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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC Doing Business As		D Employer identification number 23-1610270
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1200 SPRING STREET		E Telephone number (610) 865-6245
	City or town, state or country, and ZIP + 4 BETHLEHEM, PA 18018		G Gross receipts \$ 22,473,850
	F Name and address of principal officer EDWARD G SCHIRRA 1200 SPRING STREET BETHLEHEM, PA 18018		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.CSHHCS.ORG

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1962 **M** State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE ELDERLY CARE TO LOW-INCOME INDIVIDUALS REQUIRING ASSISTED LIVING & SKILLED NURSING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	560
	6 Total number of volunteers (estimate if necessary)	6	241
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	382,516	360,459
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,844,901	21,481,143
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,503	34,344
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	914,895	554,949
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,226,815	22,430,895
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,612,684	14,971,362
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,376	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,855,538	7,858,246
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,468,222	22,829,608
19 Revenue less expenses Subtract line 18 from line 12	-241,407	-398,713	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,924,455	14,653,073
	22 Net assets or fund balances Subtract line 21 from line 20	5,599,194	5,637,844
		9,325,261	9,015,229

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-11-10 Date
	EDWARD G SCHIRRA CONTROLLER/ACTING CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ PARENTEBEARD LLC				Firm's EIN ▶
	Firm's address ▶ 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 19103				Phone no ▶ (215) 972-0701

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 to any question in this Part III Yes No

1 Briefly describe the organization's mission

PROVIDES ELDERLY CARE TO LOW-INCOME INDIVIDUALS WHO REQUIRE ASSISTED LIVING AND SKILLED NURSING ALSO, THE PROGRAM INCLUDES MANAGEMENT AND ACCOUNTING SERVICES TO SIX OTHER NON-PROFIT, LOW-INCOME INDEPENDENT LIVING PROJECTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 21,271,183 including grants of \$) (Revenue \$ 21,568,886)

WE OFFER A RANGE OF ELDER CARE SERVICES TO INDIVIDUALS IN NEED LOCATED PRIMARILY IN LEHIGH, SCHUYLKILL, BERKS, CARBON, AND NORTHAMPTON COUNTIES OF PENNSYLVANIA HOLY FAMILY MANOR PROVIDED SKILLED NURSING CARE TO AN AVERAGE OF 201 RESIDENTS FOR THE 12 MONTHS ENDED DECEMBER 31, 2010 APPROXIMATELY 65% OF THE RESIDENTS WERE LOW-INCOME AND WERE SUBSIDIZED BY PA MEDICAL ASSISTANCE HOLY FAMILY RESIDENTIAL SERVICES PROVIDED PERSONAL CARE SERVICES TO AN AVERAGE OF 79 RESIDENTS DURING THE 12 MONTHS ENDED DECEMBER 31, 2010 APPROXIMATELY 17% OF THE RESIDENTS RECEIVE THE SUPPLEMENTAL SSI PAYMENT FOR LOW INCOME SENIORS CATHOLIC SENIOR HOUSING AND DEVELOPMENT PROVIDES MANAGEMENT AND ACCOUNTING SERVICES TO SIX RELATED, NON-PROFIT, LOW-INCOME, INDEPENDENT LIVING PROJECTS HOUSING 228 ELDERLY RESIDENTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 21,271,183

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 <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or 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 <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>	Yes	
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 <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
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? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
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)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
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 U S? If "Yes," complete Schedule F, Parts II and IV		No
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 U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No response. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question 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		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> EDWARD SCHIRRACHIEF FINANCIAL OFFICER 1200 SPRING STREET BETHLEHEM, PA 18018 (610) 865-6245

