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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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)

7911 DETROIT AVENUE

Room/suite

City or town, state or country, and ZIP + 4

CLEVELAND, OH 44102

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities CATHOLIC CHARITIES SERVICES CORPORATION (CCS) PROVIDES BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY SERVICES ON BOTH AN OUTPATIENT AND RESIDENTIAL BASIS, PRIMARILY IN CUYAHOGA COUNTY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	394
	6	Total number of volunteers (estimate if necessary)	6	49
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,018,867	1,899,585
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,873,906	17,549,333
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,215	10,968
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,084	93,007
			18,975,072	19,552,893
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)	13,947,030	13,421,721
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,696,828	5,886,270
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,643,858	19,307,991
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	-668,786	244,902
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,560,350	5,967,761
	21	Total liabilities (Part X, line 26)	2,904,798	2,930,149
	22	Net assets or fund balances Subtract line 21 from line 20	2,655,552	3,037,612

Part II

Signature Block

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

Sign Here

Signature of officer

2012-10-15

Date

MAUREEN DEE EXECUTIVE DIRECTOR

Type or print name and title

Preparer's signature

ZACHARY FORTSCH

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00052725

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP
1001 LAKESIDE AVENUE EAST
CLEVELAND, OH 441141152

EIN 42-0714325

Phone no (216) 523-1900

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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 BARRIER REMOVAL SERVICES FOR THE CATHOLIC SERVICE SYSTEM OPERATING IN CUYAHOGA COUNTY THE PURPOSE OF THE ORGANIZATION IS TO ADDRESS THE MENTAL HEALTH, SUBSTANCE ABUSE

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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 8,191,699 including grants of \$) (Revenue \$ 8,827,351)

CHILDREN & FAMILY SERVICES IN 2011, 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 \$ 8,832,687 including grants of \$) (Revenue \$ 8,721,982)

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 AN OUTPATIENT CLINIC PROVIDES FOLLOW-UP MENTAL HEALTH COUNSELING AND CPST FOR YOUTH/FAMILIES AFTER THEY LEAVE THE DETENTION CENTER - 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 SERVES 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, MUNICIPAL COURTS, 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 DUALY DIAGNOSED PROVIDES ASSESSMENT, CASE MANAGEMENT, GROUP AND INDIVIDUAL COUNSELING AND URINALYSIS FOR 9 - 12 HOURS PER WEEK SERVES 300 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 \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O - PART III, LINE 3

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses➤\$ 17,024,386

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i>	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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	68			
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	394			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate 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	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CLIFFORD DIRECTOR	2 00	X						0	0	0
(2) PATRICIA B DECENSI SECRETARY	2 00	X		X				0	0	0
(3) GERALD ELLIOT CHAIRMAN	2 00	X		X				0	0	0
(4) KATHLEEN PETRULIS 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) WILLIAM YOUNG DIRECTOR	2 00	X						0	0	0
(8) ANTHONY J SEARCY TREASURER	2 00	X		X				0	0	0
(9) NORMA SINGLETON DIRECTOR	2 00	X						0	0	0
(10) PATRICK GAREAU PRESIDENT & CEO - CCHHS	8 00			X				0	209,474	24,770
(11) MAUREEN DEE EXECUTIVE DIRECTOR	40 00			X				136,961	0	19,307
(12) WAYNE PEEL CFO - CCHHS	8 00			X				0	140,958	9,126
(13) LAWRENCE MURTAUGH INTERIM SECRETARY	8 00			X				0	48,143	5,688
(14) JEFFREY JENEY DIRECTOR - PARMADALE	40 00					X		124,942	0	18,800

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	261,903	398,575	77,691

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEW DIRECTIONS INC 30800 CHARGRIN BLVD PEPPER PIKE, OH 44124	CHEMICAL DEPEND REHAB	240,038
UNIVERSITY HOSPITALS PO BOX 70328 CLEVELAND, OH 44190	MENTAL HEALTH SERVICES	187,100

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►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	956,612			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	733,139			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	209,834			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	OTHER GOVERNMENTAL PRO	624100	7,973,185	7,973,185		
	b	CUYAHOGA COUNTY DEPT H	624100	6,627,014	6,627,014		
	c	US DEPT HEALTH & HUMAN	624100	2,799,268	2,799,268		
	d	ADOPTION FEES	624100	103,844	103,844		
	e	PROGRAM FEES	624100	24,433	24,433		
	f	All other program service revenue		21,589	21,589		
	g	Total. Add lines 2a-2f			17,549,333		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		10,968			10,968
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
							a
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE		900099	93,007	93,007		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			93,007			
12	Total revenue. See Instructions			19,552,893	17,642,340	0	10,968

