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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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES SERVICES CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7911 DETROIT AVENUE

City or town, state or country, and ZIP + 4
CLEVELAND, OH 44102

D Employer identification number
34-1318541

E Telephone number
(216) 334-2900

G Gross receipts $ 18,975,072

F Name and address of principal officer
MAUREEN DEE
7911 DETROIT AVENUE
CLEVELAND, OH 44102

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ 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 CLEVELANDCATHOLICCHARITIES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1971 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CCSC PROVIDES BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY SERVICES ON BOTH AN OUTPATIENT AND RESIDENTIAL BASIS, PRIMARILY IN CUYAHOGA COUNTY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	399
6	Total number of volunteers (estimate if necessary)	**6**	68
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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,071,576	2,018,867
	9 Program service revenue (Part VIII, line 2g)	17,865,490	16,873,906
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-12,572	20,215
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,517	62,084
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,110,011	18,975,072
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	15,978,939	13,947,030
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,612,240	5,696,828
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,591,179	19,643,858
	19 Revenue less expenses Subtract line 18 from line 12	-2,481,168	-668,786

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	5,483,579	5,560,350
	21 Total liabilities (Part X, line 26)	3,195,891	2,904,798
	22 Net assets or fund balances Subtract line 21 from line 20	2,287,688	2,655,552

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

****** | 2011-09-27
Signature of officer | Date

MAUREEN DEE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
DARLENE DAVIS	DARLENE DAVIS			

Firm's name ▶ RSM MCGLADREY INC | Firm's EIN ▶

Firm's address ▶ 1001 LAKESIDE AVE SUITE 1400
CLEVELAND, OH 441141152 | Phone no ▶ (216) 523-1900

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 . . . . . ☑

1 Briefly describe the organization's mission

CATHOLIC CHARITIES SERVICES CORPORATION (CCS) INCLUDES CHILDREN AND FAMILY SERVICES, BEHAVIORAL HEALTH AND OLDER ADULT SERVICES FOR THE CATHOLIC SERVICE SYSTEM OPERATING IN CUYAHOGA COUNTY THE PURPOSE OF THE ORGANIZATION IS TO ADDRESS THE MENTAL HEALTH, SUBSTANCE ABUSE AND GENERAL BEHAVIORAL HEALTH NEEDS OF CHILDREN AND ADULT INDIVIDUALS AND FAMILIES, WHO RESIDE IN CUYAHOGA COUNTY SPECIALIZED SERVICES FOR ADOLESCENTS, WOMEN, DEAF AND HEARING IMPAIRED, AND HISPANIC/LATINO INDIVIDUALS AND FAMILIES ARE PART OF THE SERVICE CONTINUUM CCS CONSISTS OF NINE (9) SITES AND 300 EMPLOYEES FIVE (5) OF THE SITES OFFER CHEMICAL DEPENDENCY TREATMENT (RESIDENTIAL, INTENSIVE OUTPATIENT, NON INTENSIVE OUTPATIENT, ASSESSMENT, CASE MANAGEMENT AND PREVENTION SERVICES), AND THREE (3) SITES OFFER MENTAL HEALTH SERVICES (PARMADALE INSTITUTE, HOME-BASED AND OUTPATIENT COUNSELING)

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 $ 8,516,532 including grants of $) (Revenue $ 8,624,498)