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) JUDEE BAVARIA PRESIDENT	4 00	X		X			0	0	0	
(2) REV MSGR JOHN J MARTIN VICE PRESIDENT	1 00	X		X			0	0	0	
(3) MICHAEL MELNIC TREASURER	1 00	X		X			0	0	0	
(4) HELEN P KELLEHER SECRETARY	1 00	X		X			0	0	0	
(5) WILLIAM SCHARLE DIRECTOR	1 00	X					0	0	0	
(6) C JUNE MCNAMARA DIRECTOR	1 00	X					0	0	0	
(7) DAVID BAUSCH DIRECTOR	1 00	X					0	0	0	
(8) JAMES FRONHEISER DIRECTOR	1 00	X					0	0	0	
(9) FRANK GODINO DIRECTOR	1 00	X					0	0	0	
(10) REV RAYMOND C HITTINGER DIRECTOR	1 00	X					0	0	0	
(11) REV MSGR RICHARD LOPER DIRECTOR	1 00	X					0	0	0	
(12) R JAMES POLASKI DIRECTOR	1 00	X					0	0	0	
(13) FRANK POSWISTILO ESQ DIRECTOR	1 00	X					0	0	0	
(14) DAVID RATTIGAN ESQ DIRECTOR	1 00	X					0	0	0	
(15) ROBERT RAKOW CFO/EXECUTIVE DIRECTOR	40 00			X			135,551	0	3,858	
(16) EDWARD SCHIRRA CONTROLLER/ACTING CHIEF FINANCIAL OFFICER	40 00			X			89,236	0	15,535	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) HEATHER KESSLER ADMINISTRATOR	40 00					X		91,608	0	15,935
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								224,787	0	19,393

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC & AFFILIATES BOX 360170 PITTSBURGH, PA 152516170	DIETARY, LAUNDRY, HOUSEKEEPING SERVICES	1,573,785
GENESIS REHABILITATION SERVICE PO BOX 7247-6524 PHILADELPHIA, PA 19170	THERAPY OUTSOURCING	1,056,058
PHOEBE SERVICES 6520 STONEGATE DR SUITE 100 ALLENTOWN, PA 18106	PHARMACY SERVICES	583,038
CROSSROADS TECHNOLOGIES PO BOX 6528 WYOMISSING, PA 19610	IT OUTSOURCE SERVICES	325,827
MUSHLITZ EXCAVATING 615 MOORESTOWN DR BATH, PA 18014	EXCAVATION AND PAVING SERVICES	122,042

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	16,368				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	344,091				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼	360,459				
Program Service Revenue	2a NET RESIDENT SERVICE R	623000	21,481,143	21,481,143		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▼	21,481,143				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		34,344		34,344	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real	35,922			
		(ii) Personal				
		b Less rental expenses	29,916			
		c Rental income or (loss)	6,006			
	d Net rental income or (loss) ▼		6,006		6,006	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss) ▼						
8a Gross income from fundraising events (not including \$ 16,368 of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b		7,057			
	c Net income or (loss) from fundraising events ▼		13,039			
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▼						
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
Miscellaneous Revenue		Business Code				
11a SHARED SERVICES REVENU		900099	154,500		154,500	
	b MANAGEMENT INCOME		541610	87,743	87,743	
	c CLOTHING FURNITURE AND		900099	73,956	73,956	
	d All other revenue			238,726	238,726	
e Total. Add lines 11a-11d ▼			554,925			
12 Total revenue. See Instructions ▼			22,430,895	21,568,886	0 501,550	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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	244,180	139,409	104,771	
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	10,600,159	9,889,604	657,210	53,345
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,429	142,241	16,565	1,623
9	Other employee benefits	3,123,206	2,995,880	121,997	5,329
10	Payroll taxes	843,388	780,016	58,889	4,483
a	Fees for services (non-employees)				
	Management				
b	Legal	17,404	11,304	6,100	
c	Accounting	44,145		44,145	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,156,725	1,919,027	237,207	491
12	Advertising and promotion	60,186	34,392	3,992	21,802
13	Office expenses	2,610,717	2,546,152	44,442	20,123
14	Information technology				
15	Royalties				
16	Occupancy	970,808	933,196	37,612	
17	Travel	43,701	13,827	29,339	535
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,608	15,679	3,670	259
20	Interest	137,175	137,175		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	799,867	791,956	7,911	
23	Insurance	266,375	266,291	84	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT MAINTENANCE A	425,376	371,479	53,897	
b	BAD DEBT EXPENSE	170,112	160,815	9,297	
c	RELIGIOUS EXPENSES	55,134	55,134		
d	STAFF RECRUITMENT	53,213	51,367	1,846	
e	INSERVICE TRAINING	12,224	12,224		
f	All other expenses	15,476	4,015	1,075	10,386
25	Total functional expenses. Add lines 1 through 24f	22,829,608	21,271,183	1,440,049	118,376
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,200	1	3,200
	2 Savings and temporary cash investments	930,301	2	1,065,727
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,071,400	4	4,013,743
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	62,365	8	59,908
	9 Prepaid expenses and deferred charges	135,898	9	176,728
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	19,436,738		
	b Less accumulated depreciation	13,154,003	6,727,954	10c 6,282,735
	11 Investments—publicly traded securities	1,512,139	11	1,675,188
	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	1,481,198	15	1,375,844
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,924,455	16	14,653,073	
Liabilities	17 Accounts payable and accrued expenses	2,243,982	17	2,336,271
	18 Grants payable		18	
	19 Deferred revenue	12,508	19	13,858
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	3,133,375	23	3,006,575
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	209,329	25	281,140
	26 Total liabilities. Add lines 17 through 25	5,599,194	26	5,637,844
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,322,720	27	9,012,688
	28 Temporarily restricted net assets	2,541	28	2,541
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,325,261	33	9,015,229	
34 Total liabilities and net assets/fund balances	14,924,455	34	14,653,073	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,430,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,829,608
3	Revenue less expenses Subtract line 2 from line 1	3	-398,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,325,261
5	Other changes in net assets or fund balances (explain in Schedule O)	5	88,681
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,015,229

