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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	CATHOLIC SOCIAL SERVICES, INC. 197 EAST GAY STREET COLUMBUS, OH 43215
Prepared by	SCHNEIDER DOWNS & CO., INC. 65 E. STATE ST., STE. 2000 COLUMBUS, OH 43215
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN HAS BEEN PROVIDED FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION CONCERNING LARGE DONORS HAS BEEN REMOVED.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization CATHOLIC SOCIAL SERVICES, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 197 EAST GAY STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43215</p> <p>F Name and address of principal officer: RACHEL LUSTIG SAME AS C ABOVE</p>	<p>D Employer identification number 31-4379437</p> <p>E Telephone number 614-221-5891</p> <p>G Gross receipts \$ 5,739,837.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ HTTP://WWW.COLSCSS.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1966 M State of legal domicile: OH</p>

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: CATHOLIC SOCIAL SERVICES, INC. (CSS) IS A NOT-FOR-PROFIT CORPORATION FORMED EXCLUSIVELY FOR THE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	85
	6	Total number of volunteers (estimate if necessary)	633
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	352,719.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,158.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,463,882.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	181,745.
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,532,835.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,318.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,324,339.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,047,919.
	19	Revenue less expenses. Subtract line 18 from line 12	415,963.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,060,693.
	21	Total liabilities (Part X, line 26)	1,214,711.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,845,982.

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	<p>Signature of officer: </p> <p>RACHEL LUSTIG, PRESIDENT & CEO</p> <p>Type or print name and title</p>	<p>Date: 11/15/18</p>
Paid Preparer Use Only	<p>Print/Type preparer's name: EUGENE LOGAN</p> <p>Preparer's signature: EUGENE LOGAN</p> <p>Date: _____</p> <p>Check if self-employed <input type="checkbox"/> PTIN: P00227231</p> <p>Firm's name: SCHNEIDER DOWNS & CO., INC. Firm's EIN: 25-1408703</p> <p>Firm's address: 65 E. STATE ST., STE. 2000 COLUMBUS, OH 43215 Phone no. (614) 621-4060</p>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 571,262. including grants of \$ 23.) (Revenue \$ 0.) SENIOR COMPANION PROGRAM - MANY SENIORS ARE LONELY AND AT RISK OF BEING ISOLATED, WHICH CAN NEGATIVELY IMPACT THEIR HEALTH AND WELL-BEING.

4b (Code:) (Expenses \$ 472,366. including grants of \$ 6,086.) (Revenue \$ 4,554.) SUPPORTIVE SERVICES - OUR SUPPORTIVE SERVICES PROGRAM BRIDGES THE GAP FOR MANY SENIORS WHO NEED ASSISTANCE TO MAINTAIN THEIR INDEPENDENCE AND REMAIN SAFELY IN THEIR OWN HOMES.

4c (Code:) (Expenses \$ 420,613. including grants of \$ 0.) (Revenue \$ 376,412.) PAYEE SERVICES - THE PAYEE SERVICES PROGRAM PROVIDES INDIVIDUALIZED FINANCIAL MANAGEMENT TO DISABLED INDIVIDUALS AND SENIORS WHO ARE UNABLE TO MANAGE THEIR FINANCIAL AFFAIRS.

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

4e Total program service expenses 4,047,791.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **NAZREE GORE - 614-221-5891**
197 EAST GAY STREET, COLUMBUS, OH 43215