CHILDREN & FAMILY SERVICES IN 2010, CATHOLIC CHARITIES SERVICES CORPORATION (CCS) OFFERED THE FOLLOWING SERVICES TO CHILDREN AND FAMILIES - PARMADALE INSTITUTE PARMADALE INSTITUTE IS A STATE-OF-THE-ART SECURE INTENSIVE RESIDENTIAL TREATMENT CENTER THAT OPENED IN 2009 AND IS DESIGNED TO SERVE UP TO 80 CHILDREN, YOUTH AND THEIR FAMILIES AT ONE TIME FOR SEVERE EMOTIONAL DISORDERS, BEHAVIORAL CHALLENGES AND/OR ADDICTION TO ALCOHOL AND/OR OTHER DRUGS STARTING OUT AS AN ORPHANAGE IN 1925, TODAY CCS/PARMADALE DISTINGUISHES ITSELF BY SERVING SOME OF THE COUNTY'S MOST "DEEP END" CHILDREN, WITH THE MOST SEVERE BEHAVIORAL AND EMOTIONAL DISORDERS CCS/PARMADALE ALSO HAS A HISTORY OF WORKING WITH THE CHILDREN AND FAMILIES THROUGH SEVERAL DIFFERENT TYPES OF CRISES TO AVOID PRE-MATURE DISCHARGE, TO MINIMIZE DISRUPTIONS OF THE PLACEMENT AND TO AVOID THE NEED TO TRANSFER CHILDREN TO ALTERNATE RESIDENTIAL PLACEMENTS THE QUALITY SERVICES PROVIDED INCLUDE MENTAL HEALTH ASSESSMENT, GROUP AND INDIVIDUAL COUNSELING SERVICES OFFERED BY LICENSED THERAPISTS, ACCORDING TO THE NEEDS AND GOALS OUTLINED IN THE INDIVIDUALIZED TREATMENT/SERVICE PLAN (ISP) CASE MANAGEMENT AND FAMILY COUNSELING ARE INTEGRAL COMPONENTS TO THE SERVICES OFFERED THE TRAINED THERAPISTS USE DIALECTICAL BEHAVIOR THERAPY, TRAUMA FOCUSED -COGNITIVE BEHAVIOR THERAPY AS BEST PRACTICE MODELS, AMONG OTHERS, ALCOHOL AND OTHER DRUG TREATMENT SERVICES USE HAZELDEN'S "A NEW DIRECTION" CURRICULUM AND "THINKING FOR CHANGE" WHICH ALSO ADDRESSES CRIMINOGENIC THOUGHTS, ATTITUDES AND BELIEFS FOR CHILDREN WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DIAGNOSES A MEDICAL CLINIC ONSITE OFFERS PHYSICAL/MEDICAL SCREENS, PEDIATRIC, DENTAL AND VISION SERVICES, PSYCHIATRIC EVALUATIONS AND MEDICATION MONITORING (PHARMACOLOGICAL MANAGEMENT) A STRONG FAMILY COUNSELING COMPONENT, AS WELL AS CASE MANAGEMENT SERVICES, COORDINATE CARE, TRANSITION/DISCHARGE, AND SCHEDULE/MANAGE TEAM MEETINGS WHICH ARE AN INTEGRAL PART OF THE PROGRAM YOUTH ATTEND SCHOOL ONSITE, PROVIDED BY TEACHING STAFF FROM THE EDUCATIONAL RESOURCE CENTER YOUTH ARE REFERRED BY THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS - FOSTER CARE AND ADOPTION SERVICES SINCE 1985, THE FOSTER CARE PROGRAM HAS SERVED THE COUNTY CHILD WELFARE SYSTEM TO FIND A TEMPORARY HOME FOR CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED THE POPULATION SERVED ARE CHILDREN 0-21 YEARS OF AGE THAT DEMONSTRATE A BROAD RANGE OF BEHAVIORAL, EMOTIONAL, DEVELOPMENTAL AND COMPLEX MEDICAL NEEDS, EXACERBATED BY A HISTORY OF TRAUMA ASSOCIATED WITH ABUSE, NEGLECT AND/OR WITNESSING VIOLENCE THE PROGRAM EMPHASIZES SUPPORT FOR THE FOSTER FAMILY, NURTURING THE RELATIONSHIP BETWEEN THE CHILD AND FOSTER FAMILY WHILE AGGRESSIVELY PURSUING SAFE REUNIFICATION WITH BIOLOGICAL PARENTS OR RELATIVES WHENEVER POSSIBLE THE PROGRAM RECRUITS AND TRAINS FOSTER PARENTS WITH AN EXPECTATION THAT THEY MUST HAVE AN UNCONDITIONAL COMMITMENT TO SERVING CHILDREN AND EXHIBIT A "NEVER GIVE UP" ATTITUDE, WITH THE GOAL OF ACHIEVING PERMANENCY IN LIVING SITUATIONS FOR CHILDREN AS AN AGENCY, ONE OF THE GREATEST ASSETS IS THE FOSTER PARENT'S UNCONDITIONAL COMMITMENT TO THE CHILDREN PLACED IN THEIR HOME AT ORIENTATION, PROSPECTIVE FOSTER PARENTS ARE ENCOURAGED TO BECOME LICENSED FOSTER PARENTS AND SIMULTANEOUSLY BECOME APPROVED FOR ADOPTION THIS STRATEGY HAS CREATED PERMANENCY FOR CHILDREN THROUGH THE FOSTER TO ADOPT PROGRAM, WHICH HAS ENHANCED THE SUCCESS FOR STABILITY FOR THE CHILDREN THE PROGRAM CURRENTLY HAS 54 LICENSED FOSTER HOMES AND SERVES UP TO 170 CHILDREN PER YEAR

4b (Code) (Expenses $ 8,447,161 including grants of $) (Revenue $ 8,065,136)

