	rtment o	90 of the Treasury nue Service	Under secti ▶	turn of (ion 501(c), 52 Do not enter Information	7, or 4947(a Social Sec)(1) of the urity numb	Internal Revo	enue Co orm as it	de (except may be ma	t private fou ade public.		ns) o	OMB No. 1545-0047						
AF	or th	e 2019 caler	dar year, or ta	ax year begi	nning	0	7/01 ,201 9	9, and e	ending		(06/30,2	20 20						
	neck if ap	C Name	of organization C.	ATHOLIC (S NEIG	HBORHOOD		U	D Employ		tification nu							
	Addre chang		Business As							11-2	0471	51							
	1 1		er and street (or F	P.O. box if mail is	not delivered	to street addr	ress)	Room/s	uite	E Telepho	one num	iber							
	Initial	return 191	JORALEMON	N STREET						(718)	722	-6000							
	Termi	nated City c	r town, state or pr	rovince, country,	and ZIP or fore	eign postal co	de	•											
	Amen	ded BRC	OKLYN, NY	11201						G Gross r	eceipts	\$ 110	,826	,999.					
	Applic	ation F Name	and address of p	rincipal officer:	ALAN	WOLINE	ΤZ			H(a) Is this	a group	return for	Yes	XNC					
		-	ie as c abo	OVE						H(b) Are all		tes included?	Yes	No					
I	Tax-exe	empt status:	X 501(c)(3)	501(c) () ┥ (in	isert no.)	4947(a)(1)	or	527	lf "No	" attach a	a list. (see instr	uctions)						
J	Websit	te: 🕨 WWW. 🤇	CCBQ.ORG							H(c) Group	exemptic	on number 🕨	• 0	928					
К	Form o	of organization:	X Corporation	Trust	Association	Other	•	L	ear of forma	ation: 1947	M St	ate of legal o	lomicile	: NY					
Pa	art I	Summary																	
Governance	1	SERVICES	e the organizati PROVIDES AND QUEEN	QUALITY							IBORI	HOOD							
/ern	2	Check this bo	x 🕨 📄 if the	organization of	discontinued	its operati	ons or dispos	ed of mo	re than 25%	// of its net a	ssets.								
ģ			ting members of	-								3		12.					
<u>کہ</u>			lependent voting									1		10.					
Activities &			of individuals er									5	1	,528.					
ť			of volunteers (es									6	2	,158.					
A	7a	Total unrelate	d business rever	nue from Part \	/III, column (C), line 12					7	a		0					
			business taxabl									b		0					
									Prior Ye		Cu	rrent Y	'ear						
e	8	Contributions	and grants (Part	VIII, line 1h)						76,292	,724	. 8	б,28!	5,881					
enu	9	Program servi	ce revenue (Part	VIII, line 2g)				PY FOR		27,303		2,999	9,502						
Revenue			nt income (Part VIII, column (A), lines 3, 4, and 7d)								36,944.			0,900					
	11	Other revenue	e (Part VIII, colu	mn (A), lines 5	, 6d, 8c, 9c, [•]	10c, and 11	e)				,132		1,490	0,716					
	12	Total revenue	- add lines 8 th	rough 11 (mus	st equal Part	VIII, column	(A), line 12)			104,478				5,999					
	13	Grants and si	milar amounts pa	aid (Part IX, co	lumn (A), line	es 1-3) 🔒				18,982			0,139	9,313					
	14	Benefits paid	to or for member	rs (Part IX, colu	umn (A), line	4)					0			0					
s			r compensation,							60,022			2,969	9,707					
Expenses			undraising fees (0	•		0					
Ř			ing expenses (Pa				(0.					0 0 4						
-			es (Part IX, colur							26,995	-			8,427					
			s. Add lines 13-						· ·	105,999				7,447					
- 0	19	Revenue less	expenses. Subt	ract line 18 fro	m line 12		<u></u> .			-1,521	-			0,448					
ts ol										nning of Cur			d of Ye						
sset 3alai	20		Part X, line 16)						••	37,114				5,216					
Net Assets or Fund Balances	21									49,604				2,657					
				Subtract line 2	1 from line 20	0	<u></u>			-12,490	,004	• -1	4,11	7,441					
	rt II	Signature			ala antono * *			lules : .	atata	and 4- 41 - 1				aliaf '' '					
true	e, corre	ct, and complete	I declare that I h Declaration of pre	eparer (other tha	nis return, inci in officer) is ba	ised on all int	formation of wh	lich prepa	statements, irer has any k	and to the b knowledge.	est of m	iy knowledg	e and b						
Sig	n	Signatur	e of officer							Date	•								
He			WOLINETZ				CFO			Dan									
			print name and title	9			CT. 0												
		Print/Type pre			Preparer's s	ignature	1. 101 11	Date)	Check	if	PTIN							

Inspection 30, **20** 20 ion number

Kustin Rubbine Paid 3/26/2021 KRISTIN RUFFINI self-employed P00741491 Preparer ▶ BDO USA, LLP 13-5381590 Firm's name Firm's EIN 🕨 Use Only Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001 212-885-8000 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Form 990 (2019) For Paperwork Reduction Act Notice, see the separate instructions.

No

X No

No

> 0. 0.

> 0.

0.

CATHOLIC	CHARITIES	NEIGHBORHOOD

11-2047151

	ge 2
	X
If "Yes," describe these new services on Schedule O.	NO
services? Yes X	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
(Code:) (Expenses \$20,077,389. including grants of \$2,131,335.) (Revenue \$213,687.) ATTACHMENT 2	
ATTACHMENT 5	
(Code:) (Expenses \$19,822,000. including grants of \$4,551,649.) (Revenue \$831,846.) ATTACHMENT 4	
Other program services (Describe on Schedule Q.)	
(Expenses \$ 39,004,712. including grants of \$ 10,742,502.) (Revenue \$ 21,897,756.)	
20 2.000 Form 990 (2	2019) GE 3
	Itill Statement of Program Service Accomplishments Check if Schedub C contains a response or note to any line in this Part III

CATHOLIC CHARITIES NEIGHBORHOOD

Part	V Checklist of Required Schedules		X	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II.	4		Х
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? If "Yes," complete Schedule C, Part III	5		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? If	6		X
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 25
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
)	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? If "Yes," complete Schedule D, Part IV	9	X	
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		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	444	x	
~	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .	11d 11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	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? If "Yes," complete Schedule F, Parts II and IV	15		Х
5	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? If "Yes," complete Schedule F, Parts III and IV	16		X
	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> (see instructions).	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		X
9	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		- 21
5	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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? If "Yes," complete Schedule I, Parts I and II	21		Х
A			~~~	(2019