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JOHN BARKER BOARD MEMBER	1.00	X					0.	0.	0.	
(2) PETE BEIRNE BOARD MEMBER	1.00	X					0.	0.	0.	
(3) MARY GALLAGHER BOARD MEMBER	1.00	X					0.	0.	0.	
(4) SR. BARBARA HAHL BOARD MEMBER	1.00	X					0.	0.	0.	
(5) PAUL HELLER BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ERIN HERBST BOARD MEMBER	1.00	X					0.	0.	0.	
(7) PATTY HILL-CALLAHAN (ENTER 2/17) BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MARK HUDDY BOARD MEMBER	3.00	X					0.	0.	0.	
(9) GARY IRVINE BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JILL KIRILA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JOHN MACKESSY BOARD MEMBER	1.00	X					0.	0.	0.	
(12) NATALIE MCCORD BOARD MEMBER	1.00	X					0.	0.	0.	
(13) KATHY MCGINNIS BOARD MEMBER	3.00	X					0.	0.	0.	
(14) JOSEPH MILLER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) ROGER MINNER (EXIT 2/17) BOARD MEMBER	2.00	X					0.	0.	0.	
(16) JIM NEGRON BOARD MEMBER	3.00	X					0.	0.	0.	
(17) KENNETH RAMOS (EXIT 2/17) BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) TONY RUSCILLI BOARD MEMBER	3.00	X						0.	0.	0.
(19) ROBERT SCHMIDT, JR. (EXIT 2/17) BOARD MEMBER	1.00	X						0.	0.	0.
(20) BRAD SHAW BOARD MEMBER	1.00	X						0.	0.	0.
(21) ANDY SONDERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) CHAD WILSON BOARD MEMBER	2.00	X						0.	0.	0.
(23) TOM WINTERS BOARD MEMBER	2.00	X						0.	0.	0.
(24) ADAM ZALLER (ENTER 2/17) BOARD MEMBER	1.00	X						0.	0.	0.
(25) RACHEL LUSTIG PRESIDENT & CEO	52.00			X				135,713.	0.	11,205.
(26) NAZREE GORE TREASURER	44.00			X				67,831.	0.	14,131.
1b Sub-total								203,544.	0.	25,336.
c Total from continuation sheets to Part VII, Section A								150,158.	0.	18,234.
d Total (add lines 1b and 1c)								353,702.	0.	43,570.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WIDESTREAM SOLUTIONS, INC. P.O. BOX 287, DEERFIELD, IL 60015	TECHNICAL SUPPORT	148,627.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 272,992.						
	b Membership dues	1b						
	c Fundraising events	1c 230,246.						
	d Related organizations	1d						
	e Government grants (contributions)	1e 2,772,941.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,744,708.						
	g Noncash contributions included in lines 1a-1f: \$	84,823.						
	h Total. Add lines 1a-1f	▶ 5,020,887.						
	Program Service Revenue	2 a SERVICE FEES					Business Code 624100	401,167.
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f		▶ 401,167.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 114,980.				114,980.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses	0.					
		c Gain or (loss)	58,212.					
		d Net gain or (loss)	▶ 58,212.					
	8 a Gross income from fundraising events (not including \$ 230,246. of contributions reported on line 1c). See Part IV, line 18	a 143,582.						
		b Less: direct expenses	b 143,582.					
		c Net income or (loss) from fundraising events	▶ 0.					
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities		▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a MISCELLANEOUS	900099	1,009.				1,009.		
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	▶ 1,009.						
12 Total revenue. See instructions.	▶ 5,596,255.		401,167.		0.	174,201.		

Part IX Statement of Functional Expenses

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

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,237,390.	1	1,516,249.
	2 Savings and temporary cash investments	1,137,422.	2	748,893.
	3 Pledges and grants receivable, net	422,972.	3	218,114.
	4 Accounts receivable, net	276,389.	4	346,453.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,317.	8	1,317.
	9 Prepaid expenses and deferred charges	67,482.	9	82,590.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,278,266.		
	b Less: accumulated depreciation	10b 831,633.	10c	446,633.
	11 Investments - publicly traded securities	5,746,994.	11	7,221,887.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,060,693.	16	10,582,136.	
Liabilities	17 Accounts payable and accrued expenses	328,523.	17	348,142.
	18 Grants payable		18	
	19 Deferred revenue	4,546.	19	4,263.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	881,642.	21	1,213,645.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,214,711.	26	1,566,050.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,573,281.	27	3,136,409.
	28 Temporarily restricted net assets	3,027,462.	28	3,395,987.
	29 Permanently restricted net assets	2,245,239.	29	2,483,690.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,845,982.	33	9,016,086.
34 Total liabilities and net assets/fund balances	9,060,693.	34	10,582,136.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,596,255.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,873,241.
3	Revenue less expenses. Subtract line 2 from line 1	3	723,014.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,845,982.
5	Net unrealized gains (losses) on investments	5	210,460.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	236,630.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,016,086.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,139,204.	5,009,592.	3,592,620.	3,982,005.	5,020,887.	20,744,308.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,139,204.	5,009,592.	3,592,620.	3,982,005.	5,020,887.	20,744,308.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						20,744,308.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3,139,204.	5,009,592.	3,592,620.	3,982,005.	5,020,887.	20,744,308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,723.	74,600.	101,654.	11,915.	114,980.	362,872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,009.	1,009.
11 Total support. Add lines 7 through 10						21,108,189.
12 Gross receipts from related activities, etc. (see instructions)					12 1,721,352.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.28 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.47 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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.)

