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DLN: 93493131032550

## Form 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Internal Revenu	ue Service	► The or	ganızatıon may have to use a copy o	of this return to satisfy s	state reporting	g requirements	Inspection				
A For the	2008 ca	lendar yea	r, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-200	9		•				
B Check if	dentification number										
Address of	change	use IRS label or	CATHOLIC SOCIAL SERVICES  Doing Business As			23-13520 E Telephone n					
Name ch	nange	print or type. See	Doing Business As	•							
Initial ret	turn	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/suite	(215) 587					
Terminati	tion	tions.	222 NORTH 17TH ST			G Gross receip	<b>pts</b> \$ 20,267,961				
Amended	d return		City or town, state or country, and ZIP +	4		1					
Applicatio	on pending		PHILADELPHIA, PA 19103								
		<b>F</b> Nan	ne and address of Principal Officer		H(a) Is the	s a group retur	n for				
		GARY N	MILLER DRTH 17TH ST		affilia		⊤Yes <b>▽</b> No				
			DELPHIA,PA 19103		H(b) Are al	l affiliates includ	ded?				
<b>I</b> Tax-exe	empt status	<b>▽</b> 501(c)	(3) ◀(Insert no)	<del>-</del> <sub>527</sub>			t See instructions )				
J Web si	ite: 🕨 www	v css-phila	org		<b>-</b>	p Exemption N	·				
<b>K</b> Type of o	organization	Corporat	ion		<b>L</b> Year of Fo	rmation 1955	State of legal domicile PA				
	_										
Part I			o organization/o mission commission	nificant activities							
			e organization's mission or most sig ual support agency - see attachmer								
Governance 3	r anning a	and Individ	dai support agency - see attachmer								
띹											
§ 2	Check t	hıs box 🦵	ıf the organization discontinued its o	operations or disposed o	of more than 2	5% of its asse	ts				
	Number	of voting r	nembers of the governing body (Part	t VI, line 1a)		3	20				
<del>ని</del> 4	Number	ofındepen	dent voting members of the governi	ng body (Part VI, line 1	b)	. 4	18				
<b>€</b>   5	Total nu	ımber of en	nployees (Part V, line 2a)	5	813						
ACTIVITIES &			lunteers (estimate if necessary) .		6	320					
.   '"			ted business revenue from Part VIII			7a	0				
ь	Netunre	elated busi	ness taxable income from Form 990	)-T, line 34		7b					
					Pric	or Year	Current Year				
<u>a</u> 8			d grants (Part VIII, line 1h)		7,918,986	7,378,621					
Beyenue 10	_		revenue (Part VIII, line 2g)		'	919,339	16,893,499				
10			ne (Part VIII, column (A), lines 3, 4 art VIII, column (A), lines 5, 6d, 8c			76,951					
12		•	dd lines 8 through 11 (must equal Pa		ne L	70,951	0				
	12)	evenue u	ad mes e through 11 (mast equal)	are viii, coranni (A), m		27,992,610	20,267,961				
13	Grants	and simila	ir amounts paid (Part IX, column (A)	), lınes 1–3)		710,182	771,105				
14	Benefit	ts paid to o	r for members (Part IX, column (A),	line 4)			0				
ဖွာ 15		s, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –	18,971,219	17,098,956				
EX) 16a 16a b	10)	sional fund	raising fees (Part IX, column (A), lir	ne 11e)		52,550	17,030,330				
<u>क</u>   ь						32,330					
五   17	,		penses, Part IX, column (D), line 25 <u>131,619</u> Part IX, column (A), lines 11a-11d	,		9,165,288	8,245,809				
18			add lines 13–17 (must equal Part I		28,899,239	26,115,870					
19			penses Subtract line 18 from line 12			-906,629	-5,847,909				
					Beginni	ing of Year	End of Year				
Net Assets or Fund Balances 20	Totala	issets (Par	t X, line 16)			34,770,905	29,590,434				
SS 21			Part X, line 26)			1,874,369	3,648,710				
2 2 22		•	d balances Subtract line 21 from lir		32,896,536	25,941,724					
Part II		ature Blo		10 20		52,030,530	23,541,724				
				eturn, including accompanying	g schedules and s	statements, and to	the best of my knowledge				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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.									
Please Sign	****				-05-11						
Sign Here	[	ature of office			Date						
		MILLER CHI or print nam	EF FINANCIAL OFFICER e and title								
	Preparer'				Check If self-	Preparer's PTIN	l (See Gen Inst )				
Paid	signature										
Preparer's		me (or yours	; <u> </u>	l l	· .	EIN Þ					
Use Only		nployed), and ZIP + 4	<i>r</i> ———	LIVE							

May the IRS discuss this return with the preparer shown above? (See instructions) .