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	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? If "Yes," answer lines 24b			37
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		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? If "Yes," complete Schedule R, Part VI	37		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.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 402	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030	2.000	Form		(2019)
	0667QC 702V 3/26/2021 1:26:15 PM V 19-8.1F 0200837-0002		PA	AGE 5

Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 1,528			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	02		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Initiation fees and capital contributions included on Part VIII, line 12			
U 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form §	990 (2019) CATHOLIC CHARITIES NEIGHBORHOOD 11-204	/151	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	566 m	Struc	X
Soct	ion A. Governing Body and Management	<u></u>		
Jeci	ion A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year $1a$ 12			
1a	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?			<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	14		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х	
8	stockholders, or persons other than the governing body?			
0	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O.	9		Х
Secti	on 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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	L
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		v	
	rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	х	
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Л	<u> </u>
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?	15a		x
a	The organization's CEO, Executive Director, or top management official	15b	Х	
b	Other officers or key employees of the organization	10.5		
16a				
100	with a taxable entity during the year?	16a		Х
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.		rest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record ALAN WOLINETZ 191 JORALEMON STREET BROOKLYN, NY 11201 718-722-6000	s 🕨		
JSA			990	(2019)
				(==)

Highest Compensated Employees

Page **7**

and

r art vii	Independent Cont			musices,	ney	Employeee	, mgn		npensateu	F	noyees,	and
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A	. Officers, Director	rs, Trustees	, Key Emplo	oyees, and	l Highe	est Compen	sated E	mployee	s			
1a Comple	te this table for all	nersons rea	uired to be	listed Rer	ort co	mnensation f	or the (calendar y	vear ending	ı with	or within	n the

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."

Part VII Compensation of Officers Directors Trustees Key Employees

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(6) PATRICK MAHON 35.00 x 186,023. 0. 10,876. (7) MICHAEL J. CORTEZ 35.00 x 153,408. 0. 35,272. (8) JACQUELINE GIBBONS 35.00 x 153,408. 0. 35,272. (8) JACQUELINE GIBBONS 35.00 x 151,965. 0. 36,416. (9) DELROY DAVEY 35.00 x 154,334. 0. 31,682. (10) JEANNE DIULIO 30.00 x 166,047. 0. 17,567. (11) CLAUDIA SALAZAR 35.00 x 157,166. 0. 14,513. (12) REV. MSGR. ALFRED LOPINTO 12.00 x 0. 50,000. 6,500. (13) VERY REV. PATRICK J. KEATING 10.00 x 0. 50,000. 1,500. (14) MARGARET F. KELLEHER 2.00 25.00 x x 0. 50,000. 1,500.		(C)									
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JSA

CATHOLIC CHARITIES NEIGHBORHOOD

Form	000	(2019)	
FOIIII	990	(2019)	

	t VII Section A. Officers, Directors, Tru (A)	(B)	ľ			C)		<u> </u>	(D)	(E)	(F)
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more erson	e than or a is both a or/truster employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(C) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated
5)	MICHELLE P. GUERRIER	1.00					٩				
	VICE CHAIR	0.	Х		Х				0.	0.	
	SANTOS RODRIGUEZ SECRETARY	1.00	X		х				0.	0.	
7)	JOHN MURPHY, JR. TREASURER	1.00	x		х				0.	0.	
8)	CAROL COHEN	1.00									
	DIRECTOR	0.	Х						0.	0.	
9)	DANIEL GREENE	1.00									
	DIRECTOR	0.	Х						0.	0.	
0)	DAWN A. HEWITT	1.00									
	DIRECTOR	0.	Х						0.	0.	
1)	VALERIE STEWART-LOVELL	1.00	-								
	DIRECTOR	0.	X						0.	0.	
2)	ROBERT MARQUEZ DIRECTOR AS OF JULY 2019	1.00	x						0.	0.	
3)	CORINNE J.S. SYMIETZ DIRECTOR	1.00	x						0.	0.	
· ·											
1b	Sub-total							►	1,801,359.	619,592.	232,06
	Total from continuation sheets to Part VII, S	=						►	0.	0.	
2	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t			d al	bove	e) who	► re	1,801,359. ceived more than	619,592. \$100,000 of	232,06
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>										Yes M 3
	For any individual listed on line 1a, is the organization and related organizations grain individual .	eater than	\$15	50,0	00?	If	"Yes,	," (complete Schedu	le J for such	4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
	tion B. Independent Contractors										
	Complete this table for your five highest com compensation from the organization. Report o year.										
	(A)								(B)		(C)
	Name and business add	dress							Description of se	rvices	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 20

		Check if Schedule O contains a respo	onse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	1,873,401.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ŌĔ	с	Fundraising events 1 c					
ifts ∎r⊿	d	Related organizations 10					
Dila	е	Government grants (contributions) 1	76,210,326.				
Sins	f	All other contributions, gifts, grants,					
er		and similar amounts not included above 1f	8,202,154.				
th Th	g	Noncash contributions included in					
df	Ū	lines 1a-1f	\$ 367,176.				
ရှင်	h	Total. Add lines 1a-1f		86,285,881.			
			Business Code				
ဗ္ဗ	2a	FEE FOR SERVICES	624100	21,582,085.	21,582,085.		
Program Service Revenue	b	ADMIN REVENUE FROM AFFILIATES	624100	1,417,417.	1,417,417.		
Se	c						
am	d						
- Sgr	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		22,999,502.			
	3	Investment income (including dividends,					
	•	other similar amounts)		50,900.			50,900.
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	с	Gain or (loss)					
~ ∠				0.			
Other							
ð	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	h		0.				
	b C	Less: direct expenses 8b Net income or (loss) from fundraising events	· · · · · · · · •	0.			
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c b	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	iva	returns and allowances	0.				
	b	Less: cost of goods sold	·				
	а С	Net income or (loss) from sales of inventory		0.			
6	-		Business Code				
Miscellaneous Revenue	11a	PURCHASE OF SERVICES	900099	200,201.	200,201.		
nu	b	INSURANCE RECOVERY	900099	80,166.			80,166.
ell: sve		PROVIDER RELIEF FUNDS	900099	526,657.			526,657.
Resc	c d	All other revenue	-	683,692.			683,692.
Σ	e	Total. Add lines 11a-11d		1,490,716.			
	12	Total revenue. See instructions		110,826,999.	23,199,703.		1,341,415.