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

Employer identification number

31-4379437

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>656,791.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>362,447.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>229,117.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>207,377.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>178,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 153,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 117,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization CATHOLIC SOCIAL SERVICES, INC. **Employer identification number** 31-4379437

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	881,642.
d Additions during the year	332,003.
e Distributions during the year	
f Ending balance	1,213,645.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,406,755.	5,371,852.	5,518,684.	3,673,871.	3,287,196.
b Contributions	573,508.	54,081.	226,500.	1,841,503.	10,549.
c Net investment earnings, gains, and losses	596,121.	312,029.	-225,730.	167,414.	468,091.
d Grants or scholarships					
e Other expenditures for facilities and programs	423,896.	331,207.	147,602.	164,104.	91,965.
f Administrative expenses					
g End of year balance	6,152,488.	5,406,755.	5,371,852.	5,518,684.	3,673,871.

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

- a Board designated or quasi-endowment 13.02 %
- b Permanent endowment 40.37 %
- c Temporarily restricted endowment 46.61 %

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		85,814.	55,830.	29,984.
d Equipment		531,231.	345,617.	185,614.
e Other		661,221.	430,186.	231,035.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				446,633.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

CSS HELPS ITS CLIENTS BY MANAGING THEIR FINANCES FOR DAILY NEEDS,
 PRIMARILY IN THE FORM OF PAYING BILLS.

PART IV, LINE 2B:

PAYEE SERVICES PROGRAM CUSTODIAL FUNDS

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.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	143,582.
ADJ TO FMV OF FUNDS HELD IN TRUST BY OTHERS	236,630.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	380,212.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	143,582.
-----------------------	----------

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRESCRIPTIONS/MEDICAL ASSISTANCE	33	461.	0.	FMV	PRESCRIPTIONS AND MEDICAL ASSISTANCE NEEDS
UTILITY ASSISTANCE	50	6,599.	0.	FMV	UTILITY PAYMENTS TO AVOID SHUT-OFFS OR RESTORE SERVICE
MATERIALS/SUPPLIES	99	11,146.	0.	FMV	DAILY LIVING ITEMS OR HOUSEHOLD NEEDS
RENTAL/HOUSING ASSISTANCE	478	107,817.	0.	FMV	RENT PAYMENTS OR SECURITY DEPOSITS FOR HOUSING
FOOD ASSISTANCE	200	38,479.	0.	FMV	FOOD

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CATHOLIC SOCIAL SERVICES, INC.** Employer identification number **31-4379437**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	84,823.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

Employer identification number

31-4379437

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSES OF PUBLIC CHARITY AND AS THE SOCIAL SERVICE AGENCY OF THE
ROMAN CATHOLIC DIOCESE OF COLUMBUS. CSS ENABLES THE HURTING AND POOR
TO MEET THEIR NEEDS AND LIVE WITH HOPE AND PURPOSE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2017, CSS BEGAN CONTRACTING TO PROVIDE SERVICE COORDINATION SUPPORT
TO SENIORS IN SETON SENIOR PROPERTIES.

