THEY HAVE LEARNED IMPORTANT LIFE SKILLS AND HABITS TO MAKE AUTONOMOUS, PRODUCTIVE DECISIONS. MANY OF OUR CLIENTS LIVE WITHIN A THIN MARGIN OF ERROR. ONE UNPREDICTABLE OBSTACLE QUICKLY SPIRAL S INTO ANOTHER, AND BEFORE THEY CAN REACT, THEY'RE DEALING WITH A FULL-BLOWN CRISIS. AT CA THOLIC SOCIAL SERVICES, WE WANT TO HELP PEOPLE OVERCOME OBSTACLES AND AVOID HAVING THEIR C HALLENGES COMPOUND, AND TO GET THEM BACK ON TRACK TO REACHING THEIR GOALS. OUR PROVEN PROC ESS MEETS PEOPLE WHEREVER THEY ARE AND GUIDES THEM THROUGH OUR PHASES OF SERVICE, AT A PAC E THAT WORKS BEST FOR THEM.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY SCHNEIDER DOWNS & CO., INC. BASED ON INPUT FROM THE AUDITED FINANCIAL 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 INTO THE FINAL DOCUMENT THAT WAS FILED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	ADJUSTMENT TO FAIR VALUE OF FUNDS HELD IN TRUST BY OTHERS 268,647.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
198 E BROAD STREET COLUMBUS, OH 43215 27-1329413	CHARITABLE SERVICES	OH	501(C)(3)	LINE 7	N/A		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1420830	CHARITABLE SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1426538	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 34-1791760	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1426540	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1634102	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1176117	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078683	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1317475	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 34-1791759	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1318580	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078684	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078678	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078677	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1076860	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-1078676	SENIOR HOUSING	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
1500 E 17TH AVENUE COLUMBUS, OH 43219 31-4379568	SOCIAL SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
1490 E MAIN STREET COLUMBUS, OH 43205 31-4379572	SOCIAL SERVICES	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No
198 E BROAD STREET COLUMBUS, OH 43215 31-4379451	EDUCATIONAL	OH	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
198 E BROAD STREET COLUMBUS, OH 43215 26-4091511	EDUCATIONAL	OH	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP CORPORATION		No