CATHOLIC CHARITIES NEIGHBORHOOD

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 20,139,313. 20,139,313. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,002,515. 898,454. 104,061 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 48,508,030. 42,665,056. 5,842,974. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 2,481,539. 2,240,359. 241,180. section 401(k) and 403(b) employer contributions) 616,378 6,339,729 5,723,351. 9 Other employee benefits 4,637,894. 4,186,753. 451,141. 10 Payroll taxes 11 Fees for services (nonemployees): 0 a Management 78,670 78,670 **b** Legal 92,450 92,450. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 1,570. 1,570 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 10,915,848 9,260,524. 1,655,324 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 1,134,101. 997,549. 136,552. 13 Office expenses 0 14 Information technology 0 Royalties 15 7,878,449. 7,482,976. 395,473 Occupancy 16 158,783. 142,175. 16,608. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 280,421. 263,772. 16,649 19 Conferences, conventions, and meetings 139,428. 139,428. Interest 20 0 21 Payments to affiliates 59,191. 7,327 66,518. 22 Depreciation, depletion, and amortization 1,291,515. 166,240. 1,457,755. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL 2,016,669. 1,774,162. 242,507. **h**REMODELING AND REPAIRS 1,773,454. 1,726,381. 47,073. cPROGRAM SUPPLIES 1,099,459. 1,099,459. dPROVISION FOR BAD DEBTS 440,968. 440,968. 369,994. 1,443,890. 1,813,884. e All other expenses 112,457,447. 100,761,952. 11,695,495 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Page	1	1

