

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)

2009

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Catholic Social Services Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 222 North 17th st 328 City, town or country State ZIP code + 4 Philadelphia PA 19103	D Employer Identification Number 23-1352063 E Telephone number (215) 587-3892 G Gross receipts \$ 24,018,732.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: ▶ www.css-phila.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1955 M State of legal domicile: PA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>Family and Individual support agency - see attachment</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	640
	6 Total number of volunteers (estimate if necessary)	6	2,949
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,378,621.	6,768,021.
	9 Program service revenue (Part VIII, line 2g)	16,893,499.	16,369,157.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,004,159.	861,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,267,961.	23,998,282.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	771,105.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,098,956.	16,573,084.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 203,297.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,245,809.	7,974,672.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,115,870.	25,725,210.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,847,909.	-1,726,928.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	29,590,434.	40,170,630.
	21 Total liabilities (Part X, line 26)	3,648,710.	15,346,799.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,941,724.	24,823,831.

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 Gary Miller Type or print name and title.	Date
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Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 CATHOLIC SOCIAL SERVICES 222 N 17TH ST PHILADELPHIA PA 19103-1202	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	EIN ▶			Phone no. ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

see attachment

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,988,949. including grants of \$ 1,177,454.) (Revenue \$ 7,505,370.)

community Based Services

see attachment

A total of 94996 clients were served

4b (Code:) (Expenses \$ 5,445,678. including grants of \$ 1,800.) (Revenue \$ 3,143,397.)

Housing and Homeless

see attachment

A total of 7655 clients were served.

4c (Code:) (Expenses \$ 2,128,236. including grants of \$ 23,143.) (Revenue \$ 1,998,413.)

Child Care

see attachment

A total of 256 clients were served.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,844,320. including grants of \$ 0.) (Revenue \$ 3,721,977.)

4e Total program service expenses 24,407,183.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
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>		X
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>		X
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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
		Yes	No
		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		X
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>		X
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>	X	
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>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	X	
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>	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 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>	X	
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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>		X
25b	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>		X
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>		X
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>		X
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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
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>		X
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>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1 a 644		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 640		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from other members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15 a	a The organization's CEO, Executive Director, or top management official.	X	
15 b	b Other officers of key employees of the organization.	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Gary Miller 222 N. 17th ST Phila., PA 19103-1299 (215) 587-3892

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy C. Senior President of Board	0.50	X		X			0.	0.	0.	
Peter T. Ancona Board of Director	0.50	X					0.	0.	0.	
Elizabeth Harper Briglia Board of Director	0.50	X					0.	0.	0.	
Joseph Sweeney Vice Pres. of Board	45.00	X		X			174,000.	0.	22,478.	
James Amato Deputy Secretary	45.00	X			X		128,000.	0.	23,695.	
Gary Miller CFO	45.00	X				X	108,678.	0.	22,555.	
0	0.00	X					0.	0.	0.	
M. Noel Albers Board of director	0.50	X					0.	0.	0.	
Dorothy McKenna Brown Assistant Treasurer	0.50	X		X			0.	0.	0.	
Marion J. Corbin Board of director	0.50	X					0.	0.	0.	
John Delaney Jr Board of director	0.50	X					0.	0.	0.	
Edward P Deliman Board of director	0.50	X					0.	0.	0.	
Daniel K Fitzpatrick Board of director	0.50	X					0.	0.	0.	
Joseph C. Fluehr Jr. Board of director	0.50	X					0.	0.	0.	
Christopher Gigliotti Jr. Board of director	0.50	X					0.	0.	0.	
Denise Hodgson Board of director	0.50	X					0.	0.	0.	
Maura B. Kelly Treasurer of Board	0.50	X		X			0.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
0	0	X						0.	0.	0.
J. William Knott Vice President of Board	0.50	X		X				0.	0.	0.
Tara G. La Fiura Secretary of Board	0.50	X		X				0.	0.	0.
Leonard P Nalencz Board of director	0.50	X						0.	0.	0.
Catherine Rossi Board of director	0.50	X						0.	0.	0.
Gina Smith Board of director	0.50	X						0.	0.	0.
Julian Staniec Board of director	0.50	X						0.	0.	0.
R. Seth Williams Board of director	0.50	X						0.	0.	0.
Michael Crofton Board of director	0.50	X						0.	0.	0.
Vince Liuzzi Board of director	0.50	X						0.	0.	0.
Nelson J. Perez Board of director	0.50	X						0.	0.	0.
1b Total								410,678.	0.	68,728.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
Ceredian 1617 JFK Blvd Philadelphia PA 19103	Payroll Services	107,131.
J. T Miller 8511 West Chester Pike Upper Darby PA 19082	Construction	120,230.
Archdiocese of Phila 222N. 17th St Philadelphia PA 19103	Payroll, Audit, HR	460,032.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