OUR SERVICE COORDINATORS HELP LOW-INCOME SENIORS LIVE INDEPENDENTLY AND
REMAIN IN THEIR HOMES BY LINKING THEM WITH NEEDED RESOURCES. CSS HAS
PLACED A SERVICE COORDINATOR AT EACH OF THE 13 DIOCESAN-OWNED SETON
SQUARE SENIOR AFFORDABLE HOUSING COMMUNITIES WHERE THEY ASSIST WHEN
SENIORS ARE CONFRONTED BY NEW CHALLENGES SUCH AS MEDICAL OR HEALTH
ISSUES, TAX LAWS OR BENEFITS, OR TECHNOLOGICAL HURDLES BEYOND THEIR
SKILL LEVEL. THIS INTERVENTION INCREASES SENIORS' QUALITY OF LIFE AND
ALLOWS THEM TO CONTINUE LIVING IN THEIR HOMES WITH CONFIDENCE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AT THE END OF 2017 THE AGENCY ENDED ITS FRIENDLY VISITING PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO THE COMMUNITY SINCE HAVING A SENIOR COMPANION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CLIENTS HAD THEIR ESSENTIAL LIVING NEEDS MET EACH MONTH, ALLOWING THEM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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TO REMAIN INDEPENDENT AND FREE FROM EXPLOITATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOSTER GRANDPARENT PROGRAM - FOSTER GRANDPARENT IS AN ON-GOING, DUAL-BENEFICIARY PROGRAM WITH A TWO-FOLD OBJECTIVE: 1) TO HELP CHILDREN BE PREPARED FOR AND DO BETTER IN SCHOOL AND 2) TO PROVIDE AN OPPORTUNITY FOR LOW-INCOME SENIORS TO SUPPLEMENT THEIR INCOMES, COMBAT ISOLATION, AND HAVE A PURPOSEFUL WAY TO CONTRIBUTE TO THE COMMUNITY. THROUGH THIS PROGRAM, LOW-INCOME, ACTIVE SENIORS TUTOR AT-RISK YOUTH IN AREA SCHOOLS AND HEAD STARTS AND RECEIVE A STIPEND FOR THEIR WORK.

TRANSPORTATION SERVICES CATHOLIC SOCIAL SERVICES HELPS SENIOR CITIZENS AND VETERANS IN LICKING COUNTY MAINTAIN THEIR INDEPENDENCE BY PROVIDING FREE TRANSPORTATION TO NON-EMERGENCY MEDICAL APPOINTMENTS. WHETHER IT IS A CHEMOTHERAPY APPOINTMENT OR AN ANNUAL PHYSICAL, MANY OF OUR ELDERLY NEIGHBORS STRUGGLE TO GET TO THEIR ROUTINE MEDICAL APPOINTMENTS WITHOUT A RIDE. HAVING SAFE TRANSPORTATION AVAILABLE MAKES IT POSSIBLE FOR SENIORS TO MANAGE THEIR HEALTH EFFECTIVELY, DRAMATICALLY INCREASING QUALITY OF LIFE AND PROLONGING THE TIME THEY CAN STAY IN THEIR HOMES. OUR DRIVERS UNDERSTAND THAT CLIENTS MAY NOT FEEL WELL, AND WE ARE READY TO PROVIDE DOOR-TO-DOOR ASSISTANCE. WHEELCHAIR ACCESSIBLE VEHICLES ARE AVAILABLE. 98% OF CLIENTS REPORTED THAT THE SERVICES THEY RECEIVED MADE A POSITIVE DIFFERENCE AND HELPED THEM TO REMAIN INDEPENDENT.

POVERTY REDUCTION - CATHOLIC SOCIAL SERVICES RAISES AWARENESS OF THE REALITY OF POVERTY IN OUR AREA AND BUILDS PARTNERSHIPS WITH OTHER ORGANIZATIONS TO PROVIDE A GREATER SERVICE TO THE COMMUNITY. CSS HOSTS LUNCHEONS AND MEETINGS WITH STAKEHOLDERS TO SHARE INFORMATION ON

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

Employer identification number

31-4379437

AVAILABLE SERVICES, COMMUNITY NEEDS, AND POSSIBLE COLLABORATIVE EFFORTS. CSS ALSO HOSTS INFORMATIONAL SESSIONS TO MOTIVATE PEOPLE TO CARE FOR THE POOR AND TO INVITE THEM TO GET INVOLVED IN OPPORTUNITIES TO IMPROVE THE COMMUNITY.