2 Savi 3 Pled 4 According 5 Loard 6 Loard 6 Loard 7 Note 8 Inve 9 Prep 10a Land basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intard 15 Othe 16 Tota 17 Accord 18 Grand 19 Defeded 20 Tax- 21 Escrid 22 Loard 23 Secrid 24 Unsval 25 Othe partition of S 26 Tota	sh - non-interest-bearing ings and temporary cash investments. dges and grants receivable, net ounts receivable, net. ounts receivable, net. ns and other receivables from any current or former officer, director, tee, key employee, creator or founder, substantial contributor, or 35% trolled entity or family member of any of these persons ns and other receivables from other disqualified persons (as defined er section 4958(f)(1)), and persons described in section 4958(c)(3)(B). es and loans receivable, net paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D stanents - publicly traded securities. estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11 ngible assets. er assets. See Part IV, line 11 al assets. Add lines 1 through 15 (must equal line 33)	(A) Beginning of year 876,654. 0. 0. 14,132,033. 0. 0. 0. 0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 0. 0. 0.	6 7 8 9	End of year 4,317,588 (15,537,058 (15,537,058 (120,991 475,692 1,474,604 634,558 (
2 Savi 3 Pled 4 According 5 Loard 6 Loard 6 Loard 7 Note 8 Inve 9 Prep 10a Land basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intard 15 Othe 16 Tota 17 Accord 18 Grand 19 Defeded 20 Tax- 21 Escrid 22 Loard 23 Secrid 24 Unsval 25 Othe partition of S 26 Tota	ings and temporary cash investments. dges and grants receivable, net ounts receivable, net. ns and other receivables from any current or former officer, director, tee, key employee, creator or founder, substantial contributor, or 35% trolled entity or family member of any of these persons ns and other receivables from other disqualified persons (as defined er section 4958(f)(1)), and persons described in section 4958(c)(3)(B). es and loans receivable, net paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities. estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11. ngible assets. er assets. See Part IV, line 11	0. 0. 14,132,033. 0. 0. 0. 0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 0. 0. 0.	2 3 4 5 6 7 8 9 9 10c 11 12 13	15,537,058 15,537,058 ((120,991 475,692 1,474,604 634,558
3 Pled 4 Accord 5 Loar trust cont 6 Loar 10 Loar 7 Note 8 Inve 9 Prep 10a Lanc b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Accord 18 Grand 19 Defeded 20 Tax- 21 Escred 22 Loar cont cont 23 Seccl 24 Unsecl 25 Othe partition of S 26 Tota	dges and grants receivable, net	0. 14,132,033. 0. 0. 0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 0. 4,972,358.	3 4 5 6 7 8 9 9 10c 11 12 13	15,537,058 15,537,058 (((120,991 475,692 1,474,604 634,558
 4 According 5 Loarn trust contribution 6 Loarn unde 7 Note 8 Inveright 9 Prepide 10a Land basis b Lessis 11 Inveright 12 Inveright 13 Inveright 14 Intaright 15 Otheright 16 Tota 17 According 18 Granding 19 Defection 20 Tax-21 Escind 21 Escind 22 Loarn trust contribution 23 Secind 24 Unsecind 25 Otheright 26 Tota Organization 	ounts receivable, net. ns and other receivables from any current or former officer, director, tee, key employee, creator or founder, substantial contributor, or 35% trolled entity or family member of any of these persons ns and other receivables from other disqualified persons (as defined er section 4958(f)(1)), and persons described in section 4958(c)(3)(B). es and loans receivable, net paid expenses and deferred charges d, buildings, and equipment: cost or other is: Complete Part VI of Schedule D estments - publicly traded securities. estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	14,132,033. 0. 0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	4 5 6 7 8 9 9 10c 11 12 13	15,537,058 ((120,991 475,692 1,474,604 634,558
5 Loar trust cont 6 Loar unde 7 Note 8 Inve 9 Prep 10a Lanc basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esci 23 Seci 24 Unsi 25 Othe partition of S 26 Tota	ns and other receivables from any current or former officer, director, tee, key employee, creator or founder, substantial contributor, or 35% trolled entity or family member of any of these persons	0. 0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	5 6 7 8 9 9 10c 11 12 13	120,991 475,692 1,474,604 634,558
trust cont cont cont cont cont cont cont con	tee, key employee, creator or founder, substantial contributor, or 35% trolled entity or family member of any of these persons	0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	6 7 8 9 10c 11 12 13	120,991 475,692 1,474,604 634,558
 cont Loar unde 7 Note 8 Inve 9 Prep 10 a Land basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trust cont 23 Seci 24 Unss 25 Othe parti of S 26 Tota 	trolled entity or family member of any of these persons	0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	6 7 8 9 10c 11 12 13	120,991 475,692 1,474,604 634,558
6 Loar unde 7 Note 8 Inve 9 Prep 10a Lanc basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Escn 23 Secn 24 Unso 25 Othe parti of S 26 Tota	ns and other receivables from other disqualified persons (as defined er section 4958(f)(1)), and persons described in section 4958(c)(3)(B). es and loans receivable, net	0. 0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	6 7 8 9 10c 11 12 13	120,993 475,692 1,474,604 634,558
under 7 Note 8 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Other 16 Totar 17 Accor 18 Gran 19 Defer 20 Tax- 21 Escr 22 Loar trust cont 23 Secr 24 Unse 25 Other partit of S 26 Totar	er section 4958(f)(1)), and persons described in section 4958(c)(3)(B) es and loans receivable, net paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities. estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11 ngible assets. er assets. See Part IV, line 11	0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	7 8 9 10c 11 12 13	120,993 475,693 1,474,604 634,558
 7 Note 8 Inve 9 Prep 10a Lance b Less 11 Inve 12 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Accor 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trust cont 23 Seci 24 Unse 25 Othe parti of S 26 Tota 	es and loans receivable, net	0. 15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	7 8 9 10c 11 12 13	120,99 475,69 1,474,60 634,55
 7 Note 8 Inve 9 Prep 10a Lance b Less 11 Inve 12 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Accor 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trust cont 23 Seci 24 Unse 25 Othe parti of S 26 Tota 	es and loans receivable, net	15,293. 368,761. 16,127,561. 621,679. 0. 0. 0. 4,972,358.	8 9 10c 11 12 13	120,99 475,69 1,474,60 634,55
8 Inve 9 Prep 10a Lanc basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Other 16 Tota 17 Accord 18 Grand 19 Defendation 20 Tax-2 21 Escredation 22 Loard 13 Secredation 24 Unserdation 25 Other partition of S 26 Tota	entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D is: accumulated depreciation 10a 2,356,166. is: accumulated depreciation 10b 881,562. estments - publicly traded securities. estments - other securities. See Part IV, line 11 ine 11 estments - program-related. See Part IV, line 11 ine 11 ine 11 ngible assets ine 11 ine 11	368,761. 16,127,561. 621,679. 0. 0. 4,972,358.	9 10c 11 12 13	475,69 1,474,60 634,55
9 Prep 10a Land basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esci 23 Seci 24 Unsi 25 Othe partition of S 26 Tota	paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation astments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11 ngible assets er assets. See Part IV, line 11	16,127,561. 621,679. 0. 0. 4,972,358.	10c 11 12 13	1,474,60 634,55
10a Land basi basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Escri 23 Secri 24 Unsi 25 Othe partition of S 26 Tota	d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D10a2,356,166.s: accumulated depreciation10b881,562.estments - publicly traded securities.estments - other securities. See Part IV, line 11estments - program-related. See Part IV, line 11estments - program-related. See Part IV, line 11estments - other securities.estments - other securities.estments - program-related. See Part IV, line 11estments - other securities.estments - other securities.estments - program-related. See Part IV, line 11estments - other securities.estments - other securities.er assets.set Part IV, line 11estments - other securities.estments - other securities.	621,679. 0. 0. 0. 4,972,358.	11 12 13	634,55
basi b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esco 20 Tax- 21 Esco 23 Seco 24 Unss 25 Othe parti of S 26 Tota	is. Complete Part VI of Schedule D	621,679. 0. 0. 0. 4,972,358.	11 12 13	634,55
b Less 11 Inve 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Accc 18 Gran 19 Defe 20 Tax- 21 Escr 22 Loar trust cont 23 Secr 24 Uns 25 Othe of S 2 26 Tota	s: accumulated depreciation	621,679. 0. 0. 0. 4,972,358.	11 12 13	634,55
11Inve12Inve13Inve14Intar15Othe16Tota17Accc18Gran19Defe20Tax-21Escr22Loartrustcont23Secr24Unsa25Othepartiof S26Tota	estments - publicly traded securities	0. 0. 0. 4,972,358.	11 12 13	
 12 Inve 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trust conti 23 Seci 24 Unsi 25 Othe partion of S 26 Tota 	estments - other securities. See Part IV, line 11	0. 0. 4,972,358.	12 13	
 13 Inve 14 Intar 15 Othe 16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trust cont 23 Seci 24 Unsi 25 Othe parti of S 26 Tota 	estments - program-related. See Part IV, line 11 ngible assets er assets. See Part IV, line 11	0. 4,972,358.	13	
14Intar15Other16Tota17Accord18Gran19Defe20Tax-21Escord22Loar10trust23Secord24Unsa25Otherpartitionof S26Tota	ngible assets	4,972,358.		
 15 Other 16 Tota 17 According 19 Defender 20 Tax-21 Escord 21 Escord 22 Loar 23 Secord 24 Unserver 25 Other 25 Other 26 Tota 	er assets. See Part IV, line 11			
16 Tota 17 Acco 18 Gran 19 Defe 20 Tax- 21 Escr 22 Loar trust cont 23 Secr 24 Uns 25 Other of S 26 Tota Orga			15	4,534,72
17 Accord 18 Gran 19 Defe 20 Tax- 21 Escr 22 Loar 23 Secr 24 Unsi 25 Other of S 26 Total Orga		37,114,339.	16	27,095,21
 18 Gran 19 Defe 20 Tax- 21 Esci 22 Loar trusticont 23 Seci 24 Unsi 25 Other partion of Si 26 Tota Organ 	ounts payable and accrued expenses	14,171,869.	17	9,666,04
 19 Defe 20 Tax- 21 Esci 22 Loar trust cont 23 Seci 24 Unsi 25 Othe parti of S 26 Tota 	nts payable	0.	18	
 20 Tax- 21 Esci 22 Loar 23 Seci 24 Unsi 25 Othe partion of Si 26 Tota 	erred revenue.	15,061,597.	19	354,39
21 Esci 22 Loar trust cont 23 Seci 24 Unsi 25 Othe parti of S 26 Tota	-exempt bond liabilities.	0.	20	
 22 Loar trust cont 23 Sect 24 Unse 25 Othe partion of S 26 Tota 	row or custodial account liability. Complete Part IV of Schedule D	280,319.	21	25,69
trust cont 23 Sect 24 Uns 25 Othe parti of S 26 Tota Org;	ns and other payables to any current or former officer, director,		21	- ,
cont 23 Sect 24 Unse 25 Othe parti of S 26 Tota Org:	tee, key employee, creator or founder, substantial contributor, or 35%			
23 Sect 24 Unst 25 Othe parti of S 26 Tota Orga	trolled entity or family member of any of these persons	0.	22	
24 Unserverter 25 Other partion 26 Tota Orga	ured mortgages and notes payable to unrelated third parties	14,275.	23	
25 Othe parti of S 26 Tota Orga	secured notes and loans payable to unrelated third parties	0.	23	4,255,99
parti of S 26 Tota Orga	er liabilities (including federal income tax, payables to related third		24	1,200,33
of S 26 Tota Orga	ties, and other liabilities not included on lines 17-24). Complete Part X			
26 Tota Orga	Schedule D	20,076,283.	25	26,910,53
Orga	al liabilities. Add lines 17 through 25	49,604,343.	26	41,212,65
and	anizations that follow FASB ASC 958, check here X	19,001,913.	20	11/212/03
	complete lines 27, 28, 32, and 33.			
27 Net	assets without donor restrictions	-14,902,962.	27	-18,034,14
	assets with donor restrictions.	2,412,958.	28	3,916,70
	anizations that do not follow FASB ASC 958, check here ►	2,112,550.	20	5,510,10
	amzations that up not follow FASD ASC 530, Check here 🚩 👔			
			29	
	complete lines 29 through 33.			
	complete lines 29 through 33.		30 31	
	complete lines 29 through 33. bital stock or trust principal, or current funds d-in or capital surplus, or land, building, or equipment fund		31	-14,117,44
33 Tota	complete lines 29 through 33.	-12,490,004.		,,,,

