Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019			
	Check if applicable		D Employer identifi	cation number		
_	applicable					
5	Addres change	S CATHOLIC COMMUNITY SERVICES OF UTAH				
F	Name change	Doing business as	87-0	212450		
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s				
F	return Final	224 NORTH 2200 WEST) 428-1226		
	— return/ termin-		G Gross receipts \$	21,159,782.		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84116				
F	⊥return ∏Applica		H(a) Is this a group re	o V V		
	tion pendin	F Name and address of principal officer: O LANTIE AODIDO		?Yes X No		
_		SAME AS C ABOVE	H(b) Are all subordinates in			
1	Tax-exe	mpt otatao: ++ -(/-) +(/-) / _ / _	NO 100 100 100 100 100 100 100 100 100 10	list. (see instructions)		
		e: ► WWW.CCSUTAH.ORG	H(c) Group exemptio			
The same of			ear of formation: 1945 N	A State of legal domicile: U'T'		
P	art I	Summary				
ø	1 1	Briefly describe the organization's mission or most significant activities: PROVIDE	BASIC HUMAN N	EEDS.		
auc	1 -					
Ë	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net as			
ŏ	1 8	Number of voting members of the governing body (Part VI, line 1a)	3	20		
<u>ح</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	20		
es 8	5	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0		
ŧ	6	Total number of volunteers (estimate if necessary)	6	0		
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
4	17.1	Net unrelated business taxable income from Form 990-T, line 38	V (1) A (1)	0.		
			Prior Year	Current Year		
d)	8 (Contributions and grants (Part VIII, line 1h)	16,191,686.	17,446,429.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)	98,168.	88,340.		
ěVe	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	77,149.	<433,571.		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	586,397.	494,956.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,953,400.	17,596,154.		
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
"	100000	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,882,747.	4,827,951.		
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
Sen	10a 1	Total fundraising expenses (Part IX, column (D), line 25)				
X	170	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,618,471.	10,594,837.		
	5000mc 100	A CONTROL OF THE CONT	15,501,218.	15,422,788.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,452,182.	2,173,366.		
Or Or	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year			
ts o	<u> </u>		16,863,152.	End of Year 19,707,944.		
SSE	20	Total assets (Part X, line 16)	740,938.	992,290.		
Net Assets	21	Total liabilities (Part X, line 26)	16,122,214.	18,715,654.		
	22 1	Net assets or fund balances. Subtract line 21 from line 20	10,122,214.	10,713,034.		
		Signature Block	stamenta and to the heat of m	v knowledge and helief, it is		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is		
true	e, correct	, and complete, Declaration of preparer (other than officer) is based on all information of which preparer	1 1 -	2/18		
		Signature of officer	Date Date	3//9		
Sig	ın		Dato			
He	re	JEANNE AUDISS, DIRECTOR OF FINANCE Type or print name and title				
			Date Check	II PTIN		
		Print/Type preparer's name Preparer's signature	if Show	D01609710		
Pai		CHRISTOPHER WINSLEY, CPA	self-employ			
		Firm's name EIDE BAILLY LLP	Firm's EIN	45-0250958		
Use	Only	Firm's address 5 TRIAD CENTER, STE 600		1 530 0000		
		SALT LAKE CITY, UT 84180-1106	Phone no.80	1-532-2200		
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Part III Statement of Program Service Accomplishments Schedule Continua a response for note to any line in this Part III	Form	990 (2018) CATHOLIC COMMUNITY SERVICES OF UTAH 87-0212450 Page 2
1 Birlefly describe the organization undertake any significant program services during the year which were not listed on the prior form 800 or 800 EZ? 1 "Yes," describe these new services on Schedule O. 2 Did the organization custs conducting, or mice significant changes in how it conducts, any program services? Yes [X] No If "Yes," describe these changes on Schedule O. 3 Did the organization cause conducting, or mice significant changes in how it conducts, any program services are complishments for each of its times largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(c) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenus, If my for each program service accomplishments for each of its times largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(c) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenus, If my for seath program services and revenus, If my for seath program services are described in the services of the services of the services of the services are described for the services of the services are described for the services of the services of the services of the services. 4 Services To Non-Resident's Seeking Citizenship, work permits, and Familia, Reunification, and Familia, Reunification of the services of t	Par	t III Statement of Program Service Accomplishments
1 Birley describe the organization undertake any significant program services during the year which were not listed on the prior form 900 or 800 E2? If "Yes," describe these new services on Schedule O. Dot the organization cuese concluding, or ricke significant changes in how it conducts, any program services as mossured by expenses. Section 801(c)(3) and \$31(c)(4) organizations care required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others, the total expenses. Section 801(c)(3) and \$31(c)(4) organizations are required to report the amount of grants and elecations to others. The total expenses are required to report the amount of grants and elecations to others. Section 801(c)(3) and 801(c)(4) and 801(c)(Check if Schedule O contains a response or note to any line in this Part III
2 Did the organization undertake any significent program services during the year which were not listed on the prior form 190 or 680-527 If "Yes," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by exponses. If "Yes," describe these changes on Schedule O. Describe the organization scape conducting, and complishments for each of its three largest program services, as measured by exponses. Section 8016(8) and 9016(9) organizations are negared to report the amount of grants and elicoations to others, the total exponses, and revenue, if any, for each program service reports. 180 (Costs) (species 4, 819, 323, reducing games 2) (where the cost of the state exponses, and revenue, if any, for each program service reports. 180 (Costs) (species 3) (which is a second service of the state of the second service of the seco	1	
prior Form 190 or 1980 or 298 0 527 If Yes, describe these new services on Schedule O. Did the organization cesse conclusting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. Possible the organization program service os accomplishments for each of its three largest program services, as measured by expenses. Section 50 (o)(3) and 50 (o)(4) organizations are required to report the amount of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the content of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the services of		PROVIDE BASIC HUMAN NEEDS.