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 178,439.					
	b Membership dues	1b					
	c Fundraising events	1c 31,353.					
	d Related organizations	1d 550,000.					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,008,229.					
	g Noncash contribns included in lns 1a-1f: \$	382,578.					
	h Total. Add lines 1a-1f		6,768,021.				
PROGRAM SERVICE REVENUE	2a Community Based Services		Business Code				
		624100	7,505,370.	7,505,370.	0.	0.	
	b Housing&homeless	623990	3,143,397.	3,143,397.	0.	0.	
	c aging	624100	1,367,151.	1,367,151.	0.	0.	
	d Child care	623990	1,998,413.	1,998,413.	0.	0.	
	e admin support/residential	561000	2,354,826.	2,354,826.	0.	0.	
	f All other program service revenue						
g Total. Add lines 2a-2f		16,369,157.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		473,884.	0.	0.	473,884.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)		387,220.			
		d Net gain or (loss)		387,220.	0.	0.	387,220.
	8a Gross income from fundraising events (not including \$ 31,353. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events		0.	0.	0.	0.
	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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			23,998,282.	16,369,157.	0.	861,104.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	58,000.	58,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,119,454.	1,119,454.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	348,695.	0.	348,695.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	12,052,387.	10,687,131.	1,320,143.	45,113.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	506,910.	474,559.	32,351.	0.
9 Other employee benefits	2,798,672.	2,565,006.	226,115.	7,551.
10 Payroll taxes	866,420.	747,846.	115,430.	3,144.
11 Fees for services (non-employees)				
a Management	126,568.	5,722.	54,546.	66,300.
b Legal	40,148.	8,491.	31,657.	0.
c Accounting	205,268.	0.	205,268.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	78,968.	663.	0.	78,305.
13 Office expenses	566,998.	486,229.	78,346.	2,423.
14 Information technology	502,166.	0.	502,166.	0.
15 Royalties				
16 Occupancy	1,897,615.	1,584,099.	313,516.	0.
17 Travel	360,028.	340,960.	18,607.	461.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,851.	13,340.	7,511.	0.
20 Interest	498,640.	498,640.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	757,211.	746,152.	11,059.	0.
23 Insurance	124,538.	124,538.	0.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Human Resources</u>	200,000.	0.	200,000.	0.
b <u>Program support services</u>	202,609.	202,609.	0.	0.
c <u>Supplies-non office</u>	618,075.	618,075.	0.	0.
d <u>Direct Expense of clients</u>	1,508,210.	1,508,210.	0.	0.
e <u>Admin support to related institutions</u>	0.	2,408,839.	-2,408,839.	0.
f All other expenses	266,779.	208,620.	58,159.	0.
25 Total functional expenses. Add lines 1 through 24f	25,725,210.	24,407,183.	1,114,730.	203,297.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing		29,227.	1	37,690.	
	2	Savings and temporary cash investments		2,927,449.	2	1,028,936.	
	3	Pledges and grants receivable, net		82,328.	3	37,425.	
	4	Accounts receivable, net		1,618,540.	4	2,692,020.	
	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	11,722,060.	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		402,112.	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,563,219.			
	b	Less: accumulated depreciation	10b	7,277,160.	5,558,522.	10c	5,286,059.
	11	Investments – publicly-traded securities		18,917,037.	11	19,316,658.	
	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		55,219.	15	49,782.	
16	Total assets. Add lines 1 through 15 (must equal line 34)		29,590,434.	16	40,170,630.		
LIABILITIES	17	Accounts payable and accrued expenses		3,350,411.	17	1,745,225.	
	18	Grants payable			18		
	19	Deferred revenue		243,080.	19	251,792.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		55,219.	21	49,782.	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities. Complete Part X of Schedule D		0.	25	13,300,000.	
	26	Total liabilities. Add lines 17 through 25		3,648,710.	26	15,346,799.	
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		19,615,348.	27	18,570,923.	
	28	Temporarily restricted net assets		6,092,789.	28	6,013,733.	
	29	Permanently restricted net assets		233,587.	29	239,175.	
	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, and equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances.		25,941,724.	33	24,823,831.	
34	Total liabilities and net assets/fund balances.		29,590,434.	34	40,170,630.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate 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?