CATHOLIC	CHARITIES	NEIGHBORHOOD

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 110,826,999 1 Total revenue (must equal Part VIII, column (A), line 25) 2 112,457,44 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,630,44 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -12,490,000 5 3,01 6 -12,490,000 6 7 Investment expenses 5 3,01 6 6 -12,490,000 5 3,01 7 6 -12,490,000 5 3,01 6 7 Investment expenses 5 3,01 6 7 Investment expenses 7 -12,490,000 9 Other changes in net assets or fund balances (explain on Schedule O). 9 -10 10 Net assets or fund balances (explain on Schedule O). 9 -14,117,44 Part XII Financial Statements and Reporting 10 -14,117,44 Part XII Financial Statements and Reporting Other 10 <td< th=""><th>e 12</th></td<>	e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 110,826,99 2 Total expenses (must equal Part IX, column (A), line 25) 2 112,457,44 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,630,44 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -12,490,000 5 Net urrealized gains (losses) on investments 5 3,01 6 Donated services and use of facilities 7 7 Investment expenses 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 2 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -14,117,44 Part XII Financial Statements and Reporting 10 -14,117,44 I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	_
2 Total expenses (must equal Part IX, column (A), line 25) 2 112,457,44 3 Revenue less expenses. Subtract line 2 from line 1 -1,630,44 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -12,490,00 5 3,01 6 -1,630,44 4 -12,490,00 5 3,01 6 -7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O). 5 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 2 -14,117,44 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 -14,117,44 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual<	
1 Revenue less expenses. Subtract line 2 from line 1	
 A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A net assets or fund balances and use of facilities B Prior period adjustments Charce the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. A Accounting method used to prepare the Form 990: Cash X Accrual Other Check if Schedule O contains a response or note to any line in this Part XII. A Accounting method used to prepare the Form 990: Cash X Accrual Other Yes I A Accounting method used to prepare the Form 990: Cash X Accrual Other Yes I 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: 	
 Inter date build build best of dealining of your (index equal for A, inc Sc, column (v)) **********************************	
 a Net unrealized gains (losses) of milestifients ************************************	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 10 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 -14,117,44 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 12 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a 2a 13 "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: 2a 2a	
 8 Prior period adjustments	0.
 9 Other changes in net assets or fund balances (explain on Schedule O)	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) -14,117,44 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 -14,117,44 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. I Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or note to any line in this Part XII. Intervention (Check if Schedule O contains a response or checked "Other," explain in Schedule O. Intervention (Check if Schedule Contains a response or reviewed by an independent accountant? Intervention (Check if Schedule Contains a reviewed on a separate basis, consolidated basis, or both: Intervention (Check if Schedule Contains a review	0.
32, column (B)) -14,117,44 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes Image: 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: 2a	0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a	
Check if Schedule O contains a response or note to any line in this Part XII. Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes Image: Cash	1.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a	
 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Other Other 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?	Х
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a	No
Schedule O. 2a Yere the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	
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:	37
reviewed on a separate basis, consolidated basis, or both:	X
Separate basis Consolidated basis Both consolidated and separate basis	
b were the organization's mancial statements addited by an independent accountant?	
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:	
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?	
the audit, review, of complication of its infancial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits 3b X	

SCHEDULE A

(Form 990 or 990-EZ)

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. Department of the Treasury www.irc.gov/Form000 for instructions and the latest information

OMB No. 1545-0047 6 Q **Open to Public**

Interr	al Re	venue Service		Go to www.irs.go	//Form990 for instructio	ins and t	ne latest ini	ionnation.		Inspection
		ne organization	CATHOLIC	CHARITIES NE	IGHBORHOOD				n <mark>ployer identifi</mark> 11-20471	cation number
Pa		-	Public Cha	rity Status (All o	organizations must c	omplot	o this par			
					is: (For lines 1 through			,	1311 00110113	·
1			•		tion of churches desci			,)(i).	
2					. (Attach Schedule E					
3					rganization described					
4		•	•	•	conjunction with a hos				170(b)(1)(A)	(iii). Enter the
		hospital's nam	ne, city, and st	ate:		•				
5		An organizatio	on operated f	for the benefit of	a college or universit	y owned	d or opera	ated by a	a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170(b))(1)(A)(v)).	
7	Х	•		•	•	pport fr	om a gove	ernmenta	al unit or fro	om the general public
				(1)(A)(vi). (Compl						
8				-	b)(1)(A)(vi). (Complete					
9		-	-		ed in section 170(b)(1		-	-		
		•	or a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the na	ame, city,	and state of	f the college or
		university:					(
10		receipts from	activities relation	ted to its exempt f	ore than 331/3 % of its unctions - subject to (certain e	exceptions,	, and (2)	no more tha	n 331/3% of its
		support from	gross investm	ient income and u	nrelated business tax 975. See section 509	able inco	ome (less	section 5	11 tax) from	businesses
11					usively to test for publi				a)(4).	
12		0	0	•				•	,,,,	arry out the purposes
		•	•							ee section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiza	tion and	complete lir	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	pporting orga	anization operated	, supervised, or contr	olled by	its suppor	rted orga	nization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	ect a m	ajority of t	he direct	ors or truste	es of the
	_	- ·· ·	•		e Part IV, Sections A					
b		••		•	ed or controlled in co				•	
			-		rganization vested in	the sam	e persons	that con	itrol or man	age the supported
		_ ~	. ,		, Sections A and C.	tod in a	opposion	with on	d functional	ly integrated with
С				- · ·	ng organization opera is). You must comple					iy integrated with,
d			0	()(porting organization of		•			ted organization(s)
			-		nization generally mus	-				
	_		-	• •	omplete Part IV, Sect	•				
е		Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS tha	at it is a T	ype I, Type I	I, Type III
					ionally integrated sup		organizatio	on.		
f										•••••
g			-		orted organization(s).	(b) (c) (c) (c)		(1) (10 0		(vi) Amount of
	(1) 14	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	• •	organization ur governing		t of monetary ort (see	(vi) Amount of other support (see
					above (see instructions))	docu Yes	Mo	instru	uctions)	instructions)
						103				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	l									
For F	aper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.				Schedule A	(Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