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
CATHOLIC SENIOR HOUSING AND
HEALTH CARE SERVICES INC

Employer identification number

23-1610270

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts 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 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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	501,713	401,381	364,840	382,516	360,459	2,010,909
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	20,089,732	19,950,898	20,376,215	20,844,901	21,481,143	102,742,889
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	20,591,445	20,352,279	20,741,055	21,227,417	21,841,602	104,753,798
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						104,753,798

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	20,591,445	20,352,279	20,741,055	21,227,417	21,841,602	104,753,798
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268,825	382,698	117,936	84,039	70,266	923,764
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	268,825	382,698	117,936	84,039	70,266	923,764
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)	634,657	618,146	735,553	890,915	554,925	3,434,196
13 Total support (Add lines 9, 10c, 11 and 12)	21,494,927	21,353,123	21,594,544	22,202,371	22,466,793	109,111,758
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	96.010 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	95.860 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.850 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.940 %

19a 33 1/3% support tests—2010. 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—2009. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC

Employer identification number 23-1610270

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,430,895
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,829,608
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-398,713
4	Net unrealized gains (losses) on investments	4	171,045
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-82,364
9	Total adjustments (net) Add lines 4 - 8	9	88,681
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-310,032

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,644,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	171,045
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	171,045
3	Subtract line 2e from line 1	3	22,473,850
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 XIV)	4b	-42,955
c	Add lines 4a and 4b	4c	-42,955
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	22,430,895

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	22,954,927
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	125,319
e	Add lines 2a through 2d	2e	125,319
3	Subtract line 2e from line 1	3	22,829,608
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	22,829,608

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	CSHHCS RECEIVES CONTRIBUTIONS FROM THE BUEHLER FOUNDATION FOR PUBLIC DISPLAY OF ARTWORK OF THE FOUNDATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT -82,364
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENT EXPENSE -29,916 SPECIAL EVENT EXPENSE -13,039
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSE 29,916 SPECIAL EVENT EXPENSE 13,039 UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT 82,364

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC

Employer identification number 23-1610270

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	23,425			23,425
	2 Less Charitable contributions	16,368			16,368
	3 Gross income (line 1 minus line 2)	7,057			7,057
Direct Expenses	4 Cash prizes	500			500
	5 Non-cash prizes	1,550			1,550
	6 Rent/facility costs	5,382			5,382
	7 Food and beverages	4,661			4,661
	8 Entertainment				
	9 Other direct expenses	946			946
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,039
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-5,982	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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 Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CATHOLIC SENIOR HOUSING AND
HEALTH CARE SERVICES INC