prior Form 190 or 1980 or 298 0 527 If Yes, describe these new services on Schedule O. Did the organization cesse conclusting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. Possible the organization program service os accomplishments for each of its three largest program services, as measured by expenses. Section 50 (o)(3) and 50 (o)(4) organizations are required to report the amount of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the content of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the services of		
prior Form 190 or 1980 or 298 0 527 If Yes, describe these new services on Schedule O. Did the organization cesse conclusting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. Possible the organization program service os accomplishments for each of its three largest program services, as measured by expenses. Section 50 (o)(3) and 50 (o)(4) organizations are required to report the amount of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the content of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the services of		
prior Form 190 or 1980 or 298 0 527 If Yes, describe these new services on Schedule O. Did the organization cesse conclusting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. Possible the organization program service os accomplishments for each of its three largest program services, as measured by expenses. Section 50 (o)(3) and 50 (o)(4) organizations are required to report the amount of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the content of grants and silications to others, the total expenses, and revenue, if any, for each program service separate of the services of		
I Yes, 'describe these new services on Schedule O. Ves No I Yes, 'describe the changes on Schedule O. Ves No I Yes, 'describe these changes on Schedule O.	2	- · · · · · · · · · · · · · · · · · · ·
Vest No If Yes, describe these changes on Schedule O.		phot 1 of the 250 of 500 121
If Yes, describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by exponses. Sections (City) and solicity organizations are required to report the amount of grants and allocations to others, the total exponses, and revenue, if any, for each program service reported. (Communication) and REFUGEE RESETTLEMENT SERVICES: REFUGEE RESETTLEMENT PROVIDES REFUGEES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Cods)(Communication) (Communication) (Communication) (Code)(Code		· · · · · · · · · · · · · · · · · · ·
4 Describe the organization's program services accompletiments for each of its three largest program services, as measured by expenses. Section 501(o)(s) and 501(o)(4) organizations are required to report the amount of grants and allocations to others, the total expenses and reversure. If any, for each program service reported. 4a (cost (spenses 1 4, 819, 323; bedueng grade of 3) (newers 1 IMMIGRATION AND REFUGEE RESETTLEMMENT SERVICES; REFUGEE RESETTLEMENT PROVIDES REFUGEES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (cost (spenses 5 6, 580, 146; molecting grades of 5) (more particular to the state of 5) (more particular to the state of 5) (more particular to provide to the state of 5) (more particular to provide to the state of 5) (more particular to provide to the state of 5) (more particular to provide to the state of 5) (more particular to the homeless of 5) (more particular to the particular t	3	bid the digalization bodo donadoung, or make digital ordings in not it donated any program and in the management of the program of the progra
Section 501(s)(3) and 501(s)(4) organizations are required to report the amount of grants and ellocations to others, the total expenses, and revenue, if any, for each program sorvice reported. 48 (Context) [Species 4,819,323. beducing profest of 1 [Species 1] [Species 1] [Species 1] [Species 2] [Species 2] [Species 3] [Species 4] [Species 3] [Species 4] [Species 3] [Species 4] [Species 3] [Species 4] [Species 5] [Species 4] [Species 5] [Species 5] [Species 4] [Species 4] [Species 4] [Species 4] [Species 5] [Species 4] [Species 5] [Species 4] [Species		
48 (cose) [Consense 4, 819, 323. Inchangement of 5] [MINIGRATION AND REFUGEE RESETTLEMENT SERVICES: REFUGEE RESETTLEMENT PROVIDES REFUGEES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (cose) [Consense 6,580,146. Reducing parts of 5] [Resense 5] [Re	4	
4a (Code:) (Spreaments 4,819,323. Incubering prince of Services: REFUGEE RESETTLEMENT) IMMIGRATION AND REFUGEE RESETTLEMENT SERVICES REFUGEE RESETTLEMENT PROVIDES REFUGEES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Code:) (Spreaments 6,580,146. medicing grants of 3) (NORTHERN UTHAN FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:) (Spreaments 2,483,876. medicing grants of 8) (Spreaments 3) EMBREGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Chief program services (Describe in Schodulo C) (Spreaments 5,8,660. medicing grants of 3) (Seconds 3) (Seconds 5)		
IMMIGRATION AND REFUGEE RESETTLEMENT SERVICES: REFUGEE RESETTLEMENT FROVIDES REPUGES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Code)(Code)(C	45	revenue, if any, for each program service reported.
PROVIDES REFUGEES WITH RESETTLEMENT SERVICES AND ORIENTATION, AND CASE MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Code:) (48	TMMTGRATION AND REFUGEE RESETTLEMENT SERVICES: REFUGEE RESETTLEMENT
MANAGEMENT INCLUDING JOB DEVELOPMENT. IMMIGRATION PROVIDES LEGAL SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Code:)(Experiences		
SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY REUNIFICATION. 4b (Cotax		
Ab (Cods:)(Expenses & 6,580,146. including grants of s) (Revenus \$) NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses & 2,483,876. including grants of s) (Revenus \$) EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860. including grants of \$) (Revenus \$)		SERVICES TO NON-RESIDENTS SEEKING CITIZENSHIP, WORK PERMITS, AND FAMILY
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		
NORTHERN UTAH FOOD BANK: PROVIDE FOOD TO INDIVIDUALS AND LOCAL FOOD PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses		C F00 11C
PANTRIES, RENTAL AND UTILITY ASSISTANCE, AND BABY LAYETTES TO POOR, WORKING FAMILIES. 4c (Code:)(Expenses 2,483,876. including grants of \$) (Revenue \$) EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Cher program services (Describe in Schedule O.) (Expenses \$ 58,860. including grants of \$) (Revenue \$)	4b	
WORKING FAMILIES. 4c (Code:) (Expenses \$ 2,483,876 · including grants of \$) (Revenue \$) EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
4c (Code:) (Expenses \$ 2,483,876. including grants of \$) (Revenue \$) EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860. including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		WORKING PAMILIED.
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
EMERGENCY SERVICES: PROVIDES BASIC NEEDS SERVICES, INCLUDING FOOD, CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 · including grants of \$) (Revenue \$)		
CLOTHING, DAY SHELTER, REFERRALS AND CASE MANAGEMENT TO THE HOMELESS AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 • including grants of \$) (Revenue \$)	4c	
AND THOSE AT RISK OF HOMELESSNESS. 4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 • including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ 58,860 • including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		AND THOSE AT RISK OF HOMELESSNESS.
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		
(Expenses \$ 58,860 including grants of \$) (Revenue \$)		Other program services (Describe in Schedule ())
40.040.000	-tu	/Evnences \$ 58,860 • including grants of \$) (Revenue \$
		40 040 000