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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	9,717,880.	9,420,800.	7,995,937.	7,378,621.	6,768,021.	41,281,259.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	14,535,134.	15,705,458.	19,077,334.	16,893,499.	16,029,830.	82,241,255.
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.	24,253,014.	25,126,258.	27,073,271.	24,272,120.	22,797,851.	123,522,514.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	2,095,384.	2,242,416.	1,215,380.	959,331.	1,175,611.	7,688,122.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	2,095,384.	2,242,416.	1,215,380.	959,331.	1,175,611.	7,688,122.
8 Public support (Subtract line 7c from line 6.)						115,834,392.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	24,253,014.	25,126,258.	27,073,271.	24,272,120.	22,797,851.	123,522,514.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,083,581.	943,389.	548,755.	412,638.	813,209.	3,801,572.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,083,581.	943,389.	548,755.	412,638.	813,209.	3,801,572.
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 lns 9, 10c, 11, and 12.)						127,324,086.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	90.98 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.99 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.03 %

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

23-1352063

Catholic Social Services

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 easement it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if 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	20,342,428.	25,893,358.			
b Contributions	426,477.	175,448.			
c Net investment earnings, gains, and losses	1,089,032.	-4,821,538.			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,965,477.	904,840.			
f Administrative expenses					
g End of year balance	18,892,460.	20,342,428.			

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

- a Board designated or quasi-endowment ▶ 67.00 %
- b Permanent endowment ▶ 32.00 %
- c Term endowment ▶ 1.00 %

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	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		202,934.		202,934.
b Buildings		6,921,994.	2,736,706.	4,185,288.
c Leasehold improvements				
d Equipment		5,438,291.	4,540,454.	897,837.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 5,286,059.

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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)		23,998,282.
2	Total expenses (Form 990, Part IX, column (A), line 25)		25,725,210.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-1,726,928.
4	Net unrealized gains (losses) on investments		609,035.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		609,035.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1,117,893.

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	25,210,075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	609,035.
b	Donated services and use of facilities	2b	602,758.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,211,793.
3	Subtract line 2e from line 1	3	23,998,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,998,282.

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

1	Total expenses and losses per audited financial statements	1	26,327,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	602,758.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	602,758.
3	Subtract line 2e from line 1	3	25,725,210.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,725,210.

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, line 2; 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.

Pt V Line 4 The endowment funds are used to provide financial
support for the programs operated by Catholic Social Services

Pt IV Line 2b Client funds

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>Golf Outing</u> (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	51,803.		51,803.
2	Less: Charitable contributions	31,353.		31,353.
3	Gross income (line 1 minus line 2)	20,450.		20,450.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes	5,638.	5,638.
	6	Rent/facility costs	8,630.	8,630.
	7	Food and beverages	6,182.	6,182.
	8	Entertainment		
	9	Other direct expenses		
10	Direct expense summary. Add lines 4- through 9 in column (d)			20,450.
11	Net income summary. Combine lines 3, column (d) and line 10			0.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If 'No,' explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Catholic Social Services

23-1352063

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 indemnification 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)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
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 type="checkbox"/> Compensation survey or study		
<input checked="" 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7	X
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.	8	X
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Catholic Social Services