BEHAVIORAL HEALTH SERVICES THE FOLLOWING ADDITIONAL BEHAVIORAL HEALTH SERVICES ARE PROVIDED TO OUR CLIENTS - YOUTH CHEMICAL DEPENDENCY SERVICES THESE SERVICES PROVIDE ASSESSMENT, CASE MANAGEMENT AND OUTPATIENT INTENSIVE AND NON INTENSIVE TREATMENT TO CHILDREN, YOUTH AND PARENTS WHO ARE CONCERNED ABOUT THE USE OF ALCOHOL AND OTHER DRUGS BY AN ADOLESCENT A WRAPAROUND, STRENGTH-BASED APPROACH TO CARE COORDINATION IS CENTRAL TO THE SERVICES PROVIDED MOST REFERRALS COME FROM THE JUVENILE JUSTICE SYSTEMS (COUNTY AND STATE), AS WELL AS FROM THE CHILD WELFARE AND COMMUNITY AGENCIES THIS SERVICE PROVIDES COMPREHENSIVE ALCOHOL AND OTHER DRUG ASSESSMENTS TO 400 YOUTH PER YEAR, PROVIDES NON INTENSIVE OUTPATIENT CASE MANAGEMENT OR COUNSELING TO 210 YOUTH PER YEAR AND INTENSIVE OUTPATIENT (IOP) TO 60 YOUTH PER YEAR FAMILY GROUP IS A PART OF THE SERVICES OFFERED SPECIAL INITIATIVES WITHIN THIS PROGRAM INCLUDE THE BEHAVIORAL HEALTH AND JUVENILE JUSTICE PROGRAM (BH/JJ), THE MEDICAID ADOLESCENT REHABILITATION PROGRAM (MARP), JUVENILE TREATMENT ALTERNATIVES FOR SAFER COMMUNITIES (TASC), OFFENDER REENTRY FOR JUVENILES (ORP-J), OHIO DEPT OF YOUTH SERVICES' REENTRY PROGRAM, SUBSTANCE ABUSE ASSESSMENT AND TREATMENT FOR THE JUVENILE DRUG COURT, ACCESS TO RECOVERY, VOCATIONAL REHABILITATION PROGRAM SERVICES, SERVICES FOR YOUTH ON JUVENILE PROBATION AND SPECIALIZED SERVICES FOR HISPANIC YOUTH - COMMUNITY BASED FAMILY SERVICES (IN-HOME CHILD AND FAMILY MENTAL HEALTH COUNSELING AND FAMILY COUNSELING) COMMUNITY-BASED FAMILY SERVICES ARE PRIMARILY MENTAL HEALTH SERVICES WHICH INCLUDE DIAGNOSTIC ASSESSMENT, COUNSELING, COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST), AND SOFT SERVICES OFFERED IN THE CLIENT'S HOME FORTY PERCENT (40%) OF REFERRALS ARE FROM THE CHILD WELFARE PROTECTIVE AGENCY FOR CHILDREN IN FAMILIES WHERE A PARENT HAS BEEN IDENTIFIED FOR ABUSE OR NEGLECT OF THE CHILDREN THEY MUST PARTICIPATE IN SERVICES TO AVOID THE PLACEMENT OF THE CHILDREN OUTSIDE OF THE HOME THIRTY PERCENT (30%) OF REFERRALS COME FROM THE JUVENILE COURT'S PROBATION DEPARTMENT AS A RESULT OF MENTAL HEALTH CONCERNS IDENTIFIED IN CHILDREN AND FAMILIES WHERE A YOUTH HAS BEEN CHARGED FOR A DELINQUENT OFFENSE TWENTY PERCENT (20%) OF REFERRALS ARE FOR CHILDREN STEPPING DOWN FROM A MORE RESTRICTIVE LEVEL OF CARE, SUCH AS FROM A RESIDENTIAL PROGRAM THE PROGRAM HELPS THESE YOUTH TRANSITION INTO THE COMMUNITY AND BACK WITH THEIR FAMILIES THERE IS A STATEWIDE APPROACH TO LESSENING THE LENGTH OF STAY IN RESIDENTIAL PROGRAMS WITH MUCH OF THE EMPHASIS GOING TO COMMUNITY SERVICES STAFF TRAVEL TO HOMES, JUVENILE COURT, DOCTORS OFFICE, SCHOOLS, WHEREVER SERVICES ARE NEEDED TO HELP THE FAMILY THE SUCCESS RATE IS HIGH ONCE THE CHILDREN ARE DISCHARGED FROM THIS PROGRAM, OVER 95% OF THE FAMILIES ARE ABLE TO REMAIN INTACT - MENTAL HEALTH SERVICES IN SCHOOLS CCS WORKS WITH THE PARMA/PARMA HEIGHT/SEVEN HILLS SCHOOL SYSTEM AND CENTRAL CATHOLIC TO HELP IDENTIFY CHILDREN WHOSE SCHOOL PERFORMANCE MAY BE AFFECTED BY EMOTIONAL CONCERNS CCS STAFF WORK WITH TEACHERS AND PRINCIPALS TO OFFER IN SCHOOL AND HOME BASED COUNSELING, CONSULTATION AND PREVENTION EDUCATION TO CHILDREN IN THIS PROGRAM WHICH SERVES APPROXIMATELY 120 CHILDREN AND FAMILIES PER YEAR THE ACHIEVEMENT IS THE INCREASE IN SCHOOL PERFORMANCE FOR THE CHILDREN INVOLVED, AND IMPROVED COMMUNICATION BETWEEN THE SCHOOL PERSONNEL AND FAMILY MEMBERS - MENTAL HEALTH SERVICES IN THE JUVENILE DETENTION CENTER CCS PROVIDES A SERVICE TO THE CHILDREN DETAINED IN THE LOCAL JUVENILE COURT DETENTION FACILITY, WHO ARE BEING ARRAIGNED ON FELONY OFFENSES THE SERVICE INCLUDES OFFERING SUICIDE RISK ASSESSMENTS TO CHILDREN IDENTIFIED THROUGH A SCREENING PROCESS, MENTAL HEALTH ASSESSMENTS AND PSYCHIATRIC EVALUATION AND CONSULTATION, INCLUDING MEDICATION MANAGEMENT FOR THOSE CHILDREN WITH ACUTE MENTAL HEALTH DIAGNOSES NOT APPROPRIATELY MANAGED IN THIS SETTING THIS PROGRAM SERVES A MINIMUM OF 340 CHILDREN PER YEAR IT HAS SUCCESSFULLY PREVENTED CHILD SUICIDES IN THIS SETTING AND LINKED MANY CHILDREN AND FAMILIES TO COMMUNITY SERVICES UPON RELEASE - YOUTH ANGER MANAGEMENT SERVICES CCS PROVIDES 3 ANGER MANAGEMENT GROUPS TARGETING JUVENILE JUSTICE INVOLVED YOUTH AND FAMILIES THE GROUP EDUCATION SERVICES FOLLOW A STANDARD BEST PRACTICE CURRICULUM WITH PROVEN RESULTS FOR REDUCTION OF VIOLENCE COORDINATED WITH JUVENILE COURT PROBATION COMMUNITY REFERRALS ARE ACCEPTED SERVES 70 YOUTH AND FAMILIES PER YEAR - HISPANIC YOUTH ALCOHOL AND OTHER DRUG PREVENTION SERVICES A SUMMER YOUTH "JUST SAY NO" PUPPET SHOW IS PRESENTED BY A GROUP OF YOUTH WORKING TO DEVELOP AND OFFER THE SHOW TO AREA DAY CARE, SUMMER CAMP AND ACTIVITIES PROGRAMS FOR YOUNG CHILDREN SCHOOL BASED PREVENTION EDUCATION TO PREVENT ALCOHOL AND OTHER DRUG ABUSE OCCURS IN THREE AREA SCHOOLS SERVING THE HISPANIC POPULATION AND PARTICIPATION IN AN AREA COALITION CALLED HISPANIC ALLIANCE, ARE ALL EFFORTS OF THE HISPANIC PREVENTION PROGRAM A TOTAL OF 1300 CHILDREN AND FAMILIES ARE REACHED THROUGH THIS EFFORT CONCENTRATED ON THE NEAR WEST SIDE OF CLEVELAND, HEART OF THE HISPANIC/LATINO COMMUNITY - MATT TALBOT INN ADULT PRIMARY RESIDENTIAL TREATMENT FOR ADULT MEN WHO HAVE AN ADDICTION TO ALCOHOL AND/OR OTHER DRUGS AND ARE IN NEED OF THIS LEVEL OF CARE THE FACILITY HAS 27 BEDS AND IS USUALLY FULL PROVIDES GROUP, INDIVIDUAL COUNSELING, CASE MANAGEMENT, URINALYSIS AND SUPPORTIVE SERVICES FOR A MINIMUM TREATMENT INTERVENTION OF 30 HOURS PER WEEK, AT LEAST 5 DAYS PER WEEK REFERRED MEN MAY HAVE A CRIMINAL JUSTICE HISTORY, DUAL DIAGNOSES WITH MENTAL HEALTH OR COGNITIVE CHALLENGES, MAY BE HOMELESS AND MAY HAVE A HISTORY OF TRAUMA REFERRALS ARE RECEIVED FROM ADULT PROBATION, DETOXIFICATION CENTERS IN HOSPITALS, COMMUNITY PROVIDERS FOR MEDICALLY INDIGENT OR HOMELESS MEN, ACCESS TO RECOVERY, AMONG OTHERS THE PROGRAM SERVICES 170 MEN PER YEAR - MATT TALBOT FOR WOMEN ADULT PRIMARY RESIDENTIAL TREATMENT FOR ADULT WOMEN WHO HAVE AN ADDICTION TO ALCOHOL AND/OR OTHER DRUGS AND WHO ARE IN NEED OF THIS LEVEL OF CARE THE FACILITY HAS 16 BEDS AND THE CAPACITY TO ADMIT WOMEN WHO HAVE YOUNG CHILDREN WHO HAVE NO OTHER PLACE TO STAY PROVIDES GROUP, INDIVIDUAL COUNSELING, CASE MANAGEMENT, URINALYSIS AND SUPPORTIVE SERVICES FOR A MINIMUM TREATMENT INTERVENTION OF 30 HOURS PER WEEK, AT LEAST 5 DAYS PER WEEK PREGNANT WOMEN AND WOMEN WHO HAVE RECENTLY GIVEN BIRTH ARE A PRIORITY REFERRED WOMEN MAY HAVE A CRIMINAL JUSTICE HISTORY, DUAL DIAGNOSES WITH MENTAL HEALTH OR COGNITIVE CHALLENGES, MAY BE IN A DANGEROUS OR SEVERELY DYSFUNCTIONAL RELATIONSHIP AND MAY HAVE A HISTORY OF TRAUMA REFERRALS ARE RECEIVED FROM THE CHILD WELFARE DEPARTMENT WHEN WOMEN MAY HAVE ABUSED OR NEGLECTED THEIR CHILD(REN) DUE TO THEIR ADDICTION, ADULT PROBATION, DETOXIFICATION CENTERS IN HOSPITALS, ACCESS TO RECOVERY, PRENATAL PROGRAMS, AND COMMUNITY PROVIDERS FOR MEDICALLY INDIGENT WOMEN OR WOMEN WHO HAVE MEDICAID THE PROGRAM SERVES 100 WOMEN PER YEAR - MATT TALBOT INTENSIVE OUTPATIENT PROGRAM PROVIDES CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT TREATMENT 3 HOURS PER DAY, 4 DAYS PER WEEK FOR MEN OR WOMEN WHO ARE DEPENDENT ON ALCOHOL AND OTHER DRUGS AND IN NEED OF THIS LEVEL OF CARE SOME MAY BE STEPPING DOWN FROM RESIDENTIAL TREATMENT AS PART OF A CONTINUUM OF CARE OTHERS MAY BE REFERRED DIRECTLY FROM THE COMMUNITY REFERRALS ARE RECEIVED FROM ADULT PROBATION, ACCESS TO RECOVERY, VOCATIONAL REHABILITATION PROGRAM, CHILD WELFARE, DRUG COURTS, AND OTHER PROVIDERS SPECIALIZES IN SERVING CLIENTS WHO HAVE COGNITIVE CHALLENGES OR WHO ARE DUALLY DIAGNOSED PROVIDES ASSESSMENT, CASE MANAGEMENT, GROUP AND INDIVIDUAL COUNSELING AND URINALYSIS FOR 9 - 12 HOURS PER WEEK SERVES 200 ADULTS PER YEAR - ADULT NON INTENSIVE OUTPATIENT PROGRAM PROVIDES NON INTENSIVE OUTPATIENT GROUP COUNSELING 2 HOURS PER DAY, 2 DAYS PER WEEK, 1 HOUR OF INDIVIDUAL COUNSELING PER WEEK AND URINALYSIS, FOR ADULT MEN AND WOMEN DIAGNOSED WITH SUBSTANCE ABUSE SOME MAY BE STEPPING DOWN FROM MORE INTENSIVE TREATMENT SETTINGS AS PART OF A CONTINUUM OF CARE REFERRALS ARE RECEIVED FROM MUNICIPAL AND COUNTY COURT SYSTEMS, CHILD WELFARE, DRUG COURTS, ACCESS TO RECOVERY, AMONG OTHER AGENCIES SERVES 150 ADULTS PER YEAR