Form **990** (2018)

Page 3

Part IV | Checklist of Required Schedules

CATHOLIC COMMUNITY SERVICES OF UTAH

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ______ X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 if "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) CATHOLIC COMMUNITY SERVICES OF UTAH
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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? If "Yes," complete	07		Х
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2 4d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"	۰.		х
07	Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	4,384	1950	
	instructions for applicable filing thresholds, conditions, and exceptions):		1,30000 14,540	9/50,0 11 WW.3
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ŀ	l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	7.7	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
ŲŽ.	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├─
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		W.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		2017/24	
	(gambling) winnings to prize winners?	l 1c	gan	(2018)
შ 32004	! 12-31-18	i Oni		(C) Via

Form 990 (2018) CATHOLIC COMMUNITY SERVICES OF UTAH
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		, l	Yes	No
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 2a 2a	iai i aii		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	And August		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		Parti. Sama	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	MA CO	taksi ululub	inli
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			i
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1402		
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	<u></u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	12 A 15 C	A. Santa	Au said
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	2.22	921	- Maj
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	300		
а	Initiation fees and capital contributions included on Part VIII, line 12			1495 G
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Jakes Joseph	
11	Section 501(c)(12) organizations. Enter:	47.5		100
а	Gross income from members or shareholders		[11] 사이. [15] 제 #	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
b	Gross income from other sources (Do not net amounts due or paid to other sources against		12	13.4
	amounts due or received from them.) 11b	iativati	Salar.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-535	, \$10° c	122.23
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	25		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1.7%		
	Enter the amount of reserves on hand	1.000	gáye y	177
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		↓ —
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	and the		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	39 743	143.0	
		Form	1990	(2018)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		11 17 25 80	954
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			10.00
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	103		
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 ,	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100	32	
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	\$755 Sec. 1	-1 (25) 921(22)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	Luyan Suyan		100.1.2004
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1 3 3 2		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	M.K.P. IA		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	17975		13.0
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			, 547 H
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ►UT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	abl e
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEANNE AUDISS - (801)428-1226			
	224 NORTH 2200 WEST, SALT LAKE CITY, UT 84116			

Earm	aan	(2018)	CA	ТΡ

CATHOLIC COMMUNITY SERVICES OF UTAH

87-0212450

ane 7

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

Check if Schedule O contains a response or note to any line in this Part VII	
Origon is gottedate a courtains a response of hore to ally tille in tills Lat All	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization neither neither the organization neither the organization neither neithe	or any related	orga	aniza	tion	COL	mpe	nsat	ed any current officer, o	director, or trustee.	
(A) Name and Title	(B) Average hours per week	(do box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		·								
									.,	11.00
									, , ,	
<u> </u>										

	(A) Name and title	(B) Average hours per		not cl		ion nore tha		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for	offic			son is,t	ustee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	other compensation
		related organizations below	ndividual frustee or director	Institutional trustee	Jeg	Key employee Highest compensated	employee Former	(W-2/1099-MISC)	,	organization and related organizations
		line)	酒	Inst	Officer	Key	For			
										:
						_				
							<u> </u>			<u> </u>
c Tot	b-total tal from continuation sheets to Part tal (add lines 1b and 1c)	VII, Section A					▶	0.	0 0	. 0
2 Tot	tal number of individuals (including but mpensation from the organization							<u> </u>	0,000 of reportable	Yes N
line	t the organization list any former office a 1a? If "Yes," complete Schedule J for	such individual								3 X
	r any individual listed on line 1a, is the d related organizations greater than \$1 I any person listed on line 1a receive o	50,000? /f "Yes,	" co	mple	ete S	ched	ule J	for such individual	***************************************	
	ndered to the <u>organization?</u> If "Yes," co	•	le J f	or so	uch p	persoi	1	21		5 Σ
5 Did ren Section	B. Independent Contractors				nt oc		tore t	that received more than	.\$100,000 of compe	
5 Did ren Section 1 Co	B. Independent Contractors mplete this table for your five highest of organization. Report compensation for							n the organization's tax		
Did ren Gection	B. Independent Contractors mplete this table for your five highest of	or the calendar y	ear		ng w				year.	(C) Compensation
5 Did ren Section 1 Co	B. Independent Contractors mplete this table for your five highest of organization. Report compensation for (A)	or the calendar y	ear	endi	ng w			n the organization's tax (B)	year.	(C)
5 Did ren Section 1 Co	B. Independent Contractors mplete this table for your five highest of organization. Report compensation for (A)	or the calendar y	ear	endi	ng w			n the organization's tax (B)	year.	(C)
Did ren Gection	B. Independent Contractors mplete this table for your five highest of organization. Report compensation for (A)	or the calendar y	ear	endi	ng w			n the organization's tax (B)	year.	(C)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns Contributions, Gifts, Gran and Other Similar Amount 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 5,473,446 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 11,972,983 7,053,483 g Noncash contributions included in lines 1a-1f: \$_ 17 446 429 h Total, Add lines 1a-1f Business Code 88,340 2 a PROGRAM FEES 900099 88,340 Program Service Revenue All other program service revenue 88,340. Total. Add lines 2a-2f Investment income (including dividends, interest, and 90,770. 90,770 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 75,173, 6 a Gross rents 0. b Less: rental expenses 75,173, c Rental income or (loss) 75,173. 75,173 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,975,438. assets other than inventory b Less: cost or other basis 3,499,779 and sales expenses <524,341 c Gain or (loss) <524,341.> <524,341 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 464,970 Part IV, line 18 a 63,849. b Less: direct expenses 401,121. 401,121 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER INCOME 18,662. 900099 18,662 b d All other revenue 18,662. e Total. Add lines 11a-11d <32,450.> 17,596,154. 182,175. Total revenue. See instructions