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	261,903	78,571	183,332	
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	9,892,517	9,419,109	473,408	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	422,163	364,960	57,203	
9	Other employee benefits	1,932,931	1,671,048	261,883	
10	Payroll taxes	912,207	854,107	58,100	
11	Fees for services (non-employees)				
a	Management				
b	Legal	15,673	7,194	8,479	
c	Accounting	72,000	33,048	38,952	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,342,687	1,425,879	916,808	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,498,234	1,485,201	13,033	
17	Travel	354,750	345,454	9,296	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,408	26,167	12,241	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	134,630	118,707	15,923	
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	710,350	658,298	52,052	
b	SPECIAL ASSISTANCE	360,092	360,092		
c	EQUIPMENT MAINTENANCE A	149,483	117,352	32,131	
d	TELEPHONE	108,197	38,250	69,947	
e					
f	All other expenses	101,766	20,949	80,817	
25	Total functional expenses. Add lines 1 through 24f	19,307,991	17,024,386	2,283,605	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,282,316	1	1,784,892
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			347,184	3	337,463
	4	Accounts receivable, net			3,086,358	4	3,112,161
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			46,585	8	46,760
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,429,995	520,280	10c	430,721
	b	Less accumulated depreciation	10b	2,999,274			
	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			277,627	15	255,764
16	Total assets. Add lines 1 through 15 (must equal line 34)			5,560,350	16	5,967,761	
Liabilities	17	Accounts payable and accrued expenses			881,443	17	875,460
	18	Grants payable				18	
	19	Deferred revenue			96,086	19	15,050
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,927,269	25	2,039,639
	26	Total liabilities. Add lines 17 through 25			2,904,798	26	2,930,149
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,330,424	27	1,609,014
	28	Temporarily restricted net assets			1,089,028	28	1,216,153
	29	Permanently restricted net assets			236,100	29	212,445
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,655,552	33	3,037,612
	34	Total liabilities and net assets/fund balances			5,560,350	34	5,967,761

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,552,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,307,991
3	Revenue less expenses Subtract line 2 from line 1	3	244,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,655,552
5	Other changes in net assets or fund balances (explain in Schedule O)	5	137,158
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	3,037,612

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	Yes	

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

2011

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 **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. 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	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. 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	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

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
1c	
1d	
1e	
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,397,855	1,181,695	216,160
d Equipment		1,278,494	1,118,779	159,715
e Other		753,646	698,800	54,846
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				430,721

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	19,552,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,307,991
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	244,902
4	Net unrealized gains (losses) on investments	4	-23,655
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	160,813
9	Total adjustments (net) Add lines 4 - 8	9	137,158
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	382,060

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	19,529,238
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-23,655
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-23,655
3	Subtract line 2e from line 1	3	19,552,893
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	19,552,893

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	19,307,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,307,991
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	19,307,991

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 -59,187 TRANSFER OF NET ASSETS FROM CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES 220,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 160,813
		PART X, LINE 2 - FIN 48 FOOTNOTE THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR FOR THE YEAR ENDED DECEMBER 31, 2011, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization CATHOLIC CHARITIES SERVICES CORPORATION	Employer identification number 34-1318541
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b Any related organization?		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?		No
b Any related organization?		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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

Schedule J (Form 990) 2011

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
SUPPLEMENTAL INFORMATION	PART III	MR. K. PATRICK GAREAU PREVIOUSLY SERVED AS THE PRESIDENT/CEO OF ST. AUGUSTINE MANOR, A RELATED ENTITY. HIS 2011 COMPENSATION FROM THAT ENTITY INCLUDES THE DISTRIBUTION OF ACCUMULATED PAID-TIME-OFF BENEFITS.