┌Yes ┌No

### Part III Statement of Program Service Accomplishments (See the instructions.)

г е	Statement of Frogram Service Accomplishments (See the instructions.)	
	Briefly describe the organization's mission see attachment	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	┌ Yes ┌ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services b Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 12,176,330 including grants of \$ 741,569) (Revenue \$ FAMILY SERVICES SEE ATTACHMENT A TOTAL OF 118495 CLIENTS WERE SERVED	7,746,808 )
4b	(Code ) (Expenses \$ 5,498,307 including grants of \$ 1,193 ) (Revenue \$ SHELTER PROGRAMS SEE ATTACHMENT A TOTAL OF 7844 CLIENTS WERE SERVED	3,150,334 )
4c	(Code ) (Expenses \$ 2,319,798 including grants of \$ 28,343 ) (Revenue \$ CHILD CARE SEE ATTACHMENT A TOTAL OF 519 CLIENTS WERE SERVED	2,284,346 )
	(Code ) (Expenses \$ 482,920 including grants of \$ ) (Revenue \$ ST MARY'S IS RESIDENTIAL PROGRAM FOR 32 WOMEN A TOTAL OF 39 WOMEN WERE SERVED	226,435 )
	(Code ) (Expenses \$ 2,521,354 including grants of \$ ) (Revenue \$ Administrative Support Catholic Social Services provides administrative and Catholic Social Services provides administrative and	2,124,299 )
	(Code ) (Expenses \$ 1,864,281 including grants of \$ ) (Revenue \$ Aging Programs Four comprehensive senior center programs are Four comprehensive senior center programs are Four comprehensive senior center programs are	1,361,277 ) sive senior center programs are
4d	Other program services (Describe in Schedule O ) (Expenses \$ 4,868,555 including grants of \$ ) (Revenue \$	3,712,011)
40	Total program corruce expanses \$ 24.862.000 Must equal Part IV Line 25 column (R)	<u> </u>

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Form	990 (2008)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
		+		
В	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	2		
h	return	3		
	Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		10
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or	7-		N.o.
а	more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t			
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	<u> </u>	L_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	d Management

			Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 20					
Ь	Enter the number of voting members that are independent 18					
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?	2		Νο		
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? .	. 3		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	the governing body?	8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes			
11	Is there any officer, director or 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	11		Νο		

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GARY MILLER 222 N 17TH ST PHILA,PA 191031299 (215) 587-3892

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)	
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
					-		$\vdash\vdash$				
1b Total							F	322,977	71,249	78,649	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	mo	re thar	1 \$1	00,000 ın reportabl	e		

compensation from the organization**▶**-2

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **Section B. Independent Contractors**

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CEREDIAN 1617 JFK BLVD PHILADELPHIA, PA 19103	Payroll Services	115,837
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	<b>(B)</b> Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
					Revenue		512, 513, or 514
معرضة	1a	Federated campaigns 1a	4,848,690				
ij≝	b	Membership dues					
Contributions, gifts, grants and other similar amounts	с	Fundraising events					
gifts lara	d	1c Related organizations1d	550,000				
ins,	е	Government grants (contributions) <b>1e</b>					
her	f	All other contributions, gifts, grants, and similar amounts not included above	1,979,931				
를 돌 다 등	g	1f Noncash contributions included in					
ဝန		lines 1a-1f \$ 339,331		7 270 624			
	h	Total (Add lines 1a-1f)		7,378,621			
			Business Code				
E E	2a	Services to families	624,100	7,746,808	7,746,808		
ě	ь	shelter program	623,990	3,150,334	3,150,334		
윤	c	aging	624,100	1,361,277	1,361,277		
925	d	foster care					
泵			623,990	2,284,346	2,284,346		
Ē	e	admin support/residential	561,000	2,350,734	2,350,734		
Program Serwoe Revenue	f	All other program service revenue					
_ĕ 	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	<b>I</b>				
		other similar amounts)	· · · · .	412,638	412,638		
	4	Income from investment of tax-exempt bo	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents	. ,				
	ь	Less rental					
	c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)	· · · · .				
	7a	Gross amount from sales of assets other (1) Securities -4,416,797	(II) O ther				
	ь	than inventory Less cost or other basis and					
	c	sales expenses Gain or (loss) -4,416,797					
	d	Net gain or (loss)		-4,416,797	-4,416,797		
		<u> </u>	. •				
<b>a</b>	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
<u>.</u>	_	\$15,000 a					
ξŧ	b c	Less direct expensesb	ng events				
~		1	<u> </u>				<del>                                     </del>
	9a	Gross income from gaming activities. See part IV, line 19.  Complete Schedule G if total exceeds \$15,000.					
	b c	Less direct expensesb  Net income or (loss) from gaming a	activities				
			<b>&gt;</b>				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						†
		A II a blace					
	d	All other revenue   Total. Add lines 11a-11d					<del>                                     </del>
	12	Total Revenue. Add lines 1h, 2g, 3	· · · · · · · · · · · · · · · · · · ·	20,267,961	12,889,340		
	**	8c, 9c, 10c, and 11e		25,257,501			