4c (Code) (Expenses $ 342,479 including grants of $) (Revenue $ 184,272)

OLDER ADULT SERVICES CATHOLIC CHARITIES SERVICES PROVIDES TWO NUTRITION SITES FOR MEALS AND SOCIALIZATION FOR OLDER ADULTS ALSO, A HOME-DELIVERED MEAL PROGRAM FOR HOME-BOUND OLDER ADULTS WHO ARE NOT AS AMBULATORY IS PROVIDED - BROADWAY GOLDEN HOURS SITE SERVES THE SOUTH BROADWAY/SLAVIC VILLAGE AREA OF CLEVELAND RESIDENTS OF THE AREA WHO ARE 60 YEARS OF AGE AND OLDER RECEIVE TRANSPORTATION TO THE SITE, OUTINGS AND ORGANIZED TRIPS SUCH AS SHOPPING, THE PROGRAM OFFERS 4,500 ONE-WAY TRIPS PER YEAR RESIDENTS ALSO RECEIVE HOME-DELIVERED MEALS FOR WEEKLY WEEK DAY LUNCHES, WITH ADDITIONAL MEALS DELIVERED ON FRIDAYS FOR WEEKEND CONSUMPTION FOR AN ANNUAL TOTAL OF 21,500 MEALS - WEST ROSE MOUNT CARMEL SITE SERVES THE DETROIT SHOREWAY AREA OF CLEVELAND RESIDENTS OF THE AREA WHO ARE 60 YEARS OF AGE AND OLDER RECEIVE TRANSPORTATION TO THE SITE, OUTINGS AND ORGANIZED TRIPS SUCH AS SHOPPING, THE PROGRAM OFFERS 2,700 ONE-WAY TRIPS PER YEAR THE RESIDENTS ALSO CONGREGATE FOR LUNCH TIME MEALS AT THE SITE FOR 7,500 MEALS PER YEAR HOME-DELIVERED MEALS ARE PROVIDED FOR WEEKLY WEEK DAY LUNCHES, WITH ADDITIONAL MEALS DELIVERED ON FRIDAYS FOR WEEKEND CONSUMPTION FOR AN ANNUAL TOTAL OF 26,200 MEALS SUPPORTIVE SERVICES ARE PROVIDED AT THE SITE OR THROUGH INFORMATION AND REFERRAL AS NEEDED FOR THE OLDER ADULT PARTICIPANTS WITH 100 LINKAGES PER YEAR MADE