COUNSELING SERVICES - CATHOLIC SOCIAL SERVICES PROVIDES COUNSELING TO EQUIP CLIENTS TO MANAGE DIFFICULT SITUATIONS, EXPERIENCE PERSONAL GROWTH, REDUCE STRESS, AND MAKE WELL-INFORMED DECISIONS. CSS OFFERS INDIVIDUAL, COUPLE, AND FAMILY COUNSELING FOR A WIDE RANGE OF ISSUES INCLUDING ANXIETY, DEPRESSION, TRAUMA, AND RELATIONSHIP PROBLEMS. MENTAL HEALTH COUNSELING IS PROVIDED USING A VARIETY OF TREATMENT MODALITIES. CATHOLIC SOCIAL SERVICES ALSO OFFERS MATERNAL COUNSELING FOR THOSE EXPERIENCING STRESSORS RELATED TO PREGNANCY OR PARENTING. SYMPTOMS MAY INCLUDE POSTPARTUM DEPRESSION, RELATIONSHIP PROBLEMS, AND ISOLATION OR LACK OF SUPPORT. HOME-BASED COUNSELING MAY BE AVAILABLE FOR MEDICAID CLIENTS. OUR COUNSELING PROGRAM IS NATIONALLY ACCREDITED BY THE COUNCIL ON ACCREDITATION AND CERTIFIED BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES. THE COUNSELING PROGRAM HAS SERVED 191 CLIENTS IN 2017. FIFTY EIGHT PERCENT (58%) OF PEOPLE FELT AN IMPROVEMENT IN THEIR SYMPTOM DISTRESS%. CSS CONTINUES TO STRIVE TO BE RESPONSIVE TO THE NEEDS OF THE COMMUNITY. OF THE CLIENTS SEEN, 40% WERE SEEN IN THE CLIENT'S HOME OR COMMUNITY AND 60% WERE SEEN IN THE OFFICE.

HOME CHOICE CATHOLIC SOCIAL SERVICES HELPS INDIVIDUALS OF ANY AGE (INCLUDING BABIES) MOVE OUT OF HOSPITALS, NURSING HOMES, AND OTHER LONG-TERM CARE FACILITIES INTO THEIR OWN HOMES OR COMMUNITY-BASED SETTINGS. CATHOLIC SOCIAL SERVICES' TRAINED HOME CHOICE TRANSITION

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

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COORDINATOR HELPS AN INDIVIDUAL LOCATE HOUSING, SET UP A HOUSEHOLD, AND CONNECT WITH COMMUNITY SERVICES. THE INDIVIDUAL IS PROVIDED WITH A STIPEND TO ESTABLISH A HOME BY ASSISTING WITH COSTS, LIKE THE FIRST MONTH'S RENT, UTILITIES, FURNITURE, AND TRANSPORTATION. SUPPORT IS PROVIDED TO THE INDIVIDUAL FOR 90 DAYS AFTER LEAVING THE FACILITY. SINCE 2009, THE CSS HOMECHOICE PROGRAM HAS TRANSITIONED 467 INDIVIDUALS FROM LONG-TERM CARE FACILITIES BACK TO THE COMMUNITY AND HELPING THEM REGAIN THEIR INDEPENDENCE. WITH AN AVERAGE ANNUAL COST FOR LONG-TERM CARE OF \$65,476, THE ESTIMATED SAVINGS ARE \$21,214,224.