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	42,500	42,500							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	728,605	728,605							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	213,224	0	213,224	0					
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	12,836,119	11,287,999		0					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	428,768	399,254	29,514	0					
9	Other employee benefits	2,715,772	2,493,934	221,838	0					
10	Payroll taxes	905,073	777,959	127,114	0					
11	Fees for services (non-employees)									
а	Management									
b	Legal	54,172	13,417	40,755	0					
c	Accounting	194,060	0	194,060	0					
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	25,558	0	0	25,558					
12	Advertising and promotion	87,205	818	0	86,387					
13	Office expenses	609,253	500,900	88,679	19,674					
14	Information technology	441,484	0	441,484	0					
15	Royalties									
16	Occupancy	2,092,778	1,729,363	363,415	0					
17	Travel	406,281	385,704	20,577	0					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				_					
19	Conferences, conventions and meetings	29,022	24,617	4,405	0					
20	Interest	299,521	299,521	0	0					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	763,272	748,521	14,751	0					
23 24	Insurance	119,684	102,570	17,114	0					
а	HUMAN RESOURCES	200,000	0	200,000	0					
b	Program support services	268,267	228,367	39,900	0					
c	Supplies-non office	640,038	640,038	0	0					
d	Foster parents payments	991,611	991,611	0	0					
e	Adminsupport to related institutions	0	2,521,354	-2,521,354	0					
f	All other expenses	1,023,603	945,938	77,665	0					
25	Total functional expenses. Add lines 1 through 24f	26,115,870	24,862,990	1,121,261	131,619					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,		200 (2008)					

Part X	Balance	Sheet

					(A) Beginning of year		(B End of		
	1	Cash—non-interest-bearing			25,504	$\overline{}$	2	29,227	
	2	Savings and temporary cash investments			245,525	2		2,927,449	
	3	Pledges and grants receivable, net		119,106	3		82,328		
	4	Accounts receivable, net		3,859,994			1,618,540		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and		6				
	7	Notes and loans receivable, net				7			
	8	Inventories for sale or use			8				
22	9	Prepaid expenses and deferred charges			194,169	9		402,112	
Assets	10a								
AS		Land, buildings, and equipment cost basis	10a	12,707,971					
_	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	7,149,449	5,920,224	10c		5,558,522	
	11	Investments—publicly traded securities			24,352,397	11	1	8,917,037	
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	art VII	of		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part IV$ , line 11 $\it Complete Part See Part See Part IV$ , line 11 $\it Complete Part See Part$	art VIII			13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		53,986	15		55,219		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			34,770,905	16	2	9,590,434	
	17	Accounts payable and accrued expenses .			1,645,390	17		3,350,411	
	18	Grants payable				18			
	19	Deferred revenue		174,993	19		243,080		
	20	Tax-exempt bond liabilities				20			
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D	scrow account liability Complete Part IV of Schedule D						
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		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				24			
	25	Other liabilities Complete Part X of Schedule D			53,986	25		55,219	
	26	Total liabilities. Add lines 17 through 25			1,874,369	26		3,648,710	
S do		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete lir	es 27					
Balance	27	Unrestricted net assets			24,197,414	27	1	9,615,348	
ထို	28	Temporarily restricted net assets			8,455,820	28		6,092,789	
돧	29	Permanently restricted net assets			243,302	29		233,587	
or Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	llete						
	30	Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32			
Ŋĕţ	33	Total net assets or fund balances		32,896,536	33	2	5,941,724		
_	34	Total liabilities and net assets/fund balances			34,770,905	34	2	9,590,434	
Pa	rt XI	Financial Statements and Reporting							
		·					Yes	No	
1	Acco	ounting method used to prepare the Form 990	accrua	l Cother				$\vdash$	