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
Do no 7b, 8	ot include amounts reported on lines 6b, ib, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign	ľ			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			A Marie Say Make your grant or a second	<u> </u>
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,718,102.	2,874,072.	634,986.	209,044.
7	Other salaries and wages Pension plan accruals and contributions (include	3,,20,202	_,		
8	section 401(k) and 403(b) employer contributions)	191,659.	148,153.	32,733.	10,773.
_		640,836.	495,362.	109,444.	36,030.
9	Other employee benefits	277,354.	214,392.	47,366.	15,596.
10	Payroll taxes				
11_					
	Management Legal	13,352.	11,785.	1,503.	64.
	Accounting	35,893.	31,678.	4,041.	174.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17			FERSELVER FOR	
	Investment management fees				
	(If I'm add a second accorded took of line OF		-		
9	column (A) amount, list line 11g expenses on Sch O.)	698,334.	616,337.	78, <u>626</u> .	3,371.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			20 211	11 000
16	Occupancy	58,190.	7,987.	38,311.	11,892
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		00.000	10 503	3,268
19	Conferences, conventions, and meetings	50,831.	28,970.	18,593.	3,200
20	Interest	766.	597.	161.	0
21	Payments to affiliates	440 000	250 000	92,697.	3,645
22	Depreciation, depletion, and amortization	448,371.	352,029.	2,705.	160
23	Insurance	42,026.	39,161.	<u> </u>	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	6,904,406.	6,898,830.	4,837.	739
a	CITE CONTRE A CITO D C	962,965	962,965		-
b	DADUTCIDANT ASSISTANCE	754,622.	754,622		
C	TIMET THE C	156,877.	140,359		212
d		468,204.	364,906		46,442
	All other expenses	15,422,788.	13,942,205		341,418
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	enneamental campaign and fundraising senerations	l	1	1	1

	Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,631,271.	1	1,369,384.
2	Savings and temporary cash investments	1,805,663.	2	1,835,629
3	Pledges and grants receivable, net		3	4 44 = 66=
4	Accounts receivable, net	585,486.	4	1,417,665
5	Loans and other receivables from current and former officers, directors,		100	等基础设置 1942年,
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		1.75	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	372,600.	8	508,260
9	Prepaid expenses and deferred charges	137,221.	9	140,769
10a	1 and, buildings, and equipment; cost or other			
	hasis, Complete Part VI of Schedule D 10a 9,385,779.		2459	
b	Less: accumulated depreciation 10b 3,283,980.	6,554,578.	10c	6,101,799
11	investments - publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	0 0 0 4 4 0 0
15	Other assets. See Part IV, line 11	4,776,333.	15	8,334,438
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,863,152.	16	19,707,944
17	Accounts payable and accrued expenses	607,802.	17	838,230
18	Grants payable		18	444 506
19	Deferred revenue	111,792.	19	111,792
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.		1226	
	Complete Part II of Schedule L		22_	
23	Secured mortgages and notes payable to unrelated third parties		23	10 05
24	Unsecured notes and loans payable to unrelated third parties	21,344.	24	42,268
25	Other liabilities (including federal income tax, payables to related third			
-	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	000000
26	Total liabilities. Add lines 17 through 25	740,938.	26	992,290
	Organizations that follow SFAS 117 (ASC 958), check here X and		11.74	
	complete lines 27 through 29, and lines 33 and 34.			14 500 30
27	Unrestricted net assets	14,122,975.	27	14,580,308
28	Temporarily restricted net assets	999,239.	28	3,135,346
29	Permanently restricted net assets	1,000,000.	29	1,000,000
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.		4.43	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	4.5.4.6.6.6.4.4	32	10 715 75
33	Total net assets or fund balances	16,122,214.		18,715,65
34	Total liabilities and net assets/fund balances	16,863,152.	34	19,707,944 Form 990 (20

Form	990 (2018) CATHOLIC COMMUNITY SERVICES OF UTAH	07	OZIZE.	,,,	Page	; <u></u>
Par	t XI Reconciliation of Net Assets				T	
	Check if Schedule O contains a response or note to any line in this Part XI				<u>L</u>	
		_	17,	596	15	iΔ.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15			
2	Total expenses (must equal Part iX, column (A), line 25)	2			, 36	
3	Revenue less expenses. Subtract line 2 from line 1	3 4	16,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				, 07	
5	Net unrealized gains (losses) on investments	5			, 00	
6	Donated services and use of facilities	6			, 00	,
7	Investment expenses	7				
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule 0)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40	18,	715	. 65	54.
	column (B))	10	10,	/	,, 0 .	,
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · ·	Yes	No
	Associating method used to prepare the Form 990: Cash X Accrual Other		F	1, 17	ange.	2507
1	Accounting method ased to prepare the Form sos:		 3			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.	1.	2a	May 11 for a	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	d		<u> </u>	25.1	ŲÇ.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	u una		6.362		
	separate basis, consolidated basis, or both:			1.7		And a
	Separate basis Consolidated basis Both consolidated and separate basis			2b	x	5400 m
b	Were the organization's financial statements audited by an independent accountant?	to hacle		20	1,531	w/13
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te Dasis	''		1.6%	4.15
	consolidated basis, or both:					W.
	X Separate basis Consolidated basis Both consolidated and separate basis	a audit		fre a	untitalist.	1.6557 11
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of ti	ie audit	,	2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?	adula (·····-		200	13.5
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	ieuule (inale A	udit	2.211		all) w
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	iiigi a At	iuit	3a	\mathbf{x}	
	Act and OMB Circular A-133?	urad au	dit	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	antu au	uit	3b	x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				990	2018