OUR LADY OF GUADALUPE CENTER AT THE OUR LADY OF GUADALUPE CENTER IN WEST COLUMBUS, WE HAVE CREATED A HAVEN FOR THE GROWING HISPANIC COMMUNITY. THE CENTER IS ACTING AS A TRAMPOLINE FOR HISPANIC FAMILIES, WHO WANT A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES. WE PROVIDE FOOD AND EMERGENCY ASSISTANCE, HEALTH SCREENINGS, NUTRITION AND ENGLISH CLASSES, LEGAL CONSULTATIONS, AND REFERRALS TO A NUMBER OF OUR COMMUNITY PARTNERS. IN 2017, THE CENTER PROVIDED OVER 105,587 MEALS TO FAMILIES WITH FOOD INSECURITY, ACCESS TO NUTRITION EDUCATION, HEALTH SERVICES, AND ESL CLASSES.

SETON SERVICE COORDINATION/CASE MANAGEMENT - SEE NARRATIVE ABOUT PROGRAM SERVICES ADDED.

PORTSMOUTH FAMILY STRENGTHENING - THE ST. FRANCIS CATHOLIC OUTREACH CENTER SERVES SCIOTO COUNTY AS A ONE STOP COMMUNITY CENTER, PROVIDING FAMILIES ACCESS TO A WIDE VARIETY OF SERVICES FROM CSS AND ITS KEY PARTNERS. THE COMMUNITY HAS THE HEART AND HOPE FOR A BRIGHTER FUTURE, AND THE ST. FRANCIS CENTER IS IN THE MIDDLE OF IT, PROVIDING EMERGENCY

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

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ASSISTANCE FOR TODAY AND INSPIRATION FOR TOMORROW. THE CENTER OFFERS FAMILY STRENGTHENING CLASSES AND GROUP THERAPY, EMERGENCY ASSISTANCE, A FOOD PANTRY, A SOUP KITCHEN, CLOTHING ASSISTANCE, EMERGENCY ASSISTANCE FUNDS, RAPHAEL'S HANDS: SUBSTANCE ABUSE AND ADDICTION HEALING, AND ST. JOSEPH MONASTERY CHAPEL: PASTORAL MINISTRY.

PATHWAYS TO HOPE CATHOLIC SOCIAL SERVICES IS DEDICATED TO HELPING SURVIVORS OF DOMESTIC VIOLENCE WITH CHILDREN REBUILD THEIR LIVES IN A SAFE HOME, WITH A STABLE INCOME, AND WITH A NETWORK OF HEALTHY, SUPPORTIVE RELATIONSHIPS. THE PATHWAYS TO HOPE PROGRAM HELPS FAMILIES ESTABLISH SAFE, AFFORDABLE HOUSING AND PROVIDES INTENSIVE CASE MANAGEMENT FOR UP TO TWO YEARS TO PROVIDE SURVIVORS WITH CHILDREN THE SUPPORT THEY NEED TO BREAK THE CYCLES OF POVERTY AND VIOLENCE. THROUGH A COLLABORATIVE PROCESS WITH THE SURVIVOR AND A CASE MANAGER, WE DEVELOP AN INDIVIDUALIZED PLAN THAT CAN INCLUDE EDUCATION OR JOB TRAINING, COUNSELING, MENTORING, AND REFERRALS TO COMMUNITY SERVICES. 100% OF PATHWAYS TO HOPE SURVIVORS HAVE MAINTAINED STABLE HOUSING FOR ONE YEAR.

MONEY MANAGEMENT - THE MONEY MANAGEMENT SERVICE ASSISTS SENIORS WHO ARE HAVING DIFFICULTY MANAGING THEIR DAILY FINANCES. THESE SERVICES HELP SENIORS MAINTAIN FINANCIAL INDEPENDENCE AND PROVIDE PROTECTION FROM MANAGEMENT SERVICES TO SENIORS BY PREPARING A MONTHLY BUDGET, ASSISTING WITH BILL PAY AND CHECK DEPOSITS, MAKING CONNECTIONS WITH FINANCIAL AND LEGAL RESOURCES, AND PREPARING FOR LONG-TERM NEEDS. 100% OF CLIENTS HAD THEIR ESSENTIAL LIVING NEEDS MET EACH MONTH, ALLOWING THEM TO REMAIN INDEPENDENT AND FREE FROM EXPLOITATION.

