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CLIENT'S COPY

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC
191 JORALEMON STREET
BROOKLYN, NY 11201

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC:

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2015 FORM 990

VERY TRULY YOURS,

THOMAS LANNING

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC
191 JORALEMON STREET
BROOKLYN, NY 11201

PREPARED BY:

COHNREZNICK LLP
1301 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2017

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number

11-2047151

Name and title of officer

**ALAN WOLINETZ
CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>133,392,509.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13496222147

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ COHNREZNICK LLP Date ▶ 05/03/17

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC		D Employer identification number 11-2047151
	Doing business as		E Telephone number 718-722-6000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 191 JORALEMON STREET	G Gross receipts \$ 133,759,319.	
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11201		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: ALAN WOLINETZ SAME AS C ABOVE		H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CCBQ.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1947** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES PROVIDES QUALITY SOCIAL SERVICES TO THE NEIGHBORHOODS OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1989
	6 Total number of volunteers (estimate if necessary)	6	1903
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,060,276.	70,719,522.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,301,709.	62,860,420.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,803.	-336,955.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,509.	149,522.
		144,701,297.	133,392,509.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,278,303.	22,089,510.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	86,478,238.	77,950,161.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,675,681.	30,207,278.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,432,222.	130,246,949.	
19 Revenue less expenses. Subtract line 18 from line 12	5,269,075.	3,145,560.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	39,662,500.	37,816,469.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,447,171.	55,911,425.
	-21,784,671.	-18,094,956.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ALAN WOLINETZ, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	THOMAS LANNING	THOMAS LANNING	05/03/17		P00851654
	Firm's name	Firm's EIN			
	COHNREZNICK LLP	22-1478099			
	Firm's address	Phone no.			
	1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019	212-297-0400			

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

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Form 990 (2015)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. (CCNS) IS A NOT FOR PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGH OF BROOKLYN AND QUEENS. CCNS CURRENTLY OFFERS 160-PLUS PROGRAMS AND SERVICES FOR CHILDREN, YOUTH, ADULTS, SENIORS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 28,601,000. including grants of \$ 2,192,006.) (Revenue \$ 32,047,475.) SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES - THROUGH CATHOLIC CHARITIES' SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, COMPASSIONATE STAFF MEMBERS PROVIDE CARE AND SUPPORT TO INDIVIDUALS WITH SPECIAL NEEDS. FOR ADULTS WITH DEVELOPMENTAL DISABILITIES - AND THEIR CAREGIVERS - THE AGENCY PROVIDES COMPREHENSIVE CASE MANAGEMENT AND EMOTIONAL SUPPORT. PROGRAMS PROVIDE CLINICAL, PSYCHOLOGICAL AND RECREATIONAL SERVICES AND DAILY SKILLS TRAINING IN A SUPPORTIVE ENVIRONMENT, AND OUR RESIDENCES FOR THE DEVELOPMENTALLY DISABLED PROVIDE EFFECTIVE SUPPORT WHICH HELPS RESIDENTS CONTINUE TO EXCEL IN THEIR DAILY LIVES. LAST YEAR, ASSISTANCE WAS PROVIDED TO ROUGHLY 600 PEOPLE.

4b (Code:) (Expenses \$ 22,116,111. including grants of \$ 1,685,771.) (Revenue \$ 705,665.) EARLY CHILDHOOD SERVICES PROVIDES DEVELOPMENTALLY APPROPRIATE EDUCATIONAL, EARLY HEAD START, HEAD START, CHILD CARE AND PRE-K SERVICES FOR CHILDREN FROM BIRTH THROUGH AGE 5. 1,744 CHILDREN ARE SERVED IN 10 EARLY CHILDHOOD PROGRAMS AND 78 FAMILY PROVIDERS HOMES WITH WITH A FOCUS ON SCHOOL READINESS. EARLY HEAD START HOME BASED PROGRAM TARGETS LOW INCOME PREGNANT WOMEN AND PROVIDES EARLY, CONTINUOUS, INTENSIVE AND COMPREHENSIVE, AND COMPREHENSIVE SUPPORT SERVICES. PRENATAL PERIOD OF GROWTH AND DEVELOPMENT HAS A LASTING IMPACT ON THE CHILD'S POTENTIAL FOR HEALTHY GROWTH AND DEVELOPMENT AFTER BIRTH. EARLY HEAD START HOME-BASED PROGRAM OPTIONS PROVIDE SERVICES TO 25 PREGNANT WOMEN AND THEIR FAMILIES AND THROUGH THE CHILD'S FIRST THREE YEARS OF LIFE. EARLY, CONTINUOUS MENTAL HEALTH AND

4c (Code:) (Expenses \$ 17,724,256. including grants of \$ 5,336,845.) (Revenue \$ 336.) FAMILY STABILIZATION - PREVENTION PROGRAMS TAILORED FOR AT-RISK FAMILIES TO HOMELESS PREVENTION PROGRAMS THAT HELP PEOPLE IN DANGER OF LOSING THEIR HOMES. FAMILY SERVICES PROGRAMS STRENGTHEN FAMILIES AND HELP THEM STAY TOGETHER. FOR YOUNG ADULTS, WE PROVIDE A SECOND CHANCE TO KEEP THEM OFF THE STREETS AND GIVE THEM REAL PURPOSE FOR THE FUTURE, THROUGH SUCH PROGRAMS AS THE YAIP (YOUNG ADULT INTERNSHIP PROGRAM). OUR OUT OF SCHOOL TIME AFTERSCHOOL PROGRAMS PROVIDE A MIX OF ACADEMIC, RECREATIONAL AND CULTURAL ACTIVITIES FOR YOUNG PEOPLE (GRADES K-12) AFTER SCHOOL, DURING HOLIDAYS AND IN THE SUMMER, IN A SAFE AND SUPPORTIVE ENVIRONMENT. FAMILY STABILIZATION SERVED 21,238 PEOPLE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 53,093,311. including grants of \$ 12,874,888.) (Revenue \$ 29,325,672.)