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

4e **Total program service expenses** ▶ $ 17,306,172

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 (see instruction)?	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		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*	4		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*	5		
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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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.*	11b		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.*	11c		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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	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.*	11f	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*	12a	Yes	
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		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*	15		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*	16		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)*	17		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*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *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**		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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
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)?	**35**		No
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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 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**		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? *If "Yes," complete Schedule R, Part VI*	**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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	58		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	399		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *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 instructions for filing requirements for Form TD F 90-22 1, 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		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 to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		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 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10		
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		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? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ▶

WAYNE PEEL
7911 DETROIT AVE
CLEVELAND, OH 44102
(216) 334-2900

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) GREGORY CLIFFORD DIRECTOR	2 00	X						0	0	0
(2) PATRICIA B DECENSI SECRETARY	2 00	X		X				0	0	0
(3) GERALD ELLIOT TREASURER	2 00	X		X				0	0	0
(4) LUIS GOMEZ DIRECTOR	2 00	X						0	0	0
(5) DAVID HOLLY DIRECTOR	2 00	X						0	0	0
(6) MICHAEL J MASON VICE-CHAIRMAN	2 00	X		X				0	0	0
(7) PARASADA MOORE DIRECTOR	2 00	X						0	0	0
(8) DAVID A RUIZ DIRECTOR	2 00	X						0	0	0
(9) ANTHONY J SEARCY CHAIRMAN	2 00	X		X				0	0	0
(10) NORMA SINGLETON DIRECTOR	2 00	X						0	0	0
(11) J THOMAS MULLEN PRESIDENT & CEO - CCHHS	40 00	X		X				0	149,601	17,462
(12) MAUREEN DEE EXECUTIVE DIRECTOR	40 00			X				131,746	0	18,587
(13) LAWRENCE MURTAUGH INTERIM SECRETARY	40 00			X				0	36,322	4,956
(14) JEFFREY JENEY DIRECTOR - PARMADALE	40 00					X		120,032	0	15,266
(15) WAYNE PEEL CFO-CCHHS	40 00					X		0	138,323	8,069

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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								251,778	324,246	64,340

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 ▶ 2

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		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? *If "Yes," complete Schedule J for such individual* **4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		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
NEW DIRECTIONS INC 30800 CHARGRIN PEPPER PIKE, OH 44124	CHEMICAL DEPEND REHAB	252,755
UNIVERSITY HOSPITALS HEALTH SYSTEM PO BOX 70328 CLEVELAND, OH 44190	MENTAL HEALTH SERVICES	177,287

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 ▶ 2

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	1,015,872				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	919,789				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	83,206				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		2,018,867			
Program Service Revenue		Business Code				
	2a OTHER GOVERNMENTAL PRO	624100	7,887,699	7,887,699		
	b CUYAHOGA COUNTY DEPT H	624100	6,040,697	6,040,697		
	c US DEPT HEALTH & HUMAN	624100	2,796,489	2,796,489		
	d ADOPTION FEES	624100	103,895	103,895		
	e PROGRAM FEES	624100	24,074	24,074		
	f All other program service revenue		21,052	21,052		
	g **Total.** Add lines 2a–2f . . . . . ▶		16,873,906			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		20,215			20,215
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	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 OTHER REVENUE	900099	62,084	62,084		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		62,084			
	12 **Total revenue.** See Instructions . . . ▶		18,975,072	16,935,990	0	20,215

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	251,778	75,533	176,245	
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	10,160,070	9,679,668	480,402	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	530,081	439,967	90,114	
9 Other employee benefits	1,919,145	1,587,747	331,398	
10 Payroll taxes	1,085,956	1,014,718	71,238	
a Fees for services (non-employees) Management	575,626	248,555	327,071	
b Legal	3,224	1,392	1,832	
c Accounting	71,300	30,787	40,513	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	928,153	400,812	527,341	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,618,474	1,615,329	3,145	
17 Travel	341,542	334,506	7,036	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,252	30,485	12,767	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,238	132,374	17,864	
23 Insurance				
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 SUPPLIES	727,032	679,363	47,669	
b PAYMENTS TO FOSTER CARE	638,199	638,199		
c SPECIAL ASSISTANCE	222,693	223,016	-323	
d EQUIPMENT MAINTENANCE A	160,062	91,675	68,387	
e TELEPHONE	115,059	47,788	67,271	
f All other expenses	101,974	34,258	67,716	
25 **Total functional expenses.** Add lines 1 through 24f	19,643,858	17,306,172	2,337,686	0
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,135,313	1	1,282,316
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		430,518	3	347,184
	4	Accounts receivable, net		2,933,877	4	3,086,358
	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		54,439	8	46,585
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,423,062			
	b	Less accumulated depreciation	10b 2,902,782	605,616	10c	520,280
	11	Investments—publicly traded securities			11	
	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		323,816	15	277,627
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,483,579	16	5,560,350
Liabilities	17	Accounts payable and accrued expenses		1,373,320	17	881,443
	18	Grants payable			18	
	19	Deferred revenue		27,202	19	96,086
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,795,369	25	1,927,269
	26	**Total liabilities.** Add lines 17 through 25		3,195,891	26	2,904,798
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		856,179	27	1,330,424
	28	Temporarily restricted net assets		1,210,824	28	1,089,028
	29	Permanently restricted net assets		220,685	29	236,100
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		2,287,688	33	2,655,552
	34	Total liabilities and net assets/fund balances		5,483,579	34	5,560,350

Part XI Reconcilliation 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	18,975,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,643,858
3	Revenue less expenses Subtract line 2 from line 1	3	-668,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,287,688
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,036,650
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	2,655,552

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☐ Consolidated basis ☑ 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES SERVICES CORPORATION

Employer identification number
34-1318541

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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	341908590	7	Yes						0
Total									0

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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES SERVICES CORPORATION

Employer identification number
34-1318541

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.