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

2011**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	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 (PARMA DALE INSTITUTE, HOME-BASED AND OUTPATIENT COUNSELING) 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 RESPECT 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
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	EFFECTIVE JANUARY 1, 2011, MENTAL HEALTH AND MEAL ACTIVITY FOR OLDER ADULTS TRANSFERRED TO ST AUGUSTINE MANOR, A RELATED ENTITY

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS	<p>- 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.</p> <p>- 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 FULFILL 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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 C</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS	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 OUT PATIENT 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. THEN, IT IS MADE AVAILABLE TO THE FULL BOARD AND 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 THE DISCLOSURE MUST BE SIGNED BY THE EMPLOYEE AND THEIR SUPERVISOR THIS IS A REQUIRED PART OF THE ANNUAL EMPLOYEE EVALUATION PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALL POSITIONS WITHIN THE ORGANIZATION, INCLUDING THE EXECUTIVE DIRECTOR'S, ARE PLACED IN GRADES BASED UPON DUTIES AND RESPONSIBILITIES. THE COMPENSATION FOR THOSE GRADES ARE EVALUATED AND ESTABLISHED BASED UPON COMPARATIVE SALARY STUDIES PROVIDED TO THE HUMAN RESOURCES DEPARTMENT OF CCHHS BY EXTERNAL SOURCES. THOSE GRADE RANGES ARE REVIEWED ANNUALLY BY THE CCHHS HUMAN RESOURCES DEPARTMENT. INDIVIDUAL SALARIES, INCLUDING THE EXECUTIVE DIRECTOR'S, ARE DETERMINED WITHIN THOSE PAY/GRADE RANGES. EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR, ARE EVALUATED MID-YEAR AND SALARY ADJUSTMENTS ARE MADE AT THAT TIME. THE PRESIDENT/CEO OF CATHOLIC CHARITIES HEALTH & HUMAN SERVICES MUST APPROVE ANY SALARY ADJUSTMENT FOR THE EXECUTIVE DIRECTOR.

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
HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	PATRICK GAREAU 32 LAWRENCE MURTAUGH 32 WAYNE PEEL 32

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -23,655 EFFECT OF ADOPTION OF FASB 158 - 59,187 TRANSFER OF NET ASSETS FROM CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES 220,000 TOTAL TO FORM 990, PART XI, LINE 5 137,158

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

SCHEDULE R
(Form 990)

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
(1) CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES 7911 DETROIT AVENUE CLEVELAND, OH 44102 34-1908590	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
(2) CATHOLIC CHARITIES COMMUNITY SERVICES CORP 7911 DETROIT AVENUE CLEVELAND, OH 44102 26-1323950	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
(3) CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH 44102 34-0118368	CHARITABLE FUNDRAISING	OH	501(C)(3)	7	N/A		No
(4) ST AUGUSTINE SERVICES 7801 DETROIT AVENUE CLEVELAND, OH 44102 34-1609330	CARE TO THE ELDERLY	OH	501(C)(3)	9	N/A		No
(5) ST AUGUSTINE MANOR 7801 DETROIT AVENUE CLEVELAND, OH 44102 34-1040692	CARE TO THE ELDERLY	OH	501(C)(3)	11A	N/A		No
(6) ROSE-MARY CENTER 19350 EUCLID AVENUE EUCLID, OH 44117 34-1267579	CARE TO THE DISABLED	OH	501(C)(3)	1	N/A		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	C	733,426	
(2) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	L	829,746	
(3) CATHOLIC CHARITIES COMMUNITY SERVICES	L	10,372	
(4) CATHOLIC CHARITIES HEALTH & HUMAN SERVICES	R	220,000	
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
CATHOLIC CHARITIES HEALTH AND HUMAN SERVICES 7911 DETROIT AVENUE CLEVELAND, OH 44102 34-1908590	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
CATHOLIC CHARITIES COMMUNITY SERVICES CORP 7911 DETROIT AVENUE CLEVELAND, OH 44102 26-1323950	SOCIAL SERVICES TO THE PUBLIC	OH	501(C)(3)	11A	N/A		No
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH 44102 34-0118368	CHARITABLE FUNDRAISING	OH	501(C)(3)	7	N/A		No
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ST AUGUSTINE MANOR 7801 DETROIT AVENUE CLEVELAND, OH 44102 34-1040692	CARE TO THE ELDERLY	OH	501(C)(3)	11A	N/A		No
ROSE-MARY CENTER 19350 EUCLID AVENUE EUCLID, OH 44117 34-1267579	CARE TO THE DISABLED	OH	501(C)(3)	1	N/A		No