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 87-0212450 CATHOLIC COMMUNITY SERVICES OF UTAH Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. _I Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. _____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (Iv) is the organization listed (v) Amount of monetary (vi) Amount of other (ii) EIN (iii) Type of organization (i) Name of supported in vour governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 CATHOLIC COMMUNITY SERVICES OF UTAH 87-02124 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						T
Cale	ndar year (or fiscal year beginning in) ➤	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and]		
	membership fees received. (Do not				1 51 51 50 5	17446400	00200605
	include any "unusual grants.")	17404423.	<u> 18763887.</u>	18502260.	<u> 16191686.</u>	1/446429.	88308685.
2	Tax revenues levied for the organ-		•				
	ization's benefit and either paid to				Ĺ		
	or expended on its behalf						
3	The value of services or facilities	-					
	furnished by a governmental unit to						
	the organization without charge				1 5 1 5 5 5	1 7 4 4 6 4 9 9	00200605
4	Total. Add lines 1 through 3	17 404423.	<u> 18763887.</u>	18502260.	16191686.	1/446429	88308685.
5	The portion of total contributions	编式设置在企业					1
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	2000	2500		1967 3. C. 2000 1	12 30 25 30	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					XXXXXX 11.78 51.4	00200605
6	Public support. Subtract line 5 from line 4.	are 中国中国	Teal with the	第四届新兴 州			88308685.
Se	ction B. Total Support		<u>,</u>	-r	<u> </u>	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	17404423.	18763887.	18502260.	16191686	1/446429	88308685.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			1.5 - 1.0	55 505	00 770	200 500
	and income from similar sources	35,985.	37,692.	46,548	77,595.	90,770	. 288,590.
9	Net income from unrelated business						
	activities, whether or not the		ļ				
	business is regularly carried on						<u> </u>
10	Other income. Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part VI.)					1 1 1 1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	88597275.
11	Total support. Add lines 7 through 10						2,708,813.
12	Gross receipts from related activities	s, etc. (see instruct	ions)				2,700,013.
13	First five years. If the Form 990 is for		's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	. □
	organization, check this box and sto	p here	· · · · · · · · · · · · · · · · · · ·				
Se	ction C. Computation of Pub	lic Support Pe	ercentage			T	99.67 %
14	Public support percentage for 2018	(line 6, column (f) (divided by line 11,	column (f))	,,	14	0.0 57.4
15	Public support percentage from 201	7 Schedule A, Par	t II, líne 14			15	
16	a 33 1/3% support test - 2018. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box and ►X
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	on			
- 1	o 33 1/3% support test - 2017. If the	organization did n	ot check a box or	ı line 13 or 16a, an	nd line 15 is 33 1/3	% or more, cneck	. triis box
	and stop here. The organization qua	alifies as a publicly	supported organi	zation			······································
17	a 10% -facts-and-circumstances te	st - 2018. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here. Explain in P	art VI how the org	anization
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as	a publicly support	ed organization		
	b 10% -facts-and-circumstances te	st - 2017. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, and line 15	IS 1U% Of
	more, and if the organization meets	the "facts-and-circ	umstances" test,	check this box an	d stop here. Expla	iin in Part VI how t	ne
	organization meets the "facts-and-ci	rcumstances" test	. The organization	n qualifies as a pub	olicly supported or	ganization	▶⊨
18	Private foundation. If the organizat	ion did not check :	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instructi	ons
					Scl	1edule A (Form 9	90 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CATHOLIC COMMUNITY SERVICES OF UTAH Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				,	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					ļ	
	membership fees received. (Do not						
	include any "unusuai grants.")						
2	Gross receipts from admissions,			•			
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that					1	•
	are not an unrelated trade or bus-				, i		
	iness under section 513				·		
4	Tax revenues levied for the organ-	ı				1	
	ization's benefit and either paid to					:	
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to	<u> </u>					
	the organization without charge		<u></u>	 			
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and	J.					
	3 received from disqualified persons	 			 	<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b	2 22. 22. 2	An a favorage		2 1.5 1 92 set a 57 378	in the law of the terminal decision.	
	Public support. (Subtract line 7c from fine 8.)				NOTE NOT THE PARTY		
	ction B. Total Support			1 () 0040	(-1) 0047	(a) 0019	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) Iotai
	Amounts from line 6			_ 			
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,				1		
	and income from similar sources			<u> </u>			
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses				-		
	acquired after June 30, 1975		 	 		 	
	Add lines 10a and 10b		<u> </u>	 			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is				Ì		1
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				-		
13	Total support. (Add lines 9, 10c, 11, and 12.)	L	1 6 1	ivel formula on fifth	tay year on a gooti	on 501(c)(3) organi	zation
14	First five years. If the Form 990 is fo	r the organization	i's first, second, th	iira, tourtn, or tittri	tax year as a secu	orroon(c)(a) organi	zation,
_	check this box and stop here	Ge Cupport D	oroontogo				
<u>Se</u>	ction C. Computation of Pub	ic Support Po	ercentage	a ali una ia (f)\		15	%
15	Public support percentage for 2018	line 8, column (t),	alvided by line 13	, column (i))		16	%
16	Public support percentage from 201	Conedule A, Par	n ill, line 15	<u> </u>		1 10 1	
	ction D. Computation of Inve				<u> </u>	17	%
	Investment income percentage for 2						%
18	Investment income percentage from	2017 Schedule A	, Part III, line 17	المراعمة المعالمين	no 15 io more than		
19	a 33 1/3% support tests - 2018. If the	organization did	not check the box	x on line 14, and II	ne to is itiore than	oo 17070, and the	▶
	more than 33 1/3%, check this box	indstop here. The	e organization qua	annes as a publicly	supported organia	ore than 33 1/204	and
ı	b 33 1/3% support tests - 2017. If the	organization did	not check a box o	on line 14 or line 15	ad, and interpress	noted organization	 □
	line 18 is not more than 33 1/3%, ch	eck this box and	stop nere. The org	ganization qualifies	s as a publicly supp	onteu organization petriotione	
20	Private foundation. If the organization	on did not check	a oox on line 14, 1	ea, or ted, check	. ii iis dox and see i		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
er were	1 5	
	Tacabab. V	
- 1. V	1E 4.	(14) je
	Na a	
2		<u> </u>
3a		
YA K		
Major.		300
3b	**: **** A	1,000 200
10,004	77.5	Name
, y 2 silirawa	. A AB	ililly sint
3c	10.50	
4a		
	3.7	
		操器
4b	and the firm	L
Section 1	(
the artifact of the second		
		38 38x
	l endi	
4c		2015 (7)
		1 1 1
1.27 301		133
	**************************************	1 X X X
Mary C		
5a	. .	1
	i Qual	13.5
5b	***************************************	. * 1600 - 2 mi
5c	1	†
3. (3.74)	133.50	12.5
	Sawa A	
6		_
745 446 345 64		
1000		133
7	A Sales	s das
8	1	1
7	1 0,375	4 740
	i Liet	
9a	- ,5,5	3 2 7
D. M		* * 1
9h	1	1
		1 452
1 00		
1 00	4 0%	
1 00		
9c		. (11) (14) (14) (14) (14)
9c 10a		1
9c		1