4e Total program service expenses 121,534,678.

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

Form 990 (2015)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2015)

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

Form 990 (2015)

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2015)

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Form 990 (2015)

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Part 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		
	1a 378		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1989		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.		
	1a	13	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	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:		
a	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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	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
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	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
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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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: **ALAN WOLINETZ - 718-722-6000**
191 JORALEMON STREET, BROOKLYN, NY 11201

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL COHEN DIRECTOR	10.00	X					0.	0.	0.	
(2) FIDEL F. DEL VALLE PRESIDENT	10.00	X		X			0.	0.	0.	
(3) GABRIEL P. CAPRIO TREASURER	10.00	X		X			0.	0.	0.	
(4) JEAN J. RAMEUA DIRECTOR	10.00	X					0.	0.	0.	
(5) MARGARET F. KELLEHER SECRETARY	10.00	X		X			0.	0.	0.	
(6) MARISSA B. GILLEPSIE DIRECTOR	10.00	X					0.	0.	0.	
(7) MICHELLE P. GUERRIER DIRECTOR	10.00	X					0.	0.	0.	
(8) REV MSGR ALFRED LOPINTO EXECUTIVE VICE PRESIDENT/CEO	10.00 30.00	X		X			0.	51,923.	0.	
(9) ROBERT SIEBEL OUTGOING CHIEF EXECUTIVE OFFICER	10.00 30.00	X		X			0.	253,539.	33,211.	
(10) SANTOS RODRIGUEZ DIRECTOR	10.00	X					0.	0.	0.	
(11) THOMAS DESTEFANO DIRECTOR	10.00	X					0.	0.	0.	
(12) VALERIE STEWARD-LOVELL DIRECTOR	10.00	X					0.	0.	0.	
(13) VANIA MERNIO DIRECTOR	10.00	X					0.	0.	0.	
(14) VERY REV. PATRICK J. KEATING DIRECTOR	10.00	X					0.	0.	0.	
(15) ALAN WOLINETZ CFO	10.00 30.00			X			0.	287,493.	6,274.	
(16) BROUGHAN GOREY COO	40.00			X			184,003.	0.	24,588.	
(17) FELIX STERLING PSYCHIATRIST	40.00				X		362,552.	0.	17,453.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIANNA DOGOT PSYCHIATRIST	40.00					X	196,886.	0.	37,180.	
(19) PATRICIA COLLINS VICE PRESIDENT	40.00					X	215,546.	0.	8,304.	
(20) ROZALIYA VERNIKOV PSYCHIATRIST	40.00					X	295,586.	0.	38,791.	
(21) VIKHTA GUREVICH PSYCHIATRIST	40.00					X	247,286.	0.	38,928.	
1b Sub-total							1,501,859.	592,955.	204,729.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,501,859.	592,955.	204,729.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JACKSON & COKER LOCUM TENENS LLC PO BOX 277638, ATLANTA, GA 30384	PSYCHIATRY	272,450.
ALEXANDRA PIMENTEL 37-52 110TH STREET, CORONA, NY 11368	DAYCARE PROVIDERS	175,297.
HEREDIA NUNEZ 361- 49TH STREET, BROOKLYN, NY 11220	DAYCARE PROVIDERS	156,967.
THE FORUM GROUP, 260 MADISON AVE, SUITE 200, NEW YORK, NY 10016	RECRUITMENT	155,562.
BERNARD NICKELS & ASSOCIATES 307 5TH AVE, NEW YORK, NY 10016	RECRUITMENT	130,854.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 228,622.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 67,402,703.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,088,197.					
	g Noncash contributions included in lines 1a-1f: \$	219,137.					
	h Total. Add lines 1a-1f	▶	70,719,522.				
	Program Service Revenue	2 a FEE FOR SERVICES	Business Code 624100	60,712,952.	60,712,952.		
b ADMIN REV FROM AFFILIATES		624100	1,268,715.	1,268,715.			
c OTHER PROGRAM FEES		624100	878,753.	878,753.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	62,860,420.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	28,148.			28,148.
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,707.					
		b Less: cost or other basis and sales expenses	0.	366,810.			
		c Gain or (loss)	1,707.	-366,810.			
	d Net gain or (loss)	▶	-365,103.			-365,103.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
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	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a INSURANCE RECOVERY	900099	95,115.	95,115.				
	b BILLING REIMBURSEMENTS	900099	40,000.	40,000.			
		c RATE ADJUSTMENTS	900099	14,000.	14,000.		
	d All other revenue		900099	407.	407.		
	e Total. Add lines 11a-11d	▶	149,522.				
12 Total revenue. See instructions.	▶	133,392,509.	63,009,942.	0.	-336,955.		