23-1352063

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		11,750.	weight
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	197	298,718.	weight
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Catholic Social Services

Employer identification number

23-1352063

Pt VI-B, Line 11A see attached schedule

Pt VI-B, Line 12c see attached schedule

Pt VI-B, Line 15 see attached schedule

Pt VI-C, Line 19 see attached schedule

Pt VI-A, Line 6 see attached schedule

Pt VI-A, Line 7b see attached schedule

Pt VI-A, Line 7a see attached schedule

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
St. Joseph's House for Boys 23-1352537 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
St. Edmonds for Crippled Children 23-1365399 222 North 17th St, Philadelphia PA 19103	Residential services for Children	PA	501C 3	9	NA
Catholic Health Care Services 23-2757180 222 North 17th St, Philadelphia PA 19103	Health care Services	PA	501C 3	9	NA
Katherine Kiernan Trust 23-6251817 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
Office for Community Development 03-0524513 222 North 17th St, Philadelphia PA 19103	Community development	PA	501C 3	9	NA
Nutritional Development Services 23-1903647 222 North 17th St, Philadelphia PA 19103	Food program for children	PA	501C 3	9	NA
St. Martha Manor 23-2547350 222 North 17th St, Philadelphia PA 19103	Skilled Nursing Home religious and clergy	PA	501C 3	9	NA
St. Francis Homes for Boys 23-1370504 222 North 17th St, Philadelphia PA 19103	Residential Services for boys	PA	501C 3	9	NA
Heritage of Faith 27-0418606 222 North 17th St, Philadelphia PA 19103	support Organizations	PA	501C 3	9	NA
St. Francis County House 23-1355120 222 North 17th St, Philadelphia PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
Immaculate Mary Home 23-1952789 222 North 17th St, Philadelphia PA 19103	Skilled nursing home and Adult	PA	501C 3	9	NA
St. John Neumann Nursing Home 23-1652656 222 North 17th St, Philadelphia PA 19103	Skilled nursing home and Adult	PA	501C 3	9	NA
St. Monica Manor 04-3794966 222 North 17th St, 222 North 17th st PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
St. Mary Manor 23-1365165 222 North 17th St, Philadelphia PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
Villa St. John Vianney 23-1396815 222 North 17th St, Philadelphia PA 19103	Behavioral Health Facility	PA	501C 3	9	NA
Supportive Independent Living 23-3083785 222 North 17th St, Philadelphia PA 19103	Independent Living ans Assist	PA	501C 3	9	NA
St. Joh Neumann Place 81-0666954 222 North 17th st, Philadelphia PA 19103	Housing Development	PA	501C 3	9	NA

BAA

TEEA5102 02/02/10

Schedule R-1 (Form 990) 2009

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: St.Mary's is residential program for 32 women.
Expenses 476,767. A total of 41 women were served.
Grants Of 0.
Revenue.. 235,431.

Code: _____ Description: Administrative Support
Expenses 2,408,839. Catholic Social Services provides administrative and
Grants Of 0. financial services to 7 related 501C 3 corporations.
Revenue.. 2,119,395.

Code: _____ Description: Aging Programs
Expenses 1,958,714. Four comprehensive senior center programs are
Grants Of 0. offered in Philadelphia along with two satellite porgrams
Revenue.. 1,367,151. located in Philadelphia and Delaware County.
A total of 5679 clients were served.

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

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

	Yes	No
1 Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
a Gift, grant, or capital contribution to other organization(s)		X
b Gift, grant, or capital contribution from other organization(s)	X	
c Loans or loan guarantees to or for other organization(s)		X
d Loans or loan guarantees by other organization(s)	X	
e Sale of assets to other organization(s)		X
f Purchase of assets from other organization(s)		X
g Exchange of assets		X
h Lease of facilities, equipment, or other assets to other organization(s)	X	
i Lease of facilities, equipment, or other assets from other organization(s)		X
j Performance of services or membership or fundraising solicitations for other organization(s)	X	
k Performance of services or membership or fundraising solicitations by other organization(s)		X
l Sharing of facilities, equipment, mailing lists, or other assets		X
m Sharing of paid employees		X
n Reimbursement paid to other organization for expenses		X
o Reimbursement paid by other organization for expenses		X
p Other transfer of cash or property to other organization(s)		X
q Other transfer of cash or property from other organization(s)		X