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

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As Filed Data -

DLN: 93493131032550

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CATH	DLIC SC	OCIAL SERVICES	3								
								23	-135206	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The o	organı	zatıon ıs not	a private found	lation because it is (Please	check on	ly <b>one</b> org	anızatıon )	)			
1	Г	A church, o	convention of c	nurches, or association of ch	urches de	escribed in	n Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school d	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	Г	A hospital	or a cooperatıv	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	i <b>ii).</b> (Attac	h Schedu	le H )
4	Г	A medical	research organ	ization operated in conjuncti	on with a	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		•	name, city, and								
5	$\sqcap$	An organiz	atıon operated	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 17	0(b)(1)(A)(iv).	. (Complete Part II )							
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	ribed in <b>Se</b>	ection 170	(b)(1)(A)	(v).		
7	$\sqcap$	Anorganiza	atıon that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fron	n the gene	eral public
		described i	n <b>Sect ion 170(</b>	<b>b)(1)(A)(vi)</b> (Complete Par	tII)						
8	$\sqcap$	A commun	ity trust descri	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	~	Anorganiz	atıon that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331/	/3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	609(a)(2).	(Complete	e Part III	)		
10	$\sqcap$	Anorganiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	<b>(a)(4).</b> (Se	ee instruc	tions )
11	$\sqcap$			and operated exclusively fo							
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organization type II <b>c</b>			nally Integ	-	n d	□ Type	III - Other
e	$\vdash$		•	rtify that the organization is							
•	,	•		agers and other than one or							•
		section 50	9(a)(2)								
f		_		ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	,		ı
9		following pe		as the organization decepted	a any gne	01 001111111111111111111111111111111111		any or the	•		
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	y member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled ent	ity of a person described in (	ı) or (11) a	bove?				11g(	iii)
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		oorted		(described on lines 1 - 9	_	ation in		nization	_	ation in	support?
	Organ	nization		above or IRC section (See Instructions))		listed in verning	supp	of your		rganized US?	
				(See Instructions))	, ,	ment?	346	,010	"" ""	0.0	
					Yes	No	Yes	No	Yes	No	1
						1				1	
						1	t			1	†

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on						ľ	
_	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3							
	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column						ľ	
	· (f)							
6	Public Support subtract line 5 from line							
	4							`
	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	( <b>d)</b> 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							(
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business						ľ	
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in						ľ	
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instruction	ns )		•	12		
13	First Five Years. If the Form 990 is for the			d fourth or fifth	tav vaaras a 5		3 /	
13	organization, check this box and <b>stop here</b>		irst, second, tilli	u, iouitii, oi iiiti	itax year as a s	01(0)(	ر د	<b>▶</b> □
	organization, eneck this box and stop here							- 1
Co	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 co	olumn (f))		14		
15	Public Support Percentage for 2007 Sched	lule A. Part IV-A	A. line 26f			15		
				and line 14 is 2	2 1/20% or more	$\overline{}$	thic box	
10a	<b>33 1/3% Test - 2008.</b> If the organization di and <b>stop here.</b> The organization qualifies as				3 1/3% OF HIGHE,	CHECK	LIIIS DOX	<b>▶</b> □
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% c	r more	check th	
_	box and <b>stop here.</b> The organization qualifi			•	13 13 33 1/3/0	1 111010	CHOCK C	
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and line	14 is 10	•
	more, and if the organization meets the "fa-	•						
	organization meets the "facts and circums		· ·					<b>►</b> □
ь	10% Facts and Circumstances Test - 2007.	If the organizati	on did not check	a box on line 1	.3, 16a, 16b, or	17a an	id line 15	
	more, and if the organization meets the "fa							
	the organization meets the "facts and circu							ր ▶ [
18	<b>Private Foundation.</b> If the organization did	not check the b	ox on line 13, 10	5a, 16b, 17a or	17b, check this	box ar	ıd see	. —
	ınstructions							▶┌

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

	(Complete only if you check	ted the box on	ille 9 01 Part	1.)				
	ction A. Public Support	( ) 2004	(1) 2005	( ) 2006	( N 2007		2000	/6\ T + 1
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) <i>2</i>	2008	(f) Total
1	Gıfts, grants, contributions, and membership fees received (Do not	7,462,043	9,717,880	9,420,800	7,995,937		7,378,621	41,975,281
	include any "unusual grants ")	.,,	-,,	,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	, ,
2	Gross receipts from admissions,							_
	merchandise sold or services performed,							
	or facilities furnished in any activity that	15,323,214	14,535,134	15,705,458	19,077,334	10	5,893,499	81,534,639
	ıs 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							
6	organization without charge  Total Add lines 1-5	22,785,257	24,253,014	25,126,258	27,073,271	24	1,272,120	123,509,920
	Amounts included on lines 1, 2, and 3							
/a	received from disqualified persons	663,995	2,095,384	2,242,416	1,215,380		959,331	7,176,506
ь	A mounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for							
_	the year or \$5,000 Total of lines 7a and 7b	663,995	2,095,384	2,242,416	1,215,380		959,331	7,176,506
С 8	Public Support (Substract line 7c from	003,333	2,073,304	2,242,410	1,213,300		757,551	7,170,300
8	line 6)							116,333,414
To	tal Support	L	I.		I.		<u> </u>	-
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
9	A mounts from line 6	22,785,257	24,253,014	25,126,258	27,073,271		1,272,120	123,509,920
10a	Gross income from interest, dividends,							
	payments received on securities loans,	876,498	1,083,581	943,389	548,755		412,638	3,864,861
	rents, royalties and income from similar	,		<i>'</i>	,		<i>'</i>	
	sources			+				
Ь	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after 30 June, 1975							
c	Add lines 10a and 10b	876,498	1,083,581	943,389	548,755		412,638	3,864,861
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 IV )							
13	Total Support (Add lines 9, 10c, 11 and							127 271 701
	12)							127,374,781
14	First Five Years If the Form 990 is for the o	rganızatıon's firs	st, second, third	, fourth, or fifth t	ax year as a 50	01(c)(3	) organiza	ation,
	check this box and <b>stop here</b>							►
	manufation of Bublic Commont Bours							
	mputation of Public Support Perce			l (6)		I I		
15	Public Support Percentage for 2008 (line 8			Turriri (1))		15		91 330 %
16	Public Support Percentage for 2007 Schedi	ule A , Part IV - A	, line 27g			16		89 470 %
	mputation of Investment Income	Dercentage						
17	Investment Income Percentage for <b>2008</b> (In		f) divided by line	a 13 column (f)		17		3 030 %
18	Investment Income Percentage from 2007:					-		
	33 1/3% Tests - 2008. If the organization di	•	•		ore than 33 1/2	18   8% and	line	3 870 %
	, organization u						•	