Pai	rt IV Supporting Organizations (continued)							
<u> </u>			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.1						
	below, the governing body of a supported organization?							
b	A family member of a person described in (a) above?	11b						
C	to a horror provide detail in Part VI	11c	1					
Sec	tion B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to							
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the							
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or							
	controlled the organization's activities. If the organization had more than one supported organization,							
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1 - 200 pr. 6 - 6 11 - 200 pr. 6 - 6 12 - 200 pr. 6 - 6				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		ļ				
2	Did the organization operate for the benefit of any supported organization other than the supported		1500					
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			7.5				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ole jak Milita						
	supervised, or controlled the supporting organization.	2		<u>L</u> .				
Sec	ction C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		(2,000) (2,000)	233				
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			135				
	or management of the supporting organization was vested in the same persons that controlled or managed	rakanan Jaharan	24					
	the supported organization(s).	1						
Sec	ction D. All Type III Supporting Organizations							
000	Alon Di Ali 1300 ili dappor di g		Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	135	1.7					
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	300						
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1						
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	KACTA		Will service				
2	organization(s) or (ii) serving on the governing body of a supported organization? If *No," explain in Part VI how							
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		10 april 10 10111				
	By reason of the relationship described in (2), did the organization's supported organizations have a	3073						
3	significant voice in the organization's investment policies and in directing the use of the organization's	\$ WY		789				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			J. nety				
		3		1				
<u>C-</u>	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations							
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	 \.						
1	Complete line 0 helow	,-						
ε.	Complete line 3 helow							
k	- Line of the second property of the property	truction	ns).					
			Yes	No				
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	A A A		2.50				
ŧ	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	30.85		174				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		i Swi					
	those supported organizations and explain flow these activities directly furthered their exempt per persons,			用程 定				
	how the organization was responsive to those supported organizations, and how the organization determined	2a	3 S S S	A				
	that these activities constituted substantially all of its activities.	E OWN Y	1074	75,035				
k	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more							
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1 35					
	reasons for the organization's position that its supported organization(s) would have engaged in these	in lumino						
	activities but for the organization's involvement.	2b	y y, (s)	1000				
3	Parent of Supported Organizations. Answer (a) and (b) below.	3 45						
í	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	To Carlot	i Edi	V 1983				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1				
ŀ	o Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			s 2540				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b						

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
 -5	Depreciation and depletion	5		
-5	Portion of operating expenses paid or incurred for production or			
U	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	12.00	297 by 123 F. (Av. C. Ev. 24 L. 12	对控制设施的 经放款处
٠	instructions for short tax year or assets held for part of year):	2.5		
	Average monthly value of securities	· 1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
		1d		
	Total (add lines 1a, 1b, and 1c)	1,824	CONTRACTOR CONTRACTOR	, 就看到我们的现在分
е	Discount claimed for blockage or other	1,700		
	factors (explain in detail in Part VI):	2		
2	Acquisition indebtedness applicable to non-exempt-use assets	3		
3_	Subtract line 2 from line 1d	- -		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
	see instructions)	5		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
_6	Multiply line 5 by .035	7		
7	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	45、45年2月1日的日本	
7	Check here if the current year is the organization's first as a non-functiona	lly integ	rated Type III supporting org	anization (see
	instructions).			

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 CATHOLL	C COMMONIT	Y SERVICES C	r UTAn	87-UZIZ43U Pag
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5.	Information. Prov lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3; F 6, and 8; and Part V. 8	ide the explanations i 4c, 5a, 6, 9a, 9b, 9c, 1 art IV, Section E, lines Section E, lines 2, 5, a	required by Part II, line 11a, 11b, and 11c; Part s 1c, 2a, 2b, 3a, and 3b nd 6. Also complete thi	10; Part II, line 17a or IV, Section B, lines 1 ; Part V, line 1; Part V s part for any additior	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, nal information.
	(See instructions.)	,	_,, _, _,			
***			,			
				·		
				· · · · · · · · · · · · · · · · · · ·		
		-				
					<u> </u>	:
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			<u> </u>			
						i.
			:			
			11-02		THE T	
		•				
	<u> </u>					

SCHEDULE D

(Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

Par	I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	ds or Accounts.Complete if the
1 4	organization answered "Yes" on Form 990, Part IV, line		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
J	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can b	oe used only
Ū	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes L_NO
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
•	Preservation of land for public use (e.g., recreation or ec	ducation) Preservation of a hi	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic stru	icture
-	listed in the National Begister		2d]
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	vear ▶		
4	Number of states where property subject to conservation eas	sement is located ➤	_
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	holds?	Yes L. No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		***************************************
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	nse statement, and balance sneet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describ	bes the organization's accounting for
	conservation easements.	f Art Historical Transpures or	Other Similar Assets
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Offici Sirillar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	target and halance about works of art
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue sta	atement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furth	erance of public service, provide, art art and
	the text of the footnote to its financial statements that descri	bes these items.	t and halance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statem	ent and balance sheet works of art, historioa
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		a cial gain, provido
2	If the organization received or held works of art, historical tre	asures, or other similar assets for final	iciai gaili, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	• •
а	Revenue included on Form 990, Part VIII, line 1		 ▶ \$
h	Assets included in Form 990, Part X		Φ

Schedule D (Form 990) 2018

6,101,799.