		(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 ☐ Yes ☐ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

		Amount
c 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 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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,368,754	1,134,655	234,099
d Equipment		1,300,662	1,094,125	206,537
e Other		753,646	674,002	79,644
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				520,280

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POST RETIREMENT BENEFITS	1,927,269
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,927,269

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	18,975,072
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,643,858
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-668,786
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,036,650
9	Total adjustments (net) Add lines 4 - 8	9	1,036,650
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	367,864

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	18,992,472
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	17,400		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	17,400
3	Subtract line **2e** from line **1**			3	18,975,072
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			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	18,975,072

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

1	Total expenses and losses per audited financial statements			1	19,661,258
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	17,400		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	17,400
3	Subtract line **2e** from line **1**			3	19,643,858
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	19,643,858

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 XI, LINE 8 - OTHER ADJUSTMENTS EFFECT OF ADOPTION OF FASB 158 (78,350) TRANSFER OF NET ASSETS FROM CCHHS 1,115,000 --------- TOTAL ADJUSTMENTS 1,036,650
		PART X, LINE 2 - FIN 48 FOOTNOTE THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSISTION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, THE CONTINUED TAX-EXEMPT STATUS AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANICAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS AT DECEMBER 31, 2009 AND DECEMBER 31, 2010, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES SERVICES CORPORATION

Employer identification number
34-1318541

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ 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 VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) J THOMAS MULLEN	(i)	0	0	0	0	0	0	0
	(ii)	149,601	0	0	9,248	8,214	167,063	0
(2) MAUREEN DEE	(i)	131,746	0	0	7,841	10,746	150,333	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES SERVICES CORPORATION

Employer identification number
34-1318541

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION CONT	OTHER PROGRAMS INCLUDE FOSTER CARE, ADOPTION, PRE-EMPLOYMENT SCREENING SERVICES AND TAPESTRY SYSTEM OF CARE WRAPAROUND CARE COORDINATION SERVICES ARE PROVIDED ACCORDING TO THE CATHOLIC CHARITIES SERVICES MISSION CATHOLIC CHARITIES SERVICES CONTINUES THE MISSION OF JESUS BY RESPONDING TO THOSE IN NEED THROUGH AN INTEGRATED SYSTEM OF QUALITY SERVICES DESIGNED TO ENHANCE THE DIGNITY OF EVERY PERSON AND BUILD A JUST AND COMPASSIONATE SOCIETY CCS IS AN EQUAL OPPORTUNITY EMPLOYER AND HAS AS A TOP PRIORITY TO PROVIDE SERVICES IN A CULTURALLY COMPETENT MANNER ACCORDING ITS CLIENT/CONSUMER CIVIL RIGHTS POLICY AND ITS CLIENT/CONSUMER RIGHTS AND GRIEVANCE POLICY AND PROCEDURES