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. 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

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

▶▽

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 23-1352063

Name: CATHOLIC SOCIAL SERVICES

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		II			(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	from related	Estimated amount of other compensation from the organization and related organizations
NA , NA	0 00	Х						0	0	0
JOSEPH SWEENEY , Vice Pres of Board	45 00	X		Х				87,000	71,249	29,022
JAMES AMATO , Deputy Secretary	45 00					Х		119,226	0	19,466
GARY MILLER , CFO	45 00					Х		106,837	0	18,995
JOSEPH TRACY , President of Board	45 00	Х		Х				9,914	0	11,166
M NOEL ALBERS , Board of director	50	X						0	0	0
DOROTHY MCKENNA BROWN , Assistant Treasurer	50	×		х				0	0	0
MARION J CORBIN , Board of director	50	Х						0	0	0
JOHN DELANEY JR , Board of director	50	Х						0	0	0
EDWARD P DELIMAN , Board of director	50	Х						0	0	0
DANIEL K FITZPATRICK , Board of director	50	Х						0	0	0
JOSEPH C FLUEHR JR , Board of director	50	Х						0	0	0
CHRISTOPHER GIGLIOTTI JR , Board of director	50	X						0	0	0
DENISE HODGSON , Board of director	50	Х						0	0	0
MAURA B KELLY , Treasurer of Board	50	Х		Х				0	0	0
JAMES KIRLIN , Board of director	1	Х								
J WILLIAM KNOTT , Vice President of Board	1	Х		х						
TARA G LA FIURA , Secretary of Board	1	Х		Х						
LEONARD P NALENCZ , Board of director	1	Х								
CATHERINE ROSSI , Board of director	1	Х								
GINA SMITH , Board of director	1	Х								
JULIAN STANIEC , Board of director	1	Х								
R SETH WILLIAMS , Board of director	1	Х								

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•	, , , , , , , , , , , , , , , , , , , ,											
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514							
<b>a</b> Services to families	624,100	7,746,808	7,746,808									
<b>b</b> shelter program	623,990	3,150,334	3,150,334									
<b>c</b> aging	624,100	1,361,277	1,361,277									
<b>d</b> foster care	623,990	2,284,346	2,284,346									
e admin support/residential	561,000	2,350,734	2,350,734									

OMB No 1545-0047

Open to Public

Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization CATHOLIC SOCIAL SERVICES 23-1352063

Pa	rt I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization unswered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Par	t III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space	on or pleasure)	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year <b>&gt;</b>	rred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		rtions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>
7	A mount of expenses incurred in monitoring, inspection	ng, and enforcing easements during the ye	ear►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Par	Organizations Maintaining Collectio Complete if the organization answered '		or Otner Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	·	r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