Employer identification number

23-1610270

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE MEMBERS OF THE CORPORATION SHALL BE THE BISHOP OF THE DIOCESE OF ALLENTOWN, THE VICAR GENERAL AND THE SECRETARY FOR THE CLERGY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS HAVE THE POWER TO APPOINT THE MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION AND TO REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS FOR ANY REASON OR FOR NO REASON

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE FOLLOWING POWERS ARE RESERVED EXCLUSIVELY TO THE MEMBERS OF THE CORPORATION, AND NO EXERCISE OR ATTEMPTED EXERCISE OF ANY SUCH POWERS BY ANY ONE OTHER THAN THE MEMBERS SHALL BE VALID OR OF ANY FORCE OR EFFECT WHATSOEVER (A) TO DETERMINE THE POLICIES OF THE CORPORATION AS THEY RELATE TO ITS MISSION, (B) TO AMEND, REVISE, OR OTHERWISE MODIFY THE BY LAWS AND ARTICLES OF INCORPORATION OF THE CORPORATION, (C) TO PURCHASE, SELL, LEASE, MORTGAGE, TRANSFER, AND/OR ENCUMBER ALL BUILDINGS AND REAL ESTATE IN WHICH THE CORPORATION HAS EQUITABLE OR LEGAL TITLE, (D) TO CONSOLIDATE, AFFILIATE, MERGE, LIQUIDATE, OR DISSOLVE THE CORPORATION AND IN THE EVENT OF LIQUIDATION OR DISSOLUTION, TO DISTRIBUTE THE ASSETS REMAINING AFTER ALL DEBTS AND EXPENSES HAVE BEEN PAID OR PROVIDED FOR, TO ONE OR MORE ORGANIZATIONS QUALIFYING FOR THE EXEMPTION AFFORDED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF THE MEMBERS SHALL DETERMINE, (E) TO BORROW AND/OR LEND MONEY, (F) TO APPOINT MEMBERS OF BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION AND TO REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS FOR ANY REASON OR FOR NO REASON, (G) TO APPOINT THE NURSING HOME ADMINISTRATOR FOR HOLY FAMILY MANOR AND TO REMOVE THE NURSING HOME ADMINISTRATOR FOR HOLY FAMILY MANOR FOR ANY REASON OR FOR NO REASON, AND (H) IN THE EVENT OF A DISPUTE, LITIGATION, AND/OR ARBITRATION CONCERNING THE INTERPRETATION OF THE BY LAWS, THE ARTICLES OF INCORPORATION OR THE MANAGEMENT/GOVERNANCE OF THE CORPORATION, THE SOLE AND EXCLUSIVE AUTHORITY TO INTERPRET, RESOLVE, DECIDE, AND/OR SETTLE THE SAME SHALL BE VESTED IN THE MEMBERS OF THE CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE DRAFT FORM 990 WAS REVIEWED ON A VERY DETAILED BASIS BY THE CFO HE PRESENTED THE DRAFT FORM 990 TO THE MEMBERS OF THE FINANCE COMMITTEE FOR A VERY DETAILED REVIEW THE FINANCE COMMITTEE PRESENTED TO THE BOARD AND RECOMMENDED APPROVAL FOR SUBMISSION TO THE IRS ONCE THE REVIEW WAS SATISFACTORY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR AT THE CORPORATION'S ANNUAL MEETING, OFFICERS, DIRECTORS AND MEMBERS COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM. FORMS ARE REVIEWED BY MANAGEMENT FOR ANY POTENTIAL CONFLICTS. ANYONE WITH A CONFLICT IS REQUIRED TO ABSTAIN FROM VOTING OR USING THEIR PERSONAL INFLUENCE ON ANY MATTERS RELATED TO THAT CONFLICT. FOR 2010, THERE WERE NO CONFLICTS DISCLOSED THAT REQUIRED REVIEW.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PANPHA SALARY SURVEY IS A STARTING POINT FOR EVALUATING COMPENSATION, ALONG WITH COMPARISON TO COMPETITORS WITHIN OUR PEER GROUP. SEVERAL COMPENSATION SCENARIOS AND THE IMPACT ON THE CORPORATION'S OPERATING BUDGET ARE EVALUATED. THE EXECUTIVE DIRECTOR AND CFO MAKE A RECOMMENDATION REGARDING COMPENSATION AND THE RECOMMENDATION IS APPROVED BY THE PRESIDENT OF THE BOARD. FOR THE EXECUTIVE DIRECTOR AND CFO, THE PRESIDENT OF THE BOARD AND MEMBERS OF THE FINANCE COMMITTEE COMPARE SALARIES OF SIMILAR ORGANIZATIONS, REVIEW THE PANPHA SALARY GUIDE AND MAKE DECISIONS REGARDING COMPENSATION TO ENSURE SALARIES DO NOT EXCEED FAIR MARKET VALUE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST THE FORM 990 IS AVAILABLE UPON REQUEST AND ON THE GUIDESTAR WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 171,045 UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT -82,364 TOTAL TO FORM 990, PART XI, LINE 5 88,681