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS	- PRE-EMPLOYMENT SCREENING PROGRAM PROVIDES A BRIEF ASSESSMENT FOR EVERY ADULT APPLYING FOR PUBLIC ASSISTANCE IN CUYAHOGA COUNTY TO DETERMINE BARRIERS TO EMPLOYMENT REQUIRING REFERRAL AND INTERVENTION THESE COULD INCLUDE MENTAL HEALTH, SUBSTANCE ABUSE OR DEPENDENCE, DOMESTIC VIOLENCE, CARING FOR DISABLED FAMILY MEMBER, PHYSICAL HEALTH CHALLENGES, POOR WORK HISTORY, INCOMPLETE GRADE SCHOOL OR HIGH SCHOOL EDUCATION, HOMELESSNESS, AMONG OTHERS SERVICES INCLUDE IDENTIFYING BARRIERS, MAKING REFERRALS, SCHEDULING FOR FULL ALCOHOL/DRUG AND MENTAL HEALTH ASSESSMENTS, DEVELOPING RECOMMENDATIONS FOR BECOMING JOB READY SERVES APPROXIMATELY 6,000 APPLICANTS FOR PUBLIC ASSISTANCE PER YEAR - WELFARE TO WORK INTENSIVE CASE MANAGEMENT PROGRAM PROVIDES SPECIAL CARE COORDINATION AND ASSISTANCE TO INDIVIDUALS WHO ARE RECIPIENTS OF PUBLIC ASSISTANCE CASH BENEFITS, AND WHO ARE NOT ABLE TO FULFIL THEIR 30 HOURS/WEEK WORK REQUIREMENTS DUE TO MAJOR BARRIERS TO EMPLOYMENT PARTICIPANTS ARE CONSIDERED FOR THEIR ELIGIBILITY TO APPLY FOR SOCIAL SECURITY DISABILITY AND ASSISTED WITH THAT APPLICATION PROCESS, WHILE RECEIVING SUPPORTIVE SERVICES WHICH INCLUDE ACCESS TO PSYCHIATRY, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, VOCATIONAL REHABILITATION, MEDICAL CARE, ETC TO OVERCOME BARRIERS TO EMPLOYMENT AND SELF SUFFICIENCY ALL ARE PARENTS OF MINOR CHILDREN AND REQUIRE A PLAN FOR SUBSISTENCE FOR THE FAMILY SERVES 300 ADULTS/FAMILIES PER YEAR - HISPANIC ALCOHOL AND DRUG TREATMENT FOR ADULT MEN AND WOMEN PROVIDES ASSESSMENT, CASE MANAGEMENT, INDIVIDUAL AND GROUP COUNSELING, URINALYSIS AND WRAPAROUND SUPPORTIVE SERVICES BY BILINGUAL STAFF IN A BICULTURAL SETTING FOR ADULTS WHO ARE HISPANIC ALSO SERVES NON-HISPANIC ADULTS FROM THE COMMUNITY SPECIALIZED GROUP SERVICES ARE PROVIDED TO COURT-REFERRED PERPETRATORS OF DOMESTIC VIOLENCE, AND PERSONS IN NEED OF ANGER MANAGEMENT CLASSES RECEIVES REFERRALS FROM ADULT PROBATION, MUNICIPAL COURTS, COMMUNITY PROVIDERS, CHILD WELFARE, ACCESS TO RECOVERY AND VOCATIONAL REHABILITATION PROGRAM SERVES 180 ADULTS PER YEAR - CLEVELAND CARES PROVIDES COMPREHENSIVE ALCOHOL AND OTHER DRUG ASSESSMENTS FOR ADULTS WHO ARE REFERRED BY THE CHILD WELFARE SYSTEM AND OTHER COMMUNITY PROVIDERS FOR CONSIDERATION FOR TREATMENT DETERMINES DIAGNOSIS, APPROPRIATE LEVEL OF CARE FOR TREATMENT INTERVENTION, SOURCE OF FINANCIAL SUPPORTS FOR TREATMENT FOR WHICH THEY MAY BE ELIGIBLE, AND REFERRAL SERVES 120 ADULTS PER YEAR WHO ARE PARENTS OF MINOR CHILDREN - DEAF ADDICTION RECOVERY PROGRAM (DARP) PROVIDES NON-INTENSIVE OUTPATIENT INDIVIDUAL AND SOMETIMES GROUP COUNSELING TO THE DEAF AND HARD OF HEARING WHO HAVE A DIAGNOSIS OF ABUSE OR DEPENDENCE ON ALCOHOL AND OTHER DRUGS ADULT CLIENTS ARE REFERRED BY THE ADULT CRIMINAL JUSTICE OR CHILD WELFARE SYSTEMS A COMPREHENSIVE ASSESSMENT IS PROVIDED AT ADMISSION URINE TESTING IS ALSO AVAILABLE TWELVE (12) ADULTS PER YEAR OF THIS SPECIAL POPULATION ARE ASSISTED WITH WORKING A RECOVERY PROGRAM BY A STAFF PERSON WHO IS INDEPENDENTLY LICENSED AS A CHEMICAL DEPENDENCY COUNSELOR, AND WHO COMMUNICATES THROUGH AMERICAN SIGN LANGUAGE AND ASSISTIVE COMMUNICATION DEVICES - VOCATIONAL REHABILITATION PROGRAM 3 SPECIAL INITIATIVE FUNDING ASSISTS INDIVIDUALS WHO ARE MEDICALLY INDIGENT AND WHO MEET THE CRITERIA FOR HAVING A DISABILITY, AND WHO HAVE A NEED FOR MENTAL HEALTH SERVICES, ALCOHOL AND OTHER DRUG TREATMENT SERVICES, AND EMPLOYMENT SERVICES CCS CARE COORDINATION STAFF THROUGH THE EMPLOYMENT AND TRAINING PROGRAM WORK WITH CCS BEHAVIORAL HEALTH TREATMENT SERVICES TO INSURE THAT WORK BARRIERS ARE REDUCED OR ELIMINATED TO ACHIEVE EMPLOYMENT SUCCESS JOB READINESS AND JOB PLACEMENT SERVICES ARE PROVIDED BY EMPLOYMENT AND TRAINING PROGRAM SERVES 120 ADULTS PER YEAR - OUTPATIENT MENTAL HEALTH SERVICES (OPMH) MENTAL HEALTH ASSESSMENT AND OUTPATIENT COUNSELING IS PROVIDED TO ADULT MALE OR FEMALE INDIVIDUALS, COUPLES AND FAMILIES WHO NEED A MENTAL HEALTH ASSESSMENT AND WHO HAVE A DIAGNOSIS OF A MENTAL HEALTH DISORDER APPROPRIATE FOR OUTPATIENT COUNSELING SOME CLIENTS ARE STEPPING DOWN FROM MORE RESTRICTIVE SETTINGS, SUCH AS THE STATE PSYCHIATRIC HOSPITAL OTHERS ARE REFERRED BY COMMUNITY AGENCIES, PUBLIC SYSTEMS, OR SELF REFERRALS AN ONSITE PSYCHIATRIST PROVIDES PSYCHIATRIC EVALUATIONS AND MEDICATION MONITORING FOR PERSONS ENROLLED IN THE OPMH PROGRAM AND REFERRED BY THEIR ASSIGNED COUNSELOR ALL STAFF ARE STATE LICENSED SOCIAL WORKERS OR COUNSELORS WHO PROVIDE BILLABLE MENTAL HEALTH SERVICES, IN COMPLIANCE WITH STATE STANDARDS, MEDICAID AND MEDICARE MOST CLIENTS ARE IN RECEIPT OF MENTAL HEALTH ASSESSMENTS AND INDIVIDUAL COUNSELING IN AN OFFICE-BASED SETTING SOME HOME BASED CARE IS AVAILABLE FOR SENIOR ADULTS A CO-LOCATED SERVICE AT AN AREA FEDERALLY QUALIFIED HEALTH CENTER IS A SPECIAL INITIATIVE THROUGH THIS PROGRAM ONE DAY PER WEEK A COLLABORATION WITH CATHOLIC CHARITIES MIGRATION AND REFUGEE SERVICES EMBRACES REFERRALS OF REFUGEES IN NEED OF MENTAL HEALTH SERVICES IN COORDINATION WITH TRANSLATION AND INTERPRETATION SERVICES PROVIDED THROUGH CATHOLIC CHARITIES THE OPMH PROGRAM SERVES 120 ADULTS PER YEAR - OUTPATIENT MENTAL HEALTH FOR OLDER ADULTS OLDER ADULTS RECEIVE SERVICES PROVIDED THROUGH CATHOLIC CHARITIES SERVICES THROUGH OUTPATIENT MENTAL HEALTH SERVICES, WHICH INCLUDE MENTAL HEALTH ASSESSMENT, COMMUNITY BASED PSYCHIATRIC SUPPORTIVE SERVICES, AND INDIVIDUAL OR COUPLES COUNSELING THESE MAY BE MEDICARE REIMBURSED AND MAY BE OFFERED IN THE HOME OR COMMUNITY, AS WELL AS AT THE OFFICES OF THE PROGRAM PSYCHIATRIC SERVICES ARE ALSO AVAILABLE THE PROGRAM SERVES 50 OLDER ADULTS PER YEAR IN NEED OF OUTPATIENT MENTAL HEALTH COUNSELING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS FOUR MEMBERS DESIGNATED AS THE ROMAN CATHOLIC BISHOP OF THE DIOCESE OF CLEVELAND, THE SECRETARY OF CCHHS, THE CHAIR OF THE BOARD AND AN AUXILIARY BISHOP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL MEMBERS OF THE GOVERNING BODY MUST BE APPROVED BY THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		CERTAIN DECISIONS OF THE ORGANIZATION'S BOARD ARE SUBJECT TO APPROVAL BY THE ORGANIZATION'S MEMBERS, SUCH AS THE TRANSFER OF REAL PROPERTY, APPOINTMENT OF BOARD MEMBERS, ENCUMBRANCE OF DEBT AND THE AMENDMENT OF ORGANIZATIONAL DOCUMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CHIEF FINANCIAL OFFICER OF CCHHS REVIEWS THE INFORMATION IT IS THEN PROVIDED TO THE BOARD'S FINANCE COMMITTEE FOR REVIEW AND THEN TO THE EXECUTIVE DIRECTOR FOR REVIEW AND SIGNATURE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES, INCLUDING OFFICERS, ARE REQUIRED TO DISCLOSE SITUATIONS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST THIS IS A REQUIRED PART OF THE ANNUAL EMPLOYEE EVALUATION PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED WITHIN PRESCRIBED GUIDELINES, AS FOLLOWS ALL POSITIONS WITHIN THE ORGANIZATION ARE SCALED BASED UPON DUTIES AND RESPONSIBILITIES THOSE SCALES ARE RATED AND EVALUATED BASED UPON COMPARATIVE SALARY STUDIES PROVIDED TO THE HUMAN RESOURCES DEPARTMENT BY EXTERNAL SOURCES INDIVIDUAL SALARIES ARE DETERMINED WITHIN THE ESTABLISHED PAY RANGE FOR EACH PERSON