Pari	•••• Organizations Maintaining Collection	ons of Art, I	Histo	oric	<u>al Treasu</u>	res, or Othe	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and other recorditems (check all that apply)	ls, check any o	fthe	follo	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or excl	hange programs			
ь	Scholarly research		e	$\Gamma$	Other				
С	Preservation for future generations								
4	Provide a description of the organization's collection Part XIV	ns and explain	how t	they	further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or recei assets to be sold to raise funds rather than to be ma							Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arran					ınızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount								
1a	Is the organization an agent, trustee, custodian or c included on Form 990, Part X?		ary fo	orco	ontributions o	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the f	following table							
							A mou	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	_		
2a	Did the organization include an amount on Form 990	), Part X, line 2	17				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV				1 115 2 11 1				
Pa	rt V Endowment Funds. Complete if the o	organization a		rior \		Form 990, Par vo Years Back (d)		NEour V	ears Back
1a	Beginning of year balance	25,893,358	(0)	1101	rear (c)	vo rears back (u)	Tillee Teals back (e	syr our re	ears back
	Contributions	175,448							
c	Investment earnings or losses	-4,821,538							
d	Grants or scholarships								
e	Other expenditures for facilities	904,840							
	and programs								
f	Administrative expenses								
g	End of year balance	20,342,428							
2	Provide the estimated percentage of the year end ba								
а	Board designated or quasi-endowment 🕨 69 00	0 %							
Ь	Permanent endowment ► 1 000 %								
c	Term endowment ► 30 000 %								
3a	Are there endowment funds not in the possession of organization by	the organizati	on th	at a	re held and a	dministered for	the	V	N-
	(i) unrelated organizations		_				3a(i)	Yes	No
							3a(ii)	_	
b	If "Yes" to 3a(II), are the related organizations liste			hedu	ıle R?		3b		
4	Describe in Part XIV the intended uses of the organ	ızatıon's endov	wmen	t fur	nds			•	
Par	t VI Investments—Land, Buildings, and	Equipment	. Se	e Fo	orm 990, Pa	art X, line 10.			
	Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	Land					202,934			202,934
b	Buildings					6,918,159	2,380,676		4,537,483
c	Leasehold improvements		. [						
d	Equipment		. [			5,586,878	4,768,773		818,105
е	Other		Γ						

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

5,558,522

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Metho	d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(D) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	ption		(b) Book value
Client funds			55,219
Total. (Column (b) should equal Form 990, Part X, col.(B) line is		<u></u>	55,219
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Client funds	55,219		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	55,219		

•	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,267,961
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,115,870
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,847,909
4	Net unrealized gains (losses) on investments	4	-1,106,903
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,106,903
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,954,812
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	19,636,033
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-631,928
3	Subtract line <b>2e</b> from line <b>1</b>	3	20,267,961
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	20,267,961
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	26,590,845
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	2-	474 075
e ¬	Add lines 2a through 2d	2e	474,975
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,115,870
4	A mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> Investment expenses not included on Form 990, Part VIII, line 7b   <b>4a</b>		
a h			
Ь	Other (Describe in Part XIV)	4-	
с 5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	4c 5	26 11 5 0 7 0
	t XIV Supplemental Information	3	26,115,870

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Pt V Line 4		The endowment funds are used to provide financial support
		for the programs operated by Catholic Social Services

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Department of the Treasury

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public

Name of the organization CATHOLIC SOCIAL SERVICES	_					Employer identi	fication number
						23-1352063	
1 Does the organization mai the selection criteria used 2 Describe in Part IV the or Part II Grants and Oth Form 990, Part IV Part IV and Sche	ntain records to su to award the grant ganization's proced <b>er Assistance</b> V, line 21 for any dule I-1 if additi	s or assistance? dures for monitoring the to Governments ai / recipient that receiv	use of grant funds in the nd Organizations in the ved more than \$5,00	e United States  n the United Stat		rganization answere	d "Yes" on
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORATORIUM CAMPAIGN EDUCATION FUNDPO BOX 34725 PHILADELPHIA,PA 19101	72-1514236	501C3	10,000		0	0	community development
EVERY MOTHER IS A WORKING MOTHER NETWORK333 MAPLEWOOD MALL PHILADELPHIA,PA 19144	23-2979717	501C3	10,000		00	0	community development
2 Enter total number of sect	ion 501(c)(3) and	government			•		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Food, Clothing and Shelter	17509	503,449			
Donated Food and Clothing	211		267,656	Weight	Food and Clothing

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Pt I Line 2		Grants to individuals are made to provide food,clothing and shelter to those in need. If assistance is requested, individuals will be provided assistance. Based on application,grants are given to organizations in the community that are known to provide quality care. A response is requested on how funds will be spent.
	·	

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DLN: 93493131032550

**Employer identification number** 

OMB No 1545-0047

2008

#### Schedule J (Form 990)

Department of the Treasury

Name of the organization

CATHOLIC SOCIAL SERVICES

Internal Revenue Service

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

			23-1352063			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		У			
	Compensation committee	ļ	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	,	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	oaymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-be	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		•	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					N
				1 32		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	87,000 71,249				9,072 19,950		
	(ii)							
	(i)							
(	(ii)							
(	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

### OMB No 1545-0047

Inspection

## **Non-Cash Contributions**

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization CATHOLIC SOCIAL SERVICES

Employer identification number

					23-1352063			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	( <b>d</b> ) Method of de reven	etermır	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		14,187	Weight			
6	Cars and other vehicles							
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							
	Food inventory	Х	299	325,144	Weight			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement		= -	ar for contributions for	29			
							Yes	No
30a	During the year, did the organize hold for at least three years from the date of							
	for the entire holding period? $$ .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptant	ce policy that requires the	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part	<del>-</del>	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes", describe in Part II							
	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II			•				

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	I .						