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,089,510.	22,089,510.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,930.	73,007.	5,923.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,959,434.	54,531,531.	4,427,903.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,881,432.	2,678,530.	202,902.	
9 Other employee benefits	8,603,924.	7,998,059.	605,865.	
10 Payroll taxes	7,426,441.	6,903,491.	522,950.	
11 Fees for services (non-employees):				
a Management				
b Legal	20,231.		20,231.	
c Accounting	386,761.		386,761.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,493.		1,493.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,126,813.	7,255,374.	871,439.	
12 Advertising and promotion				
13 Office expenses	2,441,041.	2,187,229.	253,812.	
14 Information technology	89,949.		89,949.	
15 Royalties				
16 Occupancy	10,403,028.	9,794,196.	608,832.	
17 Travel	188,139.	177,454.	10,685.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	107,781.	91,075.	16,706.	
20 Interest	318,999.	160,585.	158,414.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	374,922.	325,608.	49,314.	
23 Insurance	1,541,955.	1,454,488.	87,467.	
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 O.)				
a EQUIPMENT REPAIR AND MA	3,498,272.	3,272,945.	225,327.	
b PROVISION OF BAD DEBT	1,101,352.	1,101,352.		
c PROGRAM SUPPLIES	415,255.	415,255.		
d DUES AND SUBSCRIPTIONS	357,847.	307,893.	49,954.	
e All other expenses	833,440.	717,096.	116,344.	
25 Total functional expenses. Add lines 1 through 24e	130,246,949.	121,534,678.	8,712,271.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,926,221.	1	2,737,611.
	2 Savings and temporary cash investments	4,023,962.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,983,287.	4	21,979,407.
	5 Loans and other receivables from current and former officers, directors, 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 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	135,727.	8	7,796.
	9 Prepaid expenses and deferred charges	680,506.	9	308,883.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,241,084.		
	b Less: accumulated depreciation	10b 3,983,305.	10c	9,257,779.
	11 Investments - publicly traded securities	597,437.	11	602,235.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,076,680.	15	2,922,758.
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,662,500.	16	37,816,469.	
Liabilities	17 Accounts payable and accrued expenses	37,075,190.	17	29,973,435.
	18 Grants payable		18	
	19 Deferred revenue	2,606,615.	19	3,777,363.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,179,033.	21	1,329,850.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,367,037.	23	5,237,127.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,219,296.	25	15,593,650.
	26 Total liabilities. Add lines 17 through 25	61,447,171.	26	55,911,425.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-23,229,168.	27	-19,728,194.
	28 Temporarily restricted net assets	944,497.	28	1,133,238.
	29 Permanently restricted net assets	500,000.	29	500,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-21,784,671.	33	-18,094,956.	
34 Total liabilities and net assets/fund balances	39,662,500.	34	37,816,469.	

Form 990 (2015)

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	133,392,509.
2 Total expenses (must equal Part IX, column (A), line 25)	2	130,246,949.
3 Revenue less expenses. Subtract line 2 from line 1	3	3,145,560.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21,784,671.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	544,155.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-18,094,956.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		X

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC** Employer identification number **11-2047151**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - b **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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CATHOLIC CHARITIES NEIGHBORHOOD

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59705176.	60447271.	66047617.	79060276.	70719522.	335979862
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	59705176.	60447271.	66047617.	79060276.	70719522.	335979862
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						335979862

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	59705176.	60447271.	66047617.	79060276.	70719522.	335979862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,612.	25,773.	24,836.	26,834.	28,148.	124,203.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1408377.	928,888.	1411320.	311,509.	149,522.	4209616.
11 Total support. Add lines 7 through 10						340313681
12 Gross receipts from related activities, etc. (see instructions)					12	315,348,306.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.73 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.60 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	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	
6	Portion of operating expenses paid or incurred for production or 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	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

CATHOLIC CHARITIES NEIGHBORHOOD

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

CATHOLIC CHARITIES NEIGHBORHOOD

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE RECOVERY

2011 AMOUNT: \$ 82,298.

2012 AMOUNT: \$ 386,510.

2013 AMOUNT: \$ 1,231,113.

2014 AMOUNT: \$ 34,282.

2015 AMOUNT: \$ 149,115.

MEDICAID RECOVERY

2011 AMOUNT: \$ 1,326,079.

2012 AMOUNT: \$ 542,378.

2013 AMOUNT: \$ 180,207.

OTHER REVENUE

2014 AMOUNT: \$ 3,397.

2015 AMOUNT: \$ 407.

BAD DEBT RECOVERY

2014 AMOUNT: \$ 273,830.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2015

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Employer identification number

11-2047151

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYC ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	\$ 9,862,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC DEPARTMENT FOR HOMELESS SERVICES 33 BEAVER STREET NEW YORK, NY 10004	\$ 10,995,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYC DEPARTMENT OF AGING 2 LAFAYETTE STREET NEW YORK, NY 10007	\$ 16,813,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYS OFFICE OF MENTAL HEALTH 42-69 28TH STREET NEW YORK, NY 11101	\$ 5,314,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 156 WILLIAM STREET NEW YORK, NY 10038	\$ 2,883,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYC HUMAN RESOURCES ADMINISTRATION 111 EIGHTH AVENUE NEW YORK, NY 10011	\$ 2,021,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYS DEPARTMENT OF HEALTH 1243 CORNING TOWER ALBANY, NY 11237	\$ 1,786,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYC DEPARTMENT OF HEALTH AND MENTAL WELLNESS 44 HOLLAND AVENUE ALBANY, NY 12229	\$ 5,221,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 26 FEDERAL PLAZA NEW YORK, NY 10278	\$ 12,043,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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.**

OMB No. 1545-0047

2015
Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990.

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC** **Employer identification number** **11-2047151**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

(check all that apply):

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	597,437.	596,468.	590,728.	594,218.	
b Contributions					593,120.
c Net investment earnings, gains, and losses	4,798.	969.	5,740.	-3,490.	1,098.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	602,235.	597,437.	596,468.	590,728.	594,218.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 83.02 %

c Temporarily restricted endowment 16.98 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,500.		90,500.
b Buildings				
c Leasehold improvements		6,123,459.	3,085,230.	3,038,229.
d Equipment				
e Other		7,027,125.	898,075.	6,129,050.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,257,779.