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	EFFECT OF ADOPTION OF FASB 158 -78,350 TRANSFER OF NET ASSETS FROM CATHOLIC CHARITIES HEALTH & HUMAN SERVICES 1,115,000 TOTAL TO FORM 990, PART XI, LINE 5 1,036,650

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990, PART XII, LINE2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES SERVICES CORPORATION

Employer identification number
34-1318541

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ASCENSION VILLAGE LIMITED PARTNERHSHIP 2801 ALASKAN WAY SUITE 200 SEATTLE, WA98121 31-1326690	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			No	
(2) ANNUNCIATION TERRACE LTD PO BOX 1023 COLUMBUS, OH43201 31-1574429	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			No	
(3) NATIVITY MANOR LP 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1949433	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			No	
(4) KIRBY MANOR SENIOR LIMITED PARTNERSHIP 2335 NORTH BANK DRIVE COLUMBUS, OH43220 87-0704525	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			No	
(5) NATIVITY HOMES LLC 7911 DETROIT AVENUE CLEVELAND, OH44102 20-3180850	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			No	
(6) ST LUCY SENIOR LLC 7911 DETROIT AVENUE CLEVELAND, OH44102 27-3478919	LOW INCOME SENIOR HOUSING	OH	N/A	N/A				No			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
(1) ELDER HOUSING ONE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1726944	REAL ESTATE LESSOR	OH		C			
(2) ELDER HOUSING TWO CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1886370	REAL ESTATE LESSOR	OH		C			
(3) ELDER HOUSING THREE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1949432	REAL ESTATE LESSOR	OH		C			
(4) ELDER HOUSING FOUR CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 01-0708227	REAL ESTATE LESSOR	OH		C			
(5) ELDER HOUSING FIVE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 20-0834959	REAL ESTATE LESSOR	OH		C			
(6) ELDER HOUSING SIX CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 20-3180795	REAL ESTATE LESSOR	OH		C			
(7) ELDER HOUSING SEVEN CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 27-3478807	REAL ESTATE LESSOR	OH		C			

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

			Yes	No
1	During the tax year, did the orgranization 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	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	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 CHARITIES HEALTH & HUMAN SERVICES	C	920,238	
(2) CATHOLIC CHARITIES FACILITIES CORPORATION	J	701,244	
(3) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	L	782,037	
(4) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	R	1,115,000	
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1318541
Name: CATHOLIC CHARITIES SERVICES CORPORATION

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
CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1908590	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
CATHOLIC CHARITIES COMMUNITY SERVICES CORP 7911 DETROIT AVENUE CLEVELAND, OH44102 26-1323950	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
CATHOLIC CHARITIES FACILITIES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1754839	PROPERTY MANAGEMENT & HOUSING	OH	501(C)(3)	11A	N/A		No
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-0118368	CHARITABLE FUNDRAISING	OH	501(C)(3)	7	N/A		No
CYO AND COMMUNITY SERVICES 812 BIRUTA STREET AKRON, OH44307 34-0714562	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	9	N/A		No
ST AUGUSTINE CORP 7801 DETROIT AVENUE CLEVELAND, OH44102 34-1040692	CARE TO THE ELDERLY	OH	501(C)(3)	11A	N/A		No
ROSE-MARY CENTER 19350 EUCLID AVENUE EUCLID, OH44117 34-1267579	CARE TO THE DISABLED	OH	501(C)(3)	1	N/A		No
CATHOLIC CHARITIES HOUSING CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1963245	PROPERTY MANAGEMENT & HOUSING	OH	501(C)(3)	11A	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ELDER HOUSING ONE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1726944	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING TWO CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1886370	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING THREE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 34-1949432	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING FOUR CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 01-0708227	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING FIVE CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 20-0834959	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING SIX CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 20-3180795	REAL ESTATE LESSOR	OH		C			
ELDER HOUSING SEVEN CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH44102 27-3478807	REAL ESTATE LESSOR	OH		C			