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 3	THE BOARD OF DIRECTORS OF CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES, INC HAVE VOTING RIGHTS ON MATTERS THAT COME BEFORE THE GOVERNING BODY HOWEVER, THE THREE MEMBERS OF CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES, INC HAVE THE FINAL DETERMINATION OF THE VOTE THE THREE MEMBERS INCLUDE THE BISHOP OF THE DIOCESE OF ALLENTOWN, THE VICAR GENERAL, AND THE SECRETARY FOR CLERGY THE BOARD OF DIRECTORS OF CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES, INC ARE SUBJECT TO THE POWERS RESERVED BY THE THREE MEMBERS EVEN THOUGH EACH MEMBER ON THE BOARD OF DIRECTORS HAS THE ABILITY TO VOTE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC SENIOR HOUSING AND
HEALTH CARE SERVICES INC

Employer identification number

23-1610270

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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 organization	
						Yes	No
See Additional Data Table							

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

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

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

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 **(iv)** rent from a controlled entity
- b** 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)
- l** 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

- o** 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
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h	Yes	
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC HOUSING CORPORATION OF MOUNT PENN	Q	250,000	CASH TRANSFER
(2) THE ANTONIAN LTD	R	63,408	CASH TRANSFER
(3) CATHOLIC HOUSING CORPORATION OF BETHLEHEM	R	66,806	CASH TRANSFER
(4) CATHOLIC HOUSING CORPORATION OF NORTHERN BERKS COUNTY	R	66,221	CASH TRANSFER
(5) CATHOLIC HOUSING CORPORATION OF SCHUYLKILL COUNTY	R	66,144	CASH TRANSFER
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 23-1610270
Name: CATHOLIC SENIOR HOUSING AND
HEALTH CARE SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
DIOCESE OF ALLENTOWN PO BOX F ALLENTOWN, PA18105 23-1598116	RELIGIOUS ORGANIZATION	PA	501(C)(3)	1	N/A		No
CATHOLIC HOUSING CORPORATION OF LANSFORD 30 E BERTSCH STREET LANSFORD, PA18218 26-0217222	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF MOUNT PENN 2000 PERKIOMEN AVENUE READING, PA19606 26-4498990	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF BETHLEHEM 330-338 13TH AVENUE BETHLEHEM, PA18018 23-2578800	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
THE ANTONIAN LTD 2405 HILLSIDE AVENUE EASTON, PA18042 23-2097233	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF NEW PHILADELPHIA 100 VALLEY STREET NEW PHILADELPHIA, PA17959 23-2421477	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF NORTHERN BERKS COUNTY 22 ROTHERMEL STREET HYDE PARK, PA19605 23-2325706	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF SCHUYLKILL COUNTY 777 WATER STREET POTTSVILLE, PA17901 23-2206439	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	
CATHOLIC HOUSING CORPORATION OF SAINT CLAIR 25 N NICHOLS STREET ST CLAIR, PA17970 22-2467028	LOW INCOME HOUSING FOR THE ELDERLY	PA	501(C)(3)	7	CATHOLIC SENIOR HOUSING AND HEALTH CARE SERVICES INC	Yes	