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

Schedule D (Form 990) 2018 CATHOLIC COM Part VIII Investments - Other Securities.				
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end-o	-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)		ļ		
(D)				
(E)		<u> </u>		
(F) ·				
(G)				
(H)		V-1 2 V-1 V-2 2 2 7 V-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				<u>, a takun serengan kerenti untaun i</u>
Part VIII Investments - Program Related.		000	Front M. Pore 40	
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin (b) Book value	e 11c. See Form 990	, Part X, line 13 valuation: Cost or end-c	f-vear market value
(a) Description of investment	(b) Book value	(c) Wethod of	Valdation: Cool of Grid S	. , ,
(1)				
(2)				
(3)				
		 		
(5)				
				
(7)				
(8)				
(9)		15-30 mm 15-00 (15-03)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		Freezing a service of a service of		
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11d. See Form 990), Part X, line 15.	
Complete if the organization answered 163	Description			(b) Book value
TIME OUTSIDE PITME				8,334,438.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	8,334,438
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Fo	orm 990, Part X, line 25.	
(a) Description of liability		(b) Book value		松大的人
1. (a) Description of masking (1) Federal income taxes				
(2)				

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

4c

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	18,704,459.
1	Total revenue, gains, and other support per addited interioral statements	100	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		583,964.
е	Add lines 2a through 2d	2e	18,120,495.
3	Subtract line 2e from line 1	3	10,120,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	19.1 m 17.5 m	
а	4a		
h	Other (Describe in Part XIII.) 4b <524,341.	T I	E04 241 s
~	Add lines 4a and 4b	4c	<524,341.
_	Add the good 4a (This must equal Form 990 Part line 12.)	5	17,596,154.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
L:=	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	16,111,019.
1	Total expenses and losses per audited financial statements	1	10,111,019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	4	
b			
c	Other losses 2c		
d	Other losses Other (Describe in Part XIII.) 2d 524,341.	7	C00 021
e	and the second s	2e	688,231.
3	Subtract line 2e from line 1	3	15,422,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.33	
4	Investment expenses not included on Form 990, Part VIII, line 7b		

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CCS IS ORGANIZED AS A UTAH NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), THAT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). CCS' ACTIVITY IS INCLUDED WITH OTHER CHARITABLE ACTIVITY OF THE CATHOLIC DIOCESE OF SALT LAKE CITY. THIS COMBINED ENTITY IS NOT REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS BECAUSE THE CATHOLIC DIOCESE OF SALT LAKE CITY IS A RELIGIOUS ORGANIZATION EXEMPT FROM FILING. IN ADDITION, THE COMBINED ENTITY IS SUBJECT TO INCOME

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2018

Name of the organization		******					ntification number
CATHOLI	C COMMUNITY SERVIC	ES	OF	UTAH		87-0212	450
Part I Fundraising Activities.	Complete if the organization answe		_		ine 1	7. Form 990-EZ	filers are not
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the solicitation of the solicitati	sed funds through any of the following and solicitate and solicitate and solicitate are villed and solicitate and solicitate are villed and solicitate are villed and solicitate and solicitate and solicitate are villed and solicitate and solicitate and solicitate and solicitate are villed and solicitate	ion of ion of fundra (includer rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undralsing services?	stees	L Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have o or con contrib	ustoay itrol of	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	,						
		<u> </u>			_		
Total			. ▶				
 List all states in which the organization or licensing. 	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	s exempt from r	egistration
						·	
			_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part iV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AWARDS NONE PARISH (add col. (a) through DINNER APPEAL col. (c)) (total number) (event type) (event type) Revenue 353,907. 111,063. 464,970. 1 Gross receipts 2 Less: Contributions 353,907. 111,063. 464,970. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 59,320. 4,529. 63,849. 9 Other direct expenses _____ 10 Direct expense summary. Add lines 4 through 9 in column (d) 63.849 ,..,... 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ______ Yes b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 CATHOLIC COMMUNITY SERVICES OF UTAH 87-0212450 Page 3
11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a 9
b An outside facility9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name >
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name
Address
16 Gaming manager information:
Name
Gaming manager compensation ▶ \$
Description of services provided ▶
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ)	CATHOLIC	COMMUNITY	SERVICES	OF UTAH	87-0212450 F	³age
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continue	ed)		·		
1						
		•				
						_
						
			. ,			
·						
			•			
	•					
				······································		
	<u> </u>	<u> </u>		<u> </u>		
				•		
, , , , , , , , , , , , , , , , , , , ,						
					···	

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

Par	rt i Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			8
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		803,318.	FMV			
6	Cars and other vehicles	X	6					
7	Boats and planes			·				
8	Intellectual property							
9	Securities - Publicly traded							
	Securities - Closely held stock							
10	Securities - Closely field stock Securities - Partnership, LLC, or							
11	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		6,171,918.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		-					
24	Archeological artifacts					-		
25	Other (OTHER)	X	0	62,159.	FMV			
			<u>_</u>				•	
26	Other () Other ()							
27	Other ()							
28	Number of Forms 8283 received by the organiz	zation durin	a the tay year for a	contributions				
29	for which the organization completed Form 828							
	for which the organization completed form ozi	JO, I CILIV,	Dones Acknowica	goment			Yes	No
20-	During the year, did the organization receive by	, contributi	an any property re	ported in Part I lines 1 throu	rah 28 that it	200	100	
ova	must hold for at least three years from the date							3.7
	•					302		Х
	exempt purposes for the entire holding period?					30a	, T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	350
	If "Yes," describe the arrangement in Part II.	adiou that -	aguiron the review	of any nonetandord contrib	utions?	31	X	i maxi.
31	Does the organization have a gift acceptance p					31		\vdash
32a	Does the organization hire or use third parties					200		Х
	contributions?					32a	, 13% (12km)	-22
	If "Yes," describe in Part II.				ld			
33	If the organization didn't report an amount in c	oiumn (c) fo	or a type of propert	y for which column (a) is ch	ескеа,		LATER Vocas	
	describe in Part II.					1 15 45	100 PM	1977