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	887,812.
(2) DUE FROM AFFILIATED AGENCIES	460,673.
(3) AMOUNTS HELD FOR OTHERS	1,329,850.
(4) AMOUNTS HELD IN ESCROW	244,423.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,922,758.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DUE TO AFFILIATED AGENCIES	10,469,918.
(3) CONSTRUCTION ADVANCE	244,423.
(4) DEFERRED RENT	856,625.
(5) PROGRAM ADVANCES	4,022,684.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,593,650.

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

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

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.

1	Total revenue, gains, and other support per audited financial statements	1	137,405,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	3,103,646.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	544,155.
e	Add lines 2a through 2d	2e	3,647,801.
3	Subtract line 2e from line 1	3	133,757,826.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,493.
b	Other (Describe in Part XIII.)	4b	-366,810.
c	Add lines 4a and 4b	4c	-365,317.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	133,392,509.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	133,715,912.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,103,646.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	366,810.
e	Add lines 2a through 2d	2e	3,470,456.
3	Subtract line 2e from line 1	3	130,245,456.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,493.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,493.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	130,246,949.

Part XIII Supplemental Information.

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 IV, LINE 2B:

AMOUNTS HELD FOR OTHERS ARE FOR RESIDENTS IN THE INTERMEDIATE CARE FACILITIES, INDEPENDENT RESIDENCES ASSISTANCE AND THE COMMUNITY RESIDENCES PROGRAMS. THE ACCOUNTS ARE PRIMARILY CASH, FUNDED BY SOCIAL SECURITY CHECKS FOR THE RESIDENTS, WHICH IS USED TO FUND THE PERSONAL NEEDS OF THE RESIDENTS AND TO REIMBURSE CCNS FOR GENERAL LIVING COSTS. THESE FUNDS ARE REQUIRED TO BE HELD IN SEPARATE BANK ACCOUNTS.

PART V, LINE 4:

IN FISCAL YEAR 2012, FLOWERS WITH CARE OF THE DIOCESE OF BROOKLYN, INC. ("FWC") TRANSFERRED ITS PERMANENTLY RESTRICTED ENDOWMENT TO CCNS. THE INCOME FROM THESE ENDOWMENT FUNDS IS RESTRICTED TO SUPPORT THE PROGRAMS

Part XIII Supplemental Information (continued)

FORMERLY OPERATED BY FWC.

PART X, LINE 2:

CCNS HAS NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2016. CCNS' FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2013 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, CCNS WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN DUE TO THIRD PARTIES 544,155.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSETS DISPOSAL -366,810.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSETS DISPOSAL 366,810.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

**Employer identification number
11-2047151**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2015)

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO THE NEEDY	7615	9,906,595.	12,182,915.	FAIR MARKET VALUE	FOOD & OTHER ASSISTANCE

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT FOR PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHES OF BROOKLYN AND QUEENS. GRANTS ARE GIVEN DIRECTLY TO CCNS INDIVIDUAL CONSUMERS AND/OR OTHER THIRD PARTIES ON THEIR BEHALF, IN FURTHERANCE OF THE MISSION BASED ON CONSUMER IN-TAKE DOCUMENTS, OUR FIELD PROGRAM PERSONNEL MONITORS THE NEEDS OF ACCEPTABLE CONSUMERS, AND DETERMINE THAT SUCH CONSUMERS MEET THE CRITERIA AND GOALS AND OBJECTIVES OF THE PROGRAM, AS PRESCRIBED BY FUNDING SOURCE AGREEMENTS GRANTS ARE SUBSEQUENTLY

Part IV Supplemental Information

PROVIDED TO THE CONSUMER, BASED ON THE ABOVE PROGRAM PERSONNEL KEEP RECORDS
OF SUCH GRANTS TO CONSUMERS. ANY CASH GRANTS ARE PAID DIRECTLY TO THE
INDIVIDUAL OR COMPANY WHO IS OWED THE MONEY NOT THE INDIVIDUAL RECEIVING
THE GRANT. IN THIS WAY THE ORGANIZATION CAN MAKE SURE THE FUNDS ARE USED
PROPERLY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC**

Employer identification number
11-2047151

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule J (Form 990) 2015

11-2047151

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT SIEBEL OUTGOING CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,976.	0.	8,563.	5,664.	27,547.	286,750.	0.
(2) ALAN WOLINETZ CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	273,115.	0.	14,378.	6,274.	0.	293,767.	0.
(3) BROUGHAN GOREY COO	(i)	175,767.	0.	8,236.	1,187.	23,401.	208,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FELIX STERLING PSYCHIATRIST	(i)	362,552.	0.	0.	6,006.	11,447.	380,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIANNA DOGOT PSYCHIATRIST	(i)	196,886.	0.	0.	4,673.	32,507.	234,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA COLLINS VICE PRESIDENT	(i)	205,679.	0.	9,867.	7,914.	390.	223,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROZALIYA VERNIKOV PSYCHIATRIST	(i)	295,586.	0.	0.	6,284.	32,507.	334,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VIKHTA GUREVICH PSYCHIATRIST	(i)	247,286.	0.	0.	6,421.	32,507.	286,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II COLUMN B(III):

THE AMOUNTS REPORTED IN THIS COLUMN INCLUDE AN AUTO ALLOWANCE AND GTL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC** Employer identification number **11-2047151**