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
(1) 1		
(2) 2) Catholic Health Care Services	c	350,000.
(3) 3) St. Joseph's House for Boys	c	200,000.
(4) 4) St. Edmond's Home for Crippled Children	I	7,758.
(5) 5) St. Francis Homes for Boys	I	17,662.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
6) See Continuation Sheet for Schedule R-1, Part V		
7) Divine Providence Village	I	82,397.
8) Don Duanella Village	I	7,981.
9) St. Gabriel's System	I	52,667.
10) Office for Community Development	K	239,339.
11) Catholic Health Care Services	L	272,373.
12) Don Duanella Village	L	22,658.
13) St. Gabriel's System	M	75,000.
14) Catholic Health Care Services	M	31,680.
15) St. Edmond's Home	K	153,812.
16) St. Francis Homes for Boys	K	276,196.
17) St. Vincent's Taony	K	132,064.
18) Divine Providence Village	K	431,156.
19) Don Duanella Village	K	320,284.
20) St. Gabriel's System	K	597,784.
21) Catholic Health Care Services	K	208,087.
22) St. Edmond's Home	E	4,400,000.
23) St. Joseph's House for Boys	E	8,900,000.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization

Catholic Social Services

Employer identification number

23-1352063

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Catholic Social Services

23-1352063

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Catholic Charities Appeal 222 N. 17th st Philadelphia PA 19103	\$ 3,828,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	United Way of Southeastern PA 17th Benjamin Frankin PKW Philadelphia PA 19103	\$ 160,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Nursing Home Trust 222 N. 17th st Philadelphia PA 19103	\$ 220,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Catholic Health Care Services 222 N. 17th st Philadelphia PA 19103	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Segui Turst 222 N. 17th st Philadelphia PA 19103	\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	St. Joseph's House for Boys 222 N. 17th st Philadelphia PA 19103	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning Jul 1, 2009, and ending Jun 30, 2010.

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

Catholic Social Services

23-1352063

Name and title of officer

Gary Miller

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

- 1a** Form 990 check here ... ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) **1b** 23,998,282.
- 2a** Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9)..... **2b** _____
- 3a** Form 1120-POL check here ▶ **b Total tax** (Form 1120-POL, line 22) **3b** _____
- 4a** Form 990-PF check here ▶ **b Tax based on investment income** (Form 990-PF, Part VI, line 5) **4b** _____
- 5a** Form 8868 check here ... ▶ **b Balance Due** (Form 8868, line 3c)..... **5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.....
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

SCHEDULE R
 (Form 990)
 Department of the Treasury
 Internal Revenue Service
Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Catholic Social Services
 Employer identification number
23-1352063

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to 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' to 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
St. Gabriel's System 23-1365389 222 North 17th St, Philadelphia PA 19103	Residential and day treatment for adolescent boys	PA	501C 3	9	NA
St. Vincent's Home Tacony 23-1381370 222 North 17th St, Philadelphia PA 19103	Residential services for adol	PA	501C 3	9	NA
Divine Providence Village 23-2313873 222 North 17th St, Philadelphia PA 19103	Residential services for woma	PA	501c 3	9	NA
Don Guarella Village 23-1596874 222 North 17th St, Philadelphia PA 19103	Residential services for boys	PA	501C 3	9	NA
St. Joseph Catholic Home 23-1352536 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
St. Vincent's Services 23-1520309 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
See Continuation Sheet for Schedule R-1, Part II					