11-2047151

Page 2

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.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,719,522.	73,703,075.	76,929,356.	76,292,724.	86,285,881.	383,930,558.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	70,719,522.	73,703,075.	76,929,356.	76,292,724.	86,285,881.	383,930,558.
	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).						0.
	Public support. Subtract line 5 from line 4						383,930,558.
Sect	ion B. Total Support		•				
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	70,719,522.	73,703,075.	76,929,356.	76,292,724.	86,285,881.	383,930,558.
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,148.	24,889.	22,105.	36,944.	50,900.	162,986.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	149,522.	1,085,426.	28,467.	845,133.	1,490,716.	3,599,264.
11	Total support. Add lines 7 through 10						387,692,808.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	131,590,460.
	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sect	ion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	99.03%
	Public support percentage from 2018		•			15	99.33%
	33 1/3% support test - 2019. If the org box and stop here. The organization qu						
	331/3% support test - 2018. If the org this box and stop here. The organization						
	10%-facts-and-circumstances test - 2			•			
	10% or more, and if the organization	-					
	Part VI how the organization meets t						
	organization			-	-		
	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						-
	supported organization				•		
	Private foundation. If the organization						
	instructions				<u></u>	<u></u>	<u> ► []</u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	l					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	-					
<u></u>	organization, check this box and stop here .			<u></u>			
	tion C. Computation of Public Sup Public support percentage for 2019 (line 8			(f)		45	0/
15						15	<u>%</u>
16 500	Public support percentage from 2018 Sche tion D. Computation of Investmen					16	%
	-			12 column (f))		17	0/
17	Investment income percentage for 2019 (lin		•				<u>%</u> %
18	Investment income percentage from 2018					18	
19 a	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2018. If the organized the 224/2% shares						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization of	and not check a	a dox on line 1	4, 19a, or 19b,			Form 990 or 990-EZ) 2019
	11.000 0667QC 702V 3/26/2021 1	:26:15 DM	V 19-8.1F	, r	200837-000	-	PAGE 1
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Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

	CATHOLIC CHARITIES NEIGHBORHOOD 11-2047	/151		
Schedu	le A (Form 990 or 990-EZ) 2019		I	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	TIC		
Secu	on B. Type i Supporting Organizations		V	
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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>	2		
Secti	on 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>	1		
Secti	on 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?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see 			
•			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> 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.	2a		
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</i> "Yes," <i>explain in</i> 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E2	Z) 2019

Schedule A (Form 990 or 990-EZ) 2019	Schedule A	(Form	990 or	990-EZ) 2019
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

(ule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
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 resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	·		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
 a	Excess from 2015			
 b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
			Schedule	A (Form 990 or 990-EZ) 2019

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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 -	OTHER INCOME	C			ATTACHMENT 1	-
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
INSURANCE RECOVERY	149,115.	36,421.		101,281.	80,166.	366,983.
OTHER REVENUE	407.	580,024.	28,467.	512,845.	683,692.	1,805,435.
PURCHASE OF SERVICES		221,224.		231,007.	200,201.	652,432.
REFUND ON PAYROLL TAXES		86,386.				86,386.
RATE ADJUSTMENTS		161,371.				161,371.
PROVIDER RELIEF FUNDS					526,657.	526,657.
TOTALS	149,522.	1,085,426.	28,467.	845,133.	1,490,716.	3,599,264.

Schedule B

(10111 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

11-2047151

SERVICES, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

Schedule B (Form 990, 99	Page 2	
Name of organization	CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number
	SERVICES, INC.	11-2047151

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$19,935,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$18,128,389.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$15,421,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$8,748,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$5,847,013.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$4,119,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 99	Page 2	
Name of organization	CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number
	SERVICES, INC.	11-2047151

art Contri			(n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,437,454.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$2,408,109.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	(Form 990, 990-EZ, or 990-PF) (2019)	· · · ·	Page
Name of o	rganization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.		lentification number 047151
Part II	Noncash Property (see instructions). Use duplicate copies of		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		_ \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of o	rganization CATHOLIC CHARITIES NEI SERVICES, INC.	GHBORHOOD		Employer identification number 11-2047151				
Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for	one contributor. t III, enter the total formation once. S	cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.,					
(a) No. from	(b) Purpose of gift	•		(d) Description of how gift is held				
Part I	(b) Fulpose of gift	(c) Use of gift						
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
(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, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
(-) N-								
(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, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		er of gift						
			-					
	Transferee's name, address, ar	na ZIP + 4	Relatio	onship of transferor to transferee				
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				
JSA				,				

SCHEE	DULE D
(Form	990)

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.

