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B Exempt under section Print Print Section Print Print Section Print Pr		▶ [Do not enter SSN nur	mbers on this form as it ma	y be ma	te public if your organi	zation is a 501(c)		
X Soft C D All page D P			Name of organization	(Check box if name	changed	and see instructions.)		(Empl	loyees' trust, see
Additional content Comparison Comparis		Print 4	CATHOLIC :	SOCIAL SERVIO	CES				
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LTNCOLN, NE 68510-1122 722210		l '' L		<u> </u>			-	_	
Describe the organization's primary unrelated business activity. ▶ COFFEE. GELATO. AND OTHER FOOD SALES During the key year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	529(a)]:	LINCOLN, 1	NE 68510-112		postal code		722	210
During the tax year, was the corporation a substadary controlled group?	C Book value of all assets at end of year		F Group exemption n	number (See instructions)	<u> </u>	1 1			
During the tax year, was the corporation a substadary controlled group?	3,310,5	28.	G Check organization	type X 501(c) cor	poration	501(c) trust			
If Yes,' enfer the name and identifying number of the parent corporation. ▶ I The books are in care of ▶ FR. CHRISTOPHER KUBAT Telephone number ▶ 402-474-1600 The books are in care of ▶ FR. CHRISTOPHER KUBAT Telephone number ▶ 402-474-1600 The provided Trade or Business Income	H Describe the organization	n's primar	ry unrelated business	activity. COFFEE	, <u>GE</u> .	LATO, AND C		$\overline{}$	
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Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net						Teleni	none number	402-	474-1600
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Form 990-1	T (20 17)	CATHOLIC	SOCIAL	SERVICES			47	-075	1554		Paga 2
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е		credits. Add lines 41a th	• • • • • • • • • • • • • • • • • • • •				** (384) 31444		41e		
42		act line 41e from line 40			٠	٠٠			42	 	0.
43			1	Form 8611 Form	8697 Form	1 8866 []	Other terrach a	chedule)	43		
44		tax. Add lines 42 and 43	1					.	44		0.
		ents: A 2016 overpayme	1	2017		45a					
		estimated tax payments			•	45b					
		eposited with Form 8868	í,			45c					
			1	t source (see instructions)		. 45d					
		ip Withholding (see instru				45e					
		• •	th insurance 🏥	emiums (Attach Form 8941)		451					
9		credits and payments.	<u></u>	Form 2439					·		
		Form 4136	<u> </u>	Other	Total	459			į.		
46		payments. Add lines 45a			· ··			.]	46		
47				ck if Form 2220 is attached 🕨					47		
48				s 44 and 47, enter amount ov				. ▶	48		0.
49		•		of lines 44 and 47, enter am	,		, .		49		0.
50				ed to 2018 estimated tax			Refunded		50		
Part \				tain Activities and C)			
51				d the organization have an int	•		-			Yes	No
				other) in a foreign country? If							ĺ
	FinCE	N Form 114, Report of Fo	oreign Bank an	d Financial Accounts. If YES, (enter the name of	the foreign c	ountry				1
	here								· · · · · · · · · · · · · · · · · · ·	_	X
52	Durin	g the tax year, did the org	ganization rece	ive a distribution from, or was	it the grantor of, o	or transferor	to, a foreign tr	ust?			X
	If YES	S, see instructions for oth	er forms the d	rganization may have to file.							
53	Enter	the amount of tax-exemp	ot interest recei	ved or accrued during the tax	year ➤ \$						L
	Un	der penalties of perjury, I dec	fare that I have ex	amined this return, including according than taxpayer) is based on all in	npanying schedules	and statements	s, and to the best	of my know	rledge and belief	, it is true,	
Sign	"	1/11/14	11/11/	المرادي سيدان			•	Ma	y the IR's discus	s this return v	with
Here		TUNK	10011	37447	EXECU	TIVE I	DIRECTO	R the	preparer shown	below (see	_ }
		Signature of officer		Dale	Title			ins	truction1)?	Yes	No
		Print/Type preparer's na	arne /	Preparer's signature		Date	Check	1	PTIN		
Paid			1					mployed	1		
Prepa	arer	NIKI L STEH		NIKI L STE	HLIK	05/14/				72580	
Use C		Firm's name ► HBE						s EIN 🕨	47-0	67724	5
				EPHANIE LANE,	P.O. B	OX 231	110				
		Firm's address 🕨 L	INCOLN	, NE 68542-31	10		Phon	e no. 🔇	<u>402) 4</u>		
									Forn	n 990-T ((2017)