Name of the organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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FRIENDLY VISITING PROGRAM - MANY SENIORS ARE LONELY AND AT RISK OF BEING ISOLATED, WHICH CAN NEGATIVELY IMPACT THEIR HEALTH AND WELL-BEING. PEOPLE WHO FEEL ISOLATED HAVE HIGHER RATES OF DEPRESSION, HIGHER INSTANCES OF CHRONIC ILLNESS, AND SHORTER LIFESPANS. FOR DECADES, CATHOLIC SOCIAL SERVICES HAS HELPED LONELY HOMEBOUND SENIORS STAY CONNECTED BY SENDING A WEEKLY VISITOR TO PROVIDE NEEDED SOCIALIZATION AND NON-MEDICAL ASSISTANCE SO THAT CLIENTS REMAIN INDEPENDENT IN THEIR HOMES. THE FRIENDLY VISITING PROGRAM MATCHES PEOPLE OF ALL AGES, AND SOCIO-ECONOMIC BACKGROUNDS WITH A SENIOR FRIEND IN FRANKLIN AND DELAWARE COUNTIES. 90% OF SENIORS REPORTED THAT THEY FEEL LESS LONELY AND HAVE CLOSER TIES TO THE COMMUNITY SINCE HAVING A FRIENDLY VISITOR.

EXPENSES \$ 2,583,550. INCLUDING GRANTS OF \$ 162,330. REVENUE \$ 20,201.

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.

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.

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

Name of the organization

CATHOLIC SOCIAL SERVICES, INC.

Employer identification number

31-4379437

POWERS OVER ANY SIGNIFICANT DECISIONS REGARDING ORGANIZATIONAL CHANGES SUCH AS ACQUISITION OF DEBT.

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.

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.

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

Name of the organization CATHOLIC SOCIAL SERVICES, INC.	Employer identification number 31-4379437
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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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO FAIR VALUE OF FUNDS HELD IN TRUST BY OTHERS	236,630.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

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.

(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
DIOCESAN CHARITIES MEMBERSHIP CORPORATION - 27-1329413, 198 E BROAD STREET, COLUMBUS, OH 43215	CHARITABLE SERVICES	OHIO	501(C)(3)	LINE 7	N/A		X
DIOCESAN RETIREMENT COMMUNITY CORPORATION - 31-1420830, 198 E BROAD STREET, COLUMBUS, OH 43215	CHARITABLE SERVICES	OHIO	501(C)(3)	LINE 7	DIOCESAN CHARITIES MEMBERSHIP		X
SETON COSHOCTON, INC. - 31-1426538 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SOUTH COLUMBUS, INC. - 34-1791760 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part II Continuation of 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 organization?	
						Yes	No
SETON WASHINGTON COURT HOUSE, INC. - 31-1426540, 198 E BROAD STREET, COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON WEST COLUMBUS, INC. - 31-1634102 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON HOUSING, INC. - 31-1176117 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON KENTON, INC. - 31-1078683 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON LANCASTER, INC. - 31-1317475 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON LONDON, INC. - 34-1791759 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SQUARE DOVER II, INC. - 31-1318580 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON DEVELOPMENT, INC. - 31-1078684 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SQUARE EAST, INC. - 31-1078678 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SQUARE MARION, INC. - 31-1078677 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SQUARE WELLSTON, INC. - 31-1076860 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X
SETON SQUARE ZANESVILLE, INC. 198 E BROAD STREET COLUMBUS, OH 43215	SENIOR HOUSING	OHIO	501(C)(3)	LINE 11	DIOCESAN CHARITIES MEMBERSHIP		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CATHOLIC SOCIAL SERVICES, INC.	Employer identification number (EIN) or 31-4379437
	Number, street, and room or suite no. If a P.O. box, see instructions. 197 EAST GAY STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NAZREE GORE

• The books are in the care of ▶ **197 EAST GAY STREET - COLUMBUS, OH 43215**
 Telephone No. ▶ **614-221-5891** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.