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DLN: 93493131032550

OMB No 1545-0047

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

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Name of the organization CATHOLIC SOCIAL SERVICES		Employer identification number
ATTIOLIC SOCIAL SERVICES		23-1352063
ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		SEE ATTACHED SCHEDULE
ldentifier	Return Reference	Explanation
	TRETUTI NETETETION	·
Pt VI-B, Line 12c	1	SEE ATTACHED SCHEDULE
ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		SEE ATTACHED SCHEDULE
ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		SEE ATTACHED SCHEDULE
ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		SEE ATTACHED SCHEDULE
ldentifier	Return Reference	Explanation
Pt VI-A, Line 7b		SEE ATTACHED SCHEDULE

Return Reference

Identifier

Pt VI-A, Line 7a

SEE ATTACHED SCHEDULE

**Explanation** 

#### DLN: 93493131032550

OMB No 1545-0047 2008

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Employer identification number

ne of the organization HOLIC SOCIAL SERVICES	Employer identification number					
The Talentification of Discounted Entities				23-1352063		
rt I Identification of Disregarded Entities	1					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income E	<b>(E)</b> ind-of-year assets	<b>(F)</b> Direct controlling entity	
	No. 10					
ert II Identification of Related Tax-Exempt Organiza	Tions					
( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity status (if section 501(c)(3)	( <b>F)</b> Direct controlling entity	
Additional Data Table						
Panerwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	57		Schedule R (Form 990)	

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V	ransactions with Related Organizations	
Note.	mplete line 1 if any entity is listed in Parts II, III or IV	Y
		Т

<b>1</b> During the tax year, did the orgranization engage in any of the	ollowing transactions with one or more	related organizations listed in Parts II-IV
--	--	---

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- $\boldsymbol{b} \quad \text{Gift, grant, or capital contribution to other organization(s)}$
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
<b>1</b> c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
11	Yes	
1m	Yes	
1n		No
10		No
1р		No
1q		No
1r		No

(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_													
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No												
			•			•	•	Sabadula	D / Form	000) 2000												

**Software ID:** 08000082

Software Version:

**EIN:** 23-1352063

Name: CATHOLIC SOCIAL SERVICES

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

Form 990, Schedule R, Part II - Identification of Related	J Tax-Exempt Organizati	ons	1	I	I
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	( <b>D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
ST GABRIEL'S SYSTEM					
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1365389	RESIDENTIAL AND DAY TREATMENT FOR ADOLESCENT BOYS	PA	501C 3	9	NA
STVINCENT'S HOME TACONY  222 NORTH 17TH ST PHILADELPHIA, PA19103  23-1381370	RESIDENTIAL SERVICES FOR ADOLESCENT GIRLS	PA	501C 3	9	N A
DIVINE PROVIDENCE VILLAGE			+		
222 NORTH 17TH ST PHILADELPHIA, PA19103 23-2313873	RESIDENTIAL SERVICES FOR WOMAN	PA	501c 3	9	NA
DON GUANELLA VILLAGE  222 NORTH 17TH ST PHILADELPHIA, PA19103	RESIDENTIAL SERVICES FOR BOYS AND MEN	PA	501C 3	9	NA
23-1596874 ST JOSEPH CATHOLIC HOME	+	<del>                                     </del>	+	<del> </del>	
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1352536	SUPPORT ORGANIZATION	PA	501C 3	9	NA
ST VINCENT'S SERVICES					
222 NORTH 17TH ST PHILADELPHIA, PA19103 23-1520309	SUPPORT ORGANIZATION	PA	501C 3	9	N A
ST JOSEPH'S HOUSE FOR BOYS	!				
222 NORTH 17TH ST PHILADELPHIA, PA19103 23-1352537	SUPPORT ORGANIZATION	PA	501C 3	9	NA
ST EDMONDS FOR CRIPPLED CHILDREN					
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1365399	RESIDENTIAL SERVICES FOR CHILDREN	РА	501C 3	9	N A
CATHOLIC HEALTH CARE					
222 NORTH 17TH ST PHILADELPHIA, PA19103 23-2757180	HEALTH CARE SERVICES	РА	501C 3	9	N A
KATHERINE KIERNAN TRUST	T !		T		
222 NORTH 17TH ST PHILADELPHIA, PA19103 23-6251817	SUPPORT ORGANIZATION	PA	501C 3	9	NA
OFFICE FOR COMMUNITY DEVELOPMENT	!				
222 NORTH 17TH ST PHILADELPHIA, PA19103 03-0524513	COMMUNITY DEVELOPMENT	PA	501C 3	9	NA
NUTRITIONAL DEVELOPMENT SERVICES	!				
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1903647	FOOD PROGRAM FOR CHILDREN	PA	501C 3	9	NA
ST JOHN VIANNEY CENTER	!				
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1396815	Residential services for religious and clergy	PA	501C 3	9	NA
ST FRANCIS HOMES FOR BOYS					
222 NORTH 17TH ST PHILADELPHIA, PA 19103 23-1370504	Residential Services for boys	PA	501C 3	9	N A