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
St. Joseph's House for Boys 23-1352537 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
St. Edmonds for Crippled Children 23-1365399 222 North 17th St, Philadelphia PA 19103	Residential services for Child Health care Services	PA	501C 3	9	NA
Catholic Health Care Services 23-2757180 222 North 17th St, Philadelphia PA 19103	Support organization	PA	501C 3	9	NA
Katherine Kiernan Trust 23-6251817 222 North 17th St, Philadelphia PA 19103	Community development	PA	501C 3	9	NA
Office for Community Development 03-0524513 222 North 17th St, Philadelphia PA 19103	Food program for children	PA	501C 3	9	NA
Nutritional Development Services 23-1903647 222 North 17th St, Philadelphia PA 19103	Skilled Nursing Home religious and clergy for boys	PA	501C 3	9	NA
St. Martha Manor 23-2547350 222 North 17th St, Philadelphia PA 19103	Residential Services support Organizations	PA	501C 3	9	NA
St. Francis Homes for Boys 23-1370504 222 North 17th St, Philadelphia PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
Heritage of Faith 27-0418606 222 North 17th st, Philadelphia PA 19103	Skilled nursing home and Adult	PA	501C 3	9	NA
St. Francis County House 23-1355120 222 North 17th st, Philadelphia PA 19103	Skilled nursing home and Adult	PA	501C 3	9	NA
Immaculate Mary Home 23-1952789 222 North 17th st, Philadelphia PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
St. John Neumann Nursing Home 23-1652656 222 North 17th st, Philadelphia PA 19103	Skilled Nursing Home	PA	501C 3	9	NA
St. Monica Manor 04-3794966 222 North 17th st, 222 North 17th st PA 19103	Behavioral Health Facility	PA	501C 3	9	NA
St. Mary Manor 23-1365165 222 North 17th st, Philadelphia PA 19103	Independent Living and Assist	PA	501C 3	9	NA
Villa St. John Vianney 23-1396815 222 North 17th st, Philadelphia PA 19103	Housing Development	PA	501C 3	9	NA
Supportive Independent Living 23-3083785 222 North 17th st, Philadelphia PA 19103					
St. Job Neumann Place 81-0666954 222 North 17th st, Philadelphia PA 19103					

BAA

TEEA5102 02/02/10

Schedule R-1 (Form 990) 2009

Rider to Form 990 for the year ended June 30, 2010

Part VI, Section A, Line 6:

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

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

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

Part VI, Section A, Line 11:

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

Part VI, Section B, Line 12b:

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

Part VI, Section B, Line 12c:

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

Part VI, Section B, Line 15

On an annual basis the Finance Committee of the Board of Directors reviews the compensation paid to people in key positions for reasonableness. Each key staff person's annual increase is the

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

Part VI, Section C, Line 19

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

Form 990

Part III

1. Statement of Program Service Accomplishments

Multi-service family and individual social services agency.

Catholic Social Services of the Archdiocese of Philadelphia continues the work of Jesus by affirming, assisting and advocating for individuals, families and communities.

4a

Community-based Services

Services are provided at ten family service centers located throughout the five county Southeastern Region of Pennsylvania. The centers are the first point of contact for voluntary clients seeking a range of services including brief and emergency services, material assistance, individual, marital and family counseling and information and referral. Further, each site has a defined pregnancy support program with some sites offering ongoing parent education services. A growing service has been our afterschool programs now located in twelve inner-city Catholic elementary schools and three Philadelphia family service centers.

A total of 94,696 clients were served.

4b

Housing and Homeless Programs

Services to the homeless include St. John's Hospice serving over 400 men daily in the lunch program as well as providing 40 emergency shelter beds and a 27 capacity late night coffee house program. Mercy Hospice, a recovery house program for women, provides residential services to 31 women along with children who are reunited with their mothers at Mercy Hospice. Women are referred to Mercy from the Philadelphia prison system as well as from various substance detox clinics throughout Philadelphia. Two transitional housing residences serving 18 medically fragile homeless men and women, McAuley House and Good Shepherd House. Transitional housing is provided at Visitation Homes offering 18 independent apartments for mothers and children recently discharged from emergency shelter. Two Women of Hope sites provide 46 beds for homeless women with a history of mental illness.

A total of 7,655 clients were served.

4c

Child Care and Teen Placement Diversion

Foster and Kinicare services for dependent youth referred from Philadelphia Department of Human Services serve 154 children daily. Our main objective is safety and permanency for children with increasing numbers of children moving to adoption, permanent legal custodianship and return home to families.

A total of 256 clients were served.