	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest inf	formation.	Inspection
Nam	e of the organization	CATHOLIC CHARITIES NEI	GHBORHOOD	Employer identific	ation number
SEF	RVICES, INC.			11-20471	L51
Pa	art I Organiza	ations Maintaining Donor Adv	ised Funds or Other Similar Funds	or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets he	eld in donor advised	1 <u> </u>
	-		e organization's exclusive legal control?		
6			and donor advisors in writing that gran		
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose	
	conferring impern	nissible private benefit?			Yes No
Pa		ation Easements.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of cor	nservation easements held by the	e organization (check all that apply).		
	Preservatio	on of land for public use (for example	e, recreation or education)	on of a historically ir	nportant land area
	Protection	of natural habitat	Preservation	on of a certified hist	oric structure
	Preservatio	on of open space			
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservation contributior		
	easement on the	last day of the tax year.		Held at the	e End of the Tax Year
а	Total number of c	conservation easements		2a	
b	Total acreage res	stricted by conservation easements	8	2b	
С	Number of conse	rvation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	ervation easements included in (c	c) acquired after 7/25/06, and not on a		
	historic structure	listed in the National Register		2d	
3	Number of conse	ervation easements modified, tra	nsferred, released, extinguished, or te	rminated by the ore	ganization during the
	tax year 🕨				
4	Number of states	where property subject to conse	rvation easement is located \blacktriangleright		
5	Does the organized	zation have a written policy reg	garding the periodic monitoring, inspe	ection, handling of	
			sements it holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, insp	ecting, handling of violations, and enforci	ing conservation ease	ments during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing	g conservation easer	ments during the year
	▶\$				
8			2(d) above satisfy the requirements of se		
	and section 170(h	n)(4)(B)(ii)?			📖 Yes 📖 No
9		e 1	conservation easements in its revenue		
			of the footnote to the organization's fina	ancial statements that	t describes the
		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Ot	her Similar Assets	5.
	· · · · ·		"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to report in its reve ts held for public exhibition, education	enue statement and	balance sheet works
	service, provide ir	n Part XIII the text of the footnote	to its financial statements that describe	s these items.	utilierance of public
b			ASB ASC 958, to report in its revenue		lance sheet works of
	art, historical trea	asures, or other similar assets he	Id for public exhibition, education, or r		
		ving amounts relating to these iter			
2	If the organization	on received or held works of a	rt, historical treasures, or other simila	ar assets for financ	ial gain, provide the
			ASB ASC 958 relating to these items:		
а					
b			<u></u>		
For	Paperwork Reduction	n Act Notice, see the Instructions for	r Form 990.	Sc	hedule D (Form 990) 2019

OMB No. 1545-0047

g Public

2

Onon to

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

Scher	dule D (Form 990) 2019	HOLIC CHARIII	72 NEIGL	IBORHOU	ענ			11-204	±/151)
-	rt III Organizations Maintaini	ng Collections of	Art Histo	rical Tre	asuras	or Othe	r Similar /	Assats (Continu		age 2
3	Using the organization's acquisition	-									of its
3	collection items (check all that app				k any oi		wing that i	nake sigi	mean	u36 U	1 113
а	Public exhibition	·y).	d	loan	or excha	ange progra	am				
b	Scholarly research		e	Other		inge progre					
c	Preservation for future gener	rations									
4	Provide a description of the organ		and expla	ain how t	they fur	ther the o	rganization	's exempt	t purpo	se in	Part
	XIII.				, , .		J.				
5	During the year, did the organization	on solicit or receive d	lonations o	f art, hist	orical tre	easures, or	other simil	lar			
	assets to be sold to raise funds rath							_	Yes		No
Ра	rt IV Escrow and Custodial A										
	Complete if the organiza	tion answered "Ye	s" on For	m 990, F	Part IV,	line 9, or	reported a	in amour	nt on Fe	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, truste										_
	included on Form 990, Part X?							L	Yes	Х	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the fol	llowing tab	ole:						
								Amount			
С	Beginning balance					1c					
d	Additions during the year				-	1d					
е	Distributions during the year					1e					
f	Ending balance					1f			77		
2a	Did the organization include an am								X Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	xplanation	has bee	en provideo	I on Part XII			X	
Pa	rt V Endowment Funds. Complete if the organiza	tion answard "Va	e" on For	m 000 E	Dort IV/	lino 10					
		(a) Current year	(b) Prio			years back	(d) Three y	aara baak	(e) Fou	vooro	hook
		621,679.		1,470.		502,083		2,235.			437.
	Beginning of year balance	021,075.	00	1,170.		JUZ,005	. 00	2,233.		, יכנ	<u></u> .
	Contributions										
С	Net investment earnings, gains,	12,879.	2	0,209.		-613		-152.		4	798.
		12,079.	4	0,205.		015	•	1921		- ,	
	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
	End of year balance	634,558.	62	1,679.	6	501,470	. 60	2,083.		602,	235.
g 2	Provide the estimated percentage	of the current year	and halance	o (lino 1a	column	(a)) held a	e.				
a	Board designated or quasi-endowr		%	e (inte Ty,	column		3.				
b	Permanent endowment > 100.0		-								
с	Term endowment	%									
	The percentages on lines 2a, 2b, a	ind 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	ie organiza	ation that	are held	d and adm	inistered for	the		,	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•				?			3b		
4	Describe in Part XIII the intended u		tion's endo	wment fui	nds.						
Ра	rt VI Land, Buildings, and Equ Complete if the organization	upment. ation answered "Ye	es" on For	m 990.	Part IV.	line 11a.	See Form	990. Pa	art X. lir	ie 10	_
	Description of property	(a) Cost or	other basis	(b) Cost	or other ba	sis (c) A	ccumulated		I) Book va		<u> </u>
4	1 1	(invest	ment)	(0	other)	dep	reciation				
1a ⊾	Land										
a	Buildings				598,82	4	421,552.		1	77,2	72
כ ר	Leasehold improvements				723,10		425,770.			97,3	
d	Equipment.			, <i>'</i> , <i>'</i>	34,24		34,240.		1,2	د, ، ر	
	Other I. Add lines 1a through 1e. (Column		n 990 Part	X colum	-				1.4	74,6	04.
1010		(a) must equal i Om	1000, Fail	λ, σοιαιτι	יווו , <i>נ</i> יי , יי	o 100./	· · · · · · · · · · · · · · · · · · ·	Cahad	т, т ию D (Бо		

		TIES NEIGHBORH	100D 11-2	047151
Schedule D	(Form 990) 2019 Investments - Other Securities.			Page
	Complete if the organization answered	I "Yes" on Form 99	0, 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 marke	
(1) Financ	ial derivatives			
	y held equity interests			
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(4)				
<u>(1)</u>				
2) 3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		0 Dort IV line 11d See Form 000	Dort Vilino 15
	Complete if the organization answered		0, Part IV, line 11d. See Form 990,	(b) Book value
	INT HELD IN ESCROW	scription		2,809,385.
	JRITY DEPOSITS			1,432,877
	FROM AFFILIATED AGENCIES			266,771
	INT HELD FOR OTHERS			25,692
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	• • • • • • • • • • • • • • • • • • • •	4,534,725
Part X	Other Liabilities. Complete if the organization answered	l "Ves" on Form 99	0 Part IV line 11e or 11f See Form	000 Part X
	line 25.			1 550, 1 att X,
	(a) Descrip	tion of liability		(b) Book value
	eral income taxes			
、 ,	TO AFFILIATED AGENCIES			15,486,200.
	GRAM ADVANCES			7,553,687.
(4) CONS	STRUCTION ADVANCE			2,809,385.
(5) WELI	FARE FUND LIABILITY			1,061,259.
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		· · · · · · · · · · · · · · · · · · ·	26,910,531.
 Liability f 	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	at reports the