Form 990, Schedule R, Part V - Transactions with Related Organizations (B) (C) Name of other organization Amount Involved Transaction (\$) type(a-r) (1) CATHOLIC HEALTH CARE SERVICES С (2) ST JOSEPH'S HOUSE FOR BOYS С (3) ST EDMOND'S HOME FOR CRIPPLED CHILDREN 1 ST FRANCIS HOMES FOR BOYS (4) 1 (5) DIVINE PROVIDENCE VILLAGE DON GUANELLA VILLAGE (6) 1 ST GABRIEL'S SYSTEM (7) 1 (8) OFFICE FOR COMMUNITY DEVELOPMENT k

CATHOLIC HEALTH CARE SERVICES

DON GAUNELLA VILLAGE ST GABRIEL'S SYSTEM

(9) (10) (11) (12) CATHOLIC HEALTH CARE SERVICES

ST EDMOND'S HOME (13) ST FRANCIS HOMES FOR BOYS (14)

(15)

(16)

(17)

(18)

(19)

ST VINCENT'S TACONY

DON GUANELLA VILLAGE

ST GABRIEL'S SYSTEM

DIVINE PROVIDENCE VILLAGE

CATHOLIC HEALTH CARE SERVCIES

k k k k

k

k

m

m

k

153,812

276,196 133,727 449,520 320,284

350,000

200,000

24,895

12,685

62,939

12,628

31,254

210,156

268,184

25,558

75,000

31,680

597,784 192,976

#### Rider to Form 990 for the year ended June 30, 2009

#### Part VI, Section A, Line 6:

The organization is a Pennsylvania nonprofit nonstock corporation that has three members. The members are those persons who, from time to time, hold the following offices: the Archbishop of Philadelphia, the Vicar for Administration of the Archdiocese of Philadelphia and the Vicar for Clergy of the Archdiocese of Philadelphia.

#### Part VI, Section A, Line 7a and 7b:

The members of the organization have the power to appoint the members of the organization's board and fill vacancies on the board. Decisions of the organization's governing body, such as the decision to dissolve, merge, and make fundamental changes involving the organization, are, as stated in the organization's Bylaws, subject to the approval of the organization's members.

#### Part VI, Section A, Line 10:

A copy of Form 990 was made available to the organization's Board of Directors before it was filed. Directors were encourage to provide comments on the organization's Form 990 prior to it being filed with the Internal Revenue Service.

#### Part VI, Section B, Line 12b:

Officers, directors and trustees are required to disclose annually interests that could give rise to conflicts. Key employees are not currently required to disclose conflicts; however, the organization might revise its conflict of interest policy in the future so that key employees will be required to disclose. The organization currently has no "key employees" as such term is defined for purposes of Form 990.

#### Part VI, Section B, Line 12c:

The organization regularly and consistently monitors and enforces conflicts with its conflict of interest policy by: (i) distributing the policy annually to all required to report conflicts pursuant to the policy (ii) requiring those required to report to complete and file with the organization a conflict of interest reporting form (A) acknowledging receipt of the organization's conflict of interest policy and (B) reporting any actual or potential conflict of interest. Independent of the organization's conflict of interest reporting form, the conflict of interest policy imposes upon those persons subject to the policy an ongoing obligation to disclose any actual or potential conflict of interest.

#### Part VI, Section B, Line 15

On an annual basis the Finance Committee of the Board of Directors reviews key positions in each entity for reasonableness. Each key staff person's annual increase is the same percentage

given to all positions as approved by the Board of Directors. In addition, a market rate adjustment, if warranted, is approved as part of the annual budget approval. Any increase above the approved percentage is considered an exception subject to approval by one of the organization's members -- the Vicar for Administration for the Archdiocese of Philadelphia. The Vicar also determines the salaries of key employees.

#### Part VI, Section C, Line 19

The organization's Articles of Incorporation are available to the public via the Pennsylvania Department of State's website. Financial information for the organization is made available to the public via this Form 990, which includes, Schedule D, Parts XI-XIII reconciling the information reported on Form 990 to the organization's financial statements. The organization's Form 990 is available via GuideStar's website.