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		10,653.	FAIR MARKET VALUE
5 Clothing and household goods	X		87,927.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,039	108,121.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRANSPORTATIO)	X	13	12,436.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BROOKLYN AND QUEENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**THOSE WITH DEVELOPMENTAL DISABILITIES, AND THOSE STRUGGLING WITH MENTAL
ILLNESS.**

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

**SUPPORTIVE POSTPARTUM CARE FOR THE PARENTS AND CHILD ARE PROVIDED. 25
HEALTHY PREGNANCIES, 8 POSITIVE CHILDBIRTH OUTCOMES AND FULLY INVOLVING
FATHERS IN THE LIVES OF THEIR VERY YOUNG CHILDREN. ALL ECS PROGRAMS
PROVIDES MALE INVOLVEMENT ACTIVITIES AND PARENTS WITH OPPORTUNITIES TO
MOVE TOWARD SELF-SUFFICIENCY BY WORKING WITH OTHER COMMUNITY
ORGANIZATIONS.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**SENIOR SERVICES - OUR CASE MANAGEMENT SERVICES FOR ALL ADULTS AGED 60
AND OLDER INCLUDE CASE ASSISTANCE, INFORMATION AND REFERRAL,
HOME-DELIVERED MEALS FOR THE HOMEBOUND, TRANSPORTATION, SUPPORTIVE AND
ENTITLEMENT COUNSELING, CAREGIVER SUPPORT GROUPS, ADVOCACY AND
CONGREGATE MEALS AT SENIOR CENTERS. WE ALSO OFFER HOURS OF FRIENDLY
VISITING TO FRAIL SENIORS IN PARTNERSHIP WITH OTHER COMMUNITY-BASED
ORGANIZATIONS. WE HAVE SPECIAL SERVICES FOR OUR NEIGHBORS WITH
ALZHEIMER'S DISEASE OR RELATED FORMS OF DEMENTIA, INCLUDING GROUP
ACTIVITIES, WORKSHOPS, CASE MANAGEMENT, INFORMATION AND REFERRAL
SERVICES. FOR THEIR CAREGIVERS, WE PROVIDE RESPITE SERVICES. IN ORDER**

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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TO HELP SENIORS STAY PHYSICALLY FIT AND ACTIVE IN A SAFE ENVIRONMENT, CATHOLIC CHARITIES SENIOR CENTERS OFFER A VARIETY OF CLASSES AND WORKSHOPS IN YOGA, ZUMBA, DANCE, MEDITATION AND HEALTHY AGING. SENIORS HAVE INSTALLED GAMING SYSTEMS, THROUGH THE SYSTEM, SENIORS CAN BOWL, PLAY TENNIS OR PARTICIPATE IN A HOST OF OTHER GAMES THAT IMPROVE STRENGTH, COORDINATION AND BALANCE. COMPREHENSIVE SERVICES WERE GIVEN TO 2,358 HOMEBOUND SENIORS BY CASE MANAGEMENT PROGRAMS, 3,319 SENIORS RECEIVED RECEIVED HOMEBOUND DELIVERED MEALS DAILY AND 12,224 ADULTS AT 17 SENIOR CENTERS.

EXPENSES \$ 17,417,769. INCL GRANTS OF \$ 4,337,614. REVENUE \$ 879,105.

HOUSING - RESIDENTIAL AND HOUSING SERVICES SERVE POPULATIONS WITH CHRONIC MENTAL ILLNESS, HIV/AIDS, HISTORIES OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. THERE IS A CONTINUUM OF CARE AND SUPPORT. THE MORE INTENSE BEDS IN APARTMENT TREATMENT BILL MEDICAID FOR PROVIDING REHABILITATIVE SERVICES TO THE SEVERE AND CHRONIC MENTAL HEALTH POPULATION. SUPPORTIVE HOUSING BEDS FOR THE CHRONICALLY MENTALLY ILL AND FOR INDIVIDUALS WITH HIV/AIDS PROVIDE SAFE HOMES THAT MEET THE NEEDS OF ITS RESIDENTS WITH SUPPORT VISITS AND PHONE CALLS TO ENSURE SUCCESS IN MAINTAINING HEALTH AND HOUSING. THE PORTFOLIO ALSO INCLUDES A 27-BED CONGREGATE FACILITY, CASA BETSAIDA COMMUNITY RESIDENCE, HOUSING HIV/AIDS POSITIVE INDIVIDUALS WHO ARE UNDOCUMENTED IMMIGRANTS. SUPPORTIVE STAFF WORK TO LEGALIZE THEIR STATUS AND ASSIST THEM IN RECEIVING CARE DURING THE TRANSITION. CCNS PROVIDES SOCIAL SERVICES IN MANY POP MANAGEMENT LOW-INCOME HOUSING AND SRO BUILDINGS AS WELL. THIS PORTFOLIO ALSO SERVES PEOPLE WITH DEVELOPMENTAL DISABILITIES THROUGH MEDICAID SERVICE COORDINATION, FAMILY SUPPORT SERVICES AND RESIDENTIAL & COMMUNITY HABILITATION. THESE PROGRAMS OFFER CASE MANAGEMENT, DAILY

Name of the organization	CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number	11-2047151
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SKILL BUILDING AND BENEFITS COORDINATION. HOUSING SERVED 1,163

INDIVIDUALS.

EXPENSES \$ 14,881,318. INCL GRANTS OF \$ 7,017,969. REVENUE \$ 9,519,769.