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation COS	Т			-		
1 Inventory at beginning of year	1	14,169.		Inventory at end of yea	of year 6 12,990					
2 Purchases	2	78,299.	7	Cost of goods sold. Su	ubtract I	ine 6				
3 Cost of labor	3	<u> </u>		from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs			1	line 2			7	79,478.		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No		
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5	92,468.		the organization?				X		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perty	y) 		
1 Description of property										
(1)								-		
(2)										
(3)										
(4)										
		ed or accrued				3(a) Deductions directly	/ connec	ted with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	ional property (if the percental property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	nd 2(b) (a	attach schedule)		
(1)				- •		• -				
(2)										
(3)										
(4)										
Total	0.	Total			0.	<u></u>				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)		0.		
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)						
	<u> </u>		,	Gross income from		Deductions directly cor to debt-finant				
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			t							
(2)										
(3)							1			
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)		
Totals				▶		0		0.		
Total dividends-received deductions in	icluded in column	18					$\cdot \bot$	0.		
						 		Form 990-T (2017)		

Schedule F - Interest,	Annuitie	s, noya	illes, an		Controlled O			Latio	see ins	structio	ris)
1 Name of controlled organizat	tion	2 Emj Identifik num	cation	3 Net unr	related income o instructions)	4 Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)									· · · · · · · · · · · · · · · · · · ·		·
(2)					-						
(3)	-						-	1	· ·		**
(4)	-										
Nonexempt Controlled Organi	zations					•		•			
7. Taxable Income		nrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of column the controll gross		nization's		eductions directly connected th income in column 10
(1)											
(2)						İ					
(3)						İ					
(4)						<u> </u>					
	·						Add colun Enter here and line 8, c		a 1, Part I, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals -						<u>▶</u>			0.		- 0
Schedule G - Investme (see insti		me of a	Section	501(c)(7), (9), or	(17) Or	ganization 3 Deduction		Ι.		5. Total deductions
1 Desc	ription of inco	me			2 Amount of	ıncome	directly conne (attach sched	ected	4. Set-	asides chedule)	and set-asides (col 3 plus col 4)
(1)						Î					
(2)						Î					
(3)						İ					
(4)						Ì					
.,				·.	Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				>		0.					0
Schedule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	€			•
1 Description of exploited activity	2 G unrelated incom	Gross business e from business	3 Exp directly co with pro of unre business	duction elated	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attributi colur	able to	7 - Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter her page 1 line 10,		Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi	na Incor		actruction		l						
					colidated	Racie					· · · · · · · · · · · · · · · · · · ·
Part I Income From	renouic	ais nep	oi tea oi	n a Con	, ,	Dasis					
1 Name of periodical		2. Gross advertising income		3. Direct	or (loss) (c		5. Circulate		6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)] .
(3)]
(4)											1
Totals (carry to Part II, line (5))	•		0.	0						_	0
			<u> </u>		-1		ı				Form 990-T (201)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				-	
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
otal. Enter here and on page 1. Part II, line 14		- •	

Form **990-T** (2017)

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FORM 990-T		OTHER	INCOME		STATEMENT	2		
DESCRIPTION	ī				AMOUNT			
DONATIONS	-				3,819			
TOTAL TO FO	3,819							
FORM 990-T		OTHER	DEDUCTI	ons	STATEMENT	3		
DESCRIPTION	ı				AMOUNT			
ADVERTISING BANK CHARGE JANITORIAL	S.	<u>-</u> .			3,1	20. 33.		
OFFICE EXPE SQUARE FEES SUPPLIES LEGAL & PRO SMALL EQUIE	S OFESSIONAL FEES				3,5' 5,3'	75. 30.		
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28	,		21,58	32.		
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT	4		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR			
06/30/16 06/30/17	180,156. 143,167.		0.	180,156. 143,167.	180,150 143,16			
NOL CARRYOV	VER AVAILABLE THIS	YEAR		323,323.	323,323	3.		