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

Schedule M (Form 990) 2018

Schedule M	l (Form 990) 2018	CATHOLIC	COMMUNITY	SERVICE	S OF UT	AH	87-0212450	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the information number of contribution.	ation required by utions, the numbe	Part I, lines 30 er of items rece	b, 32b, and 33, a eived, or a combi	and whether the organiz nation of both. Also con	ation nplete
				•,				
								
							·	
		·						
						,		
,								
p								
		MACHEN 1						
·								
			1.00		***			
	<u></u>			.		<u> </u>		
						•		
			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE 0 (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CATHOLIC COMMUNITY SERVICES OF UTAH

Employer identification number 87-0212450

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RENTAL EXPENSES FOR TREATMENT SERVICES.
EXPENSES \$ 58,860. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST POLICY EXISTS AND IS EVALUATED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
OUR HR DIRECTOR USES COMPARABLE DATA, AND HAS BOTH THE PRESIDENT AND
TREASURER OF THE BOARD REVIEW THE INFORMATION AND THEN THE BISHOP OF THE
DIOCESE REVIEWS THE INFORMATION BEFORE THE EXECUTIVE DIRECTOR IS GIVEN A
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AND ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 87-0212450

Go to www.irs.gov/Form990 for instructions and the latest information.

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

CATHOLIC COMMUNITY SERVICES OF UTAH

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Ξ End-of-year assets <u>@</u> Total income ፱ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Section 512(b)(13) controlled Ñ × entity? Yes Direct controlling entity N/A Public charity status (if section 501(c)(3)) LINE 1 Exempt Code section 501(C)(3) ਰ Legal domicile (state or foreign country) Primary activity ENDOWMENT HOLDINGS Name, address, and EIN of related organization 84102 CATHOLIC FOUNDATION ďΓ SALT LAKE CITY, 745 E 300 S

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

Schedule R (Form 990) 2018

87-0212450

Page 2

CATHOLIC COMMUNITY SERVICES OF UTAH Schedule R (Form 990) 2018

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

(a)	(q)	(၁)	(p)	(e)	(t)	(6)	(F)	(1)	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicíle (state or	Direct controlling entity	Predominant income (related, unrelated, aveluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box		General or Percentage managing ownership partner?
		foreign country)		sections 512-514)		desers	Yes No	K-1 (Form 1065)	Yes No	
	-									:
				-						
	1									
					. —					
					_					
	T				_					
	1				_					
part iv. Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	rganizations Taxable	as a Corp	oration or Trust. Co	mplete if the organizati	on answered "Ye	s" on Form 990, F	art IV, line 34	4, because it had o	one ar mo	ore related
ornanizations treated as a co	progration or trust during	the tax	vear							

organizations treated as a corporation or trust during the tax year.

				,				15	
(a)	(q)	<u>ව</u>	ව	(e)	€	(â)	Ξ	Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	
		country)		or irusi)		doodelo		Yes No	
	П								ı
							-		
	-								
	1			,	:				ı
	ľ								
	;								ı
									ı
	,								
									1
832162 10-02-18		34				Scho	Schedule R (Form 990) 2018	1 990) 2018	œ

Page 3

Schedule R (Form 990) 2018 CATHOLIC COMMUNITY SERVICES OF UTAH

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

2018	n 990	(Forr	Schedule R (Form 990) 2018		35	832163 10-02-18
	ŀ					(9)
		İ			,	(5)
						(4)
						(3)
						(2)
						(1)
		lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			relationships and transaction thresholds.	his line, including covered	no must complete	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.
×		18				
×	7.1	4				* Other transfer of reach or previously to related execution(e)
×		1գ				
×	f. Anthon to co	<u> 6</u>				b Reimbursement paid to related organization(s) for expenses
×		9				
×	Γ	ڻا ا			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		Ę			nization(s)	m Performance of services or membership or fundaising solicitations by related organization(s)
×		F			nization(s)	
×		¥	·			k ease of facilities equinment or other assets from related organization(s)
×		÷				j Lease of facilities, equipment, or other assets to related organization(s)
×		ij				
×		1h				
×		1g				
×		11				f Dividends from related organization(s)
×		1e				e Loans or loan guarantees by related organization(s)
×		1d				d Loans or loan guarantees to or for related organization(s)
×		၁				c Giff, grant, or capital contribution from related organization(s)
×		1b				
×		-E		1		a Receipt of (i) interest. (ii) annuities. (iii) royalties. or (iv) rent from a controlled entity
	Į.		n Parts II-IV?	elated organizations listed	s with one or more n	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ŝ	Yes					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(k) rrcentage wnership			•		
General or Pe managing partner? 0'					
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					
(n) Disproportionate allocations? Yes No				:	
(g) Share of end-of-year				:	
(f) Share of total income					3
Are all partners sec. 501(c)(3) orgs.?					
Predominant income pa (related, unrelated, seconder seconder (related) (rela					
(c) Legal domicile (state or foreign ecountry)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule F	R (Form 990) 2018	CATHOLIC	COMMUNITY	SERVICES	OF UTAH	8/-0212450 Page
Part VII	R (Form 990) 2018 Supplemental Infe	ormation.				
	Provide additional infor	mation for responses	to questions on Sc	chedule R. See ins	tructions.	
						,
					,	
	· · · · · · · · · · · · · · · · · · ·					
						<u></u>
		· · · · · · · · · · · · · · · · · · ·				
				·		
				"		
-				,		