CLINIC, RECOVERY AND REHABILITATION SERVICES - THE CLINIC,

REHABILITATION AND RECOVERY PORTFOLIO OFFERS TRADITIONAL MENTAL HEALTH

AND SUBSTANCE USE DISORDER SERVICES. THE ARTICLE 31 CLINICS, PROS

PROGRAMS AND THE ADDICTION CENTER BILL MEDICAID, MEDICARE AND THIRD

PARTY INSURANCES FOR VERBAL THERAPY, PSYCHIATRIST VISITS AND ADDICTION

AND MENTAL HEALTH RECOVERY GROUPS. CCNS IS CURRENTLY OPERATING 3

SATELLITES IN SCHOOLS IN THE MASPETH, OZONE PARK AND BUSHWICK BROOKLYN

NEIGHBORHOODS. THE ROCKAWAY BASED CLINIC IS PROVIDING INTEGRATED

PHYSICAL HEALTH MONITORING FOR CLINIC CLIENTS. CCNS HAS VARIOUS

COMMUNITY SUPPORT PROGRAMS FOR THE SERIOUSLY MENTALLY ILL INCLUDING A

CLUBHOUSE, ASSISTED COMPETITIVE EMPLOYMENT, PEER ADVOCACY AND MOBILE

OUTREACH. CCNS IS DEVELOPING ITS CALL CENTER WHICH ACTS AS A CONDUIT

FOR AGENCY PROGRAMS INCLUDING THE SMALLER CLINICS. CLINIC , REHAB AND

RECOVERY SERVED 10,860 UNIQUE INDIVIDUALS.

EXPENSES \$ 14,387,126. INCL GRANTS OF \$ 653,661. REVENUE \$ 13,773,952.

CARE COORDINATION AND CASE MANAGEMENT - CARE COORDINATION AND CASE

MANAGEMENT, INCLUDING SCREENING AND OUTREACH SERVICES, PROVIDES

COORDINATION FOR INDIVIDUALS, BEHAVIORAL AND PHYSICAL HEALTH CARE NEEDS

AS WELL AS SOCIAL SERVICE NEEDS. PROGRAMS DIFFER TO THE EXTENT THAT

SERVICES ARE PROVIDED TO SPECIFIC POPULATIONS: SERIOUSLY MENTALLY ILL,

HIGH MEDICAID AND EMERGENCY DEPARTMENT UTILIZES, JUVENILES INVOLVED

WITH THE CRIMINAL JUSTICE SYSTEM, AND THOSE STILL IN RECOVERY FROM

SUPERSTORM SANDY. THE PROGRAMS EVALUATE CLIENTS' SOCIAL SERVICE NEEDS,

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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SCREEN FOR MENTAL HEALTH, TRAUMA AND SUBSTANCE USE DISORDERS AND GO INTO THE COMMUNITY TO FIND AND ASSIST CLIENTS IN NEED. ONCE THE CONTACTED, ASSESSED AND SCREENED PLANS ARE CREATED WITH EACH CLIENT TO ADDRESS THEIR INDIVIDUALIZED NEEDS, HELP IS PROVIDED TO ENSURE NEEDS ARE MET. THE WALK-IN CENTER PROVIDES THESE SERVICES ON-SITE WITH THE ADDITIONAL SERVICE OF EMERGENCY FUNDS FOR CLIENTS IN NEED. CARE COORDINATION AND CASE MANAGEMENT SERVED 7,973 INDIVIDUALS. EXPENSES \$ 5,894,604. INCL GRANTS OF \$ 395,939. REVENUE \$ 5,152,846.

OFFICE OF COMMUNITY PROGRAMMING - COMMUNITY PROGRAMMING CONDUCTS EVENTS AND WORKSHOPS. THIS INCLUDES EVENTS LIKE HEALTH FAIRS, BACK TO SCHOOL EVENTS AND WORKSHOPS INCLUDING MOMMY AND ME, STEP UP, AND WORKFORCE DEVELOPMENT. EXPENSES \$ 512,494. INCLUDING GRANTS OF \$ 469,705. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

CATHOLIC CHARITIES, DIOCESE OF BROOKLYN (CC) IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. (CCNS).

FORM 990, PART VI, SECTION A, LINE 7A:

CATHOLIC CHARITIES, DIOCESE OF BROOKLYN ("CC") IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. ("CCNS"). PURSUANT TO THE BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING BUT NOT LIMITED TO ELECTING DIRECTORS AND FILLING VACANT DIRECTOR POSITIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

CATHOLIC CHARITIES, DIOCESE OF BROOKLYN ("CC") IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. ("CCNS"). PURSUANT TO THE

Name of the organization	CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number	11-2047151
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BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING BUT NOT LIMITED TO (1) AMEND THE BY-LAWS OF THE CORPORATION, (2) CHANGE THE PURPOSE OF THE CORPORATION, (3) DISSOLVE THE CORPORATION, (4) ELECT DIRECTORS, (5) FILL VACANT DIRECTOR POSITIONS, AND (6) REMOVE DIRECTORS WITH OR WITHOUT CAUSE.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, THE EXECUTIVE DIRECTOR, AND THE CHIEF FINANCIAL OFFICER BEFORE THE RETURN IS FILED. THE RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CCNS HAS AN INTERNAL COMPLIANCE OFFICER. THIS PERSON IS ALSO THE IN-HOUSE GENERAL COUNSEL. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON (1) HAS RECEIVED A COPY OF THE ORGANIZATIONS' CONFLICT OF INTEREST POLICY, (2) HAS READ AND UNDERSTANDS THE POLICY, (3) HAS AGREED TO COMPLY WITH THE POLICY AND (4) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT ACTIVITIES. IF THERE IS AN ACTUAL OR PRECEIVED CONFLICT OF INTEREST, AFFECTED INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DELIBERATING PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE PREFORMANCE OF EXECUTIVE OFFICERS, AND ESTABLISHES THE COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, AND OTHER SENIOR EXECUTIVE POSITIONS. THIS

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number 11-2047151
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COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.
 COMPARISON OF ACTUAL PERFORMANCE AGAINST PRE-ESTABLISHED GOALS,
 COMPARIBILITY OF COMPENSATION PAID TO EXECUTIVE OFFICERS BY OTHER
 NOT-FOR-PROFIT ORGANIZATIONS OF LIKE SIZED AND GEOGRAPHIC LOCATION, AND
 VARIOUS OTHER OPERATIONAL DATA ARE CONSIDERED IN THE COMPENSATION
 EVALUATION PROCESS. ANY COMPENSATION DETERMINATIONS ARE THEN DOCUMENTED IN
 THE MINUTES OF THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:
 THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 CHANGE IN DUE TO THIRD PARTIES 544,155.

FORM 990, PART XII, LINE 2C:
 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 3B:
 AS OF THE FILING OF THE TAX RETURN THE REQUIRED AUDIT IS IN PROGRESS.

**SCHEDULE R
(Form 990)**

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC** Employer identification number **11-2047151**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CATHOLIC CHARITIES DIOCESE OF BROOKLYN - 11-1633548, 191 JORALEMON STREET, BROOKLYN, NY 11201	CHARITABLE NOT FOR PROFIT ORGANIZATION	NEW YORK	501(C)(3)	LINE 1	N/A		X
FLOWERS WITH CARE OF THE DIOCESE OF BROOKLYN - 11-2544550, 191 JORALEMON STREET, BROOKLYN, NY 11201	SUPPORT YOUTH	NEW YORK	501(C)(3)	LINE 7	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
THE J. JEROME REDDY FOUNDATION, INC. - 11-2693497, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NEW YORK	501(C)(2)		CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
MARY'S HALL INC - 11-1835881 191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL SERVICES	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X

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

Schedule R (Form 990) 2015

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990)

11-2047151

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CASA BETSAIDA HOUSING DEVELOPMENT FUND COMPANY - 11-3435768, 191 JORALEMON STREET, BROOKLYN, NY 11201	SOCIAL PROGRAM	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
PIERREPONT CHARITABLE FUND INC - 45-0635208 191 JORALEMON STREET BROOKLYN, NY 11201	SUPPORT CATH CHAR	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
SAINTS JOACHIM & ANEE NURS & REHAB CTR - 22-2943712, 2720 SURF AVENUE, BROOKLYN, NY 11224	NURSING FAC	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
PROGRESS OF PEOPLE'S MANAGEMENT CORP - 11-2555060, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
PROGRESS OF PEOPLE'S DEVELOPMENT CORP - 11-2431586, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
176 SOUTH EIGHTH STREET APARTMENTS HDFC - 26-2418657, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
BELLEROSE SENIOR HDFC - 11-3166290 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CATHERINE SHERIDAN HDFC, INC. - 11-3636256 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
DAVID MINKIN RESIDENCE HDFC, INC. - 11-3201990, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MOUNT CAMEL SENIOR HDFC - 11-3589144 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MSGR. JOSEPH F STEDMAN RESIDENCE HDFC - 11-3402363, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
PIERREPONT HOUSE FOR THE ELDERLY, INC. - 11-2431599, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990)

11-2047151

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. PAUL THE APOSTLE SENIOR HDFC - 11-3519422, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
ST. PIUS V SENIOR HDFC - 11-3402365 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
ST. TERESA OF AVILA SENIOR HDFC - 11-3596619 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
SUNSET PARK HDFC, INC. - 11-2628789 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
101-105 SOUTH EIGHTH STREET APT, HDFC - 26-2418821, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CARING COMMUNITIES ASSOCIATES HDFC, INC - 11-3160652, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
PIERREPONT HDFC - 11-3572490 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
72 LEWIS AVENUE APARTMENTS HDFC - 26-3619644 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MONASTERY SENIOR HDFC - 11-3621552 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
HOWARD BEACH HDFC - 45-2654972 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
55 PIERREPONT HDFC - 45-3073520 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
O.L. LORETO FAMILY HDFC - 27-2237468 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Schedule R (Form 990)

11-2047151

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
161-01 89TH AVENUE CORPORATION - 11-3054633 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
EMMAUS OF THE DIOCESE OF BROOKLYN, INC - 11-3188830, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
BETHELEHEM HSG DEVELOPMENT FUND CORP - 11-2721068, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MARY IMMACULATE HSG DEVELOPMENT FUND CO - 11-3575007, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
QUEENS REHAB CORPORATION - 11-2748468 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 9	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
715 ST. JOHN'S PLACE LP - 11-3625828, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
918 KENT AVENUE, LP - 11-3426860, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BISHOP BOARDMAN SENIOR APARTMENTS, LP - 20-2884391, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BISHOP FRANCIS J. MUGAVERO SR APARTMENTS - 20-2884196, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BEDFORD SAINT JOHN'S ASSOCIATES, INC. - 11-3625826, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BISHOP BOARDMAN APARTMENTS, INC. - 20-2884375, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BISHOP FRANCIS J. MUGAVERO APARTMENTS - 20-2884179, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
HOLY SPIRIT APARTMENTS, INC. - 20-2884296 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
JEFFERSON-MELROSE ASSOCIATES, INC. - 65-1202319, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990)

11-2047151

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CLASSON AVENUE LTD PARTNERSHIP - 11-3041448, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOLY SPIRIT SENIOR APARTMENTS, LP - 20-2884314, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MARY STAR OF THE SEA SENIOR APARTMENTS - 20-2884252, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. EDWARD T. BURKE SENIOR APARTMENTS - 20-2884446, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. JOHN O'BRIEN SENIOR APARTMENTS - 20-2884429, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. THOMAS CAMPBELL SENIOR APARTMENTS - 20-2884351, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
POPE JOHN PAUL II SENIOR APARTMENTS, LP - 20-2884282, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SR. LUCIAN SENIOR APARTMENTS, LP - 20-2884475, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. BRENDAN'S SENIOR APARTMENT, LP - 20-2884231, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Schedule R (Form 990)

11-2047151

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WILSON AVENUE LIMITED PARTNERSHIP - 65-1202313, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOWARD BEACH APARTMENTS, LLC - 45-2686307, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
55 PIERREPONT, LLC - 45-3073627, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARING SUPPORTED HOUSING LLC - 46-2886329, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990)

11-2047151

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MARY STAR OF THE SEA APARTMENTS, INC. - 20-2884243, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. EDWARD T. BURKE APARTMENTS, INC. - 20-2884439, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. JOHN P. O'BRIEN APARTMENTS, INC. - 20-2884416, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. THOMAS CAMPBELL APARTMENTS, INC. - 20-2884338, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
POPE JOHN PAUL II APARTMENTS, INC. - 20-2884264, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
SR. LUCIAN APARTMENTS, INC. - 20-2884457 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
ST. BRENDAN'S APARTMENTS, INC. - 20-2884218 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
TAAFFE KENT ASSOCIATES, INC. - 11-3426859 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
WILLOUSHBY CLASSON APARTMENT, INC. - 11-3041447, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
HOWARD BEACH HOUSING CORPORATION - 45-2661870, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
55 PIERREPONT APARTMENTS CORPORATION - 45-3073589, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
O.L. LORETO HOUSING CORP - 90-0636520 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARING SUPPORTED HSG MNG MBR CORPORATION - 46-2886329, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

**CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC**

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

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

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Schedule R (Form 990) 2015

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

715 ST. JOHN'S PLACE LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

918 KENT AVENUE, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

BISHOP BOARDMAN SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

BISHOP FRANCIS J. MUGAVERO SR APARTMENTS

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

CLASSON AVENUE LTD PARTNERSHIP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

HOLY SPIRIT SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MARY STAR OF THE SEA SENIOR APARTMENTS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. EDWARD T. BURKE SENIOR APARTMENTS

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. JOHN O'BRIEN SENIOR APARTMENTS

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. THOMAS CAMPBELL SENIOR APARTMENTS

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

POPE JOHN PAUL II SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

SR. LUCIAN SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

ST. BRENDAN'S SENIOR APARTMENT, LP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

WILSON AVENUE LIMITED PARTNERSHIP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

HOWARD BEACH APARTMENTS, LLC

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

55 PIERREPONT, LLC

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

CARING SUPPORTED HOUSING LLC

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BEDFORD SAINT JOHN'S ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

BISHOP BOARDMAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

BISHOP FRANCIS J. MUGAVERO APARTMENTS

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

HOLY SPIRIT APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

JEFFERSON-MELROSE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MARY STAR OF THE SEA APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. EDWARD T. BURKE APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. JOHN P. O'BRIEN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

MSGR. THOMAS CAMPBELL APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

POPE JOHN PAUL II APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

SR. LUCIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

ST. BRENDAN'S APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

TAAFFE KENT ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

WILLOUSHBY CLASSON APARTMENT, INC.

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

HOWARD BEACH HOUSING CORPORATION

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

55 PIERREPONT APARTMENTS CORPORATION

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

NAME OF RELATED ORGANIZATION:

O.L. LORETO HOUSING CORP

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

CARING SUPPORTED HSG MNG MBR CORPORATION

DIRECT CONTROLLING ENTITY: PROGRESS OF PEOPLE'S DEVELOPMENT CORP

SCHEDULE R, PART II:

THE SOLE MEMBER OF THIS ORGANIZATION, CATHOLIC CHARITIES, DIOCESE OF BROOKLYN AND QUEENS (CC) IS A RELIGIOUS ORGANIZATION AND NOT SUBJECT TO TAX FILINGS. AS SUCH IT IS NOT REPORTED AS A RELATED ENTITY ON SCHEDULE R, PART II.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	EQUIPMENT AND FURNITURE	VARIOUS	SL	5.00		16	915,125.				915,125.	852,745.		11,090.	863,835.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						915,125.				915,125.	852,745.		11,090.	863,835.
	LAND														
1	LAND	VARIOUS	NC	.000		HY	90,500.				90,500.			0.	
	* 990 PAGE 10 TOTAL LAND						90,500.				90,500.	0.		0.	0.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	6,123,459.				6,123,459.	2,721,398.		363,832.	3,085,230.
3	COMPUTER SOFTWARE	VARIOUS	SL	7.00		16	34,240.				34,240.	34,240.		0.	34,240.
5	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000		HY	6,077,760.				6,077,760.			0.	
	* 990 PAGE 10 TOTAL OTHER						12235459.				12235459.	2,755,638.		363,832.	3,119,470.
	* GRAND TOTAL 990 PAGE 10 DEPR						13241084.				13241084.	3,608,383.		374,922.	3,983,305.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	Employer identification number (EIN) or 11-2047151
	Number, street, and room or suite no. If a P.O. box, see instructions. 191 JORALEMON STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11201	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ALAN WOLINETZ

• The books are in the care of **191 JORALEMON STREET - BROOKLYN, NY 11201**
 Telephone No. **718-722-6000** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year _____, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED BY THE TAXPAYER.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date