Schedu	le D (Form 990) 2019		Page 4
Part		n.	
1	Total revenue, gains, and other support per audited financial statements	1	114,361,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	3,536,161.
3	Subtract line 2e from line 1	3	110,825,429.
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 1,570.		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	1,570.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	110,826,999.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	115,989,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	3,533,150.
3	Subtract line 2e from line 1	3	112,455,877.
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 1,570.		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	1,570.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	112,457,447.
Part			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

SEE PAGE 5

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 FORMERLY OPERATED BY FWC.

PART X, LINE 2:

JSA

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES ("CCNS") IS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

CCNS HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH THE TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. CCNS DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY,

Schedule D (Form 990) 2019

CATHOLIC CHARITIES NEIGHBORHOOD

HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2020. CCNS HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS

Part XIII Supplemental Information (continued)

WHERE IT IS REQUIRED. FOR THE TAX YEAR ENDED JUNE 30, 2020, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF JUNE 30, 2020, CCNS WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

THE TAX CUTS AND JOBS ACT (THE TCJA), WHICH WAS SIGNED INTO LAW IN DECEMBER 2017, CONTAINS VARIOUS PROVISIONS AFFECTING NOT-FOR-PROFIT ORGANIZATIONS. TAX-EXEMPT ORGANIZATIONS ARE IMPACTED IN PART BY INCLUSION OF A NEW EXCISE TAX ON EXCESS COMPENSATION FOR COVERED EMPLOYEES AND CHANGES TO UNRELATED BUSINESS INCOME. THE TCJA'S PROVISIONS MAY ALSO IMPACT DONOR INCENTIVES FOR CHARITABLE GIVING. THE TJCA DID NOT HAVE A SIGNIFICANT IMPACT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020.

SCHEDULE I (Form 990)				Assistance t ndividuals in			F	OMB No. 1545-0047
(101111330)			•	wered "Yes" on F				2019
Department of the Treasury	Comp		-	ttach to Form 990				Open to Public
Internal Revenue Service				//Form990 for the I	atest information			Inspection
Name of the organization	CATHOLIC CHARITIE	S NEIGHBO	RHOOD				Employer identific	
SERVICES, INC.	nformation on Grants and	Accistance					11-2047	151
1 Does the organiz the selection crit	zation maintain records to su reria used to award the grants IV the organization's proced	ubstantiate th s or assistanc	e amount of the					d X Yes No
	nd Other Assistance to D ne 21, for any recipient th		-					"Yes" on Form 990,
	d address of organization 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 noncash assistance	(h) Purpose of grant or assistance
_(1)		-						
(2)		-						
(3)		-						
(4)								
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)								
(10)								
(11)		-						
(12)		-						
	per of section 501(c)(3) and goer of other organizations list	0	0					
	on Act Notice, see the Instructi							chedule I (Form 990) (2019)

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	43,950.	9,845,874.	10,293,439.	FMV	RENTAL ASSIST.
2					
-					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide information.	e the information re	quired in Part I,	line 2, Part III, c	column (b); and any c	ther additional

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

BOROUGHS 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 MONITOR 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 PROVIDED TO THE CONSUMER, BASED ON THE ABOVE. PROGRAM

Page 2

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
l					
7					

information.

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		Compensation Information	ON	/IB No. ′	1545-0	047
(Form 990) For certai		For certain Officers, Directors, Trustees, Key Employees, and Highest		2019		
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public		
	Department of the Treasury Attach to Form 990.					
	Revenue Service of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. CATHOLIC CHARITIES NEIGHBORHOOD Employer iden	ntification			n
	VICES, INC					
Part		ns Regarding Compensation				
					Yes	No
1a		propriate box(es) if the organization provided any of the following to or for a person listed or				
		Section A, line 1a. Complete Part III to provide any relevant information regarding these item				
		Ass or charter travel Housing allowance or residence for personal us				
		or companions Payments for business use of personal residence	e			
		emnification and gross-up payments Health or social club dues or initiation fees	f)			
		onary spending account Personal services (such as maid, chauffeur, che	1)			
b	or reimburse	boxes on line 1a are checked, did the organization follow a written policy regarding pa ement or provision of all of the expenses described above? If "No," complete Part	iyment III to			
•	explain		•••	1b		
2	-	anization require substantiation prior to reimbursing or allowing expenses incurred stees, and officers, including the CEO/Executive Director, regarding the items checked of	-			
	•			2		
2				-		
3		h, if any, of the following the organization used to establish the compensation of the s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	а			
		nization to establish compensation of the CEO/Executive Director, but explain in Part III.	u			
		nsation committee Written employment contract				
	· ·	ndent compensation consultant Compensation survey or study				
		90 of other organizations X Approval by the board or compensation comm	ittee			
4		ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization:				
а	•	verance payment or change-of-control payment?		4a		Х
b	Participate in,	, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to an	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	•	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	le any			
_	-	n contingent on the revenues of:		5.0		X
a b		tion?		5a 5b		X
b		ne 5a or 5b, describe in Part III.	• • •	50		
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	le anv			
5		n contingent on the net earnings of:	.o any			
а		tion?		6a		Х
b		organization?		6b		Х
		ne 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no		_		v
0		t described on lines 5 and 6? If "Yes," describe in Part III.		7		X
8	•	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subj Il contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," de				
		ii contract exception described in Regulations section 53.4958-4(a)(3)? If Yes, de		8		x
9		line 8, did the organization also follow the rebuttable presumption procedure descri		0		
3		section 53.4958-6(c)?		9		
			<u> </u>			I

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

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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
ALAN WOLINETZ	(i)	0.	0.	0.	0.	0.	0.	0.	
1 ^{CFO}	(ii)	229,846.	0.	10,989.	6,712.	0.	247,547.	0.	
JEANNE DIULIO	(i)	166,047.	0.	0.	7,685.	9,882.	183,614.	0.	
ASSOCIATE GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
EMMIE GLYNN RYAN	(i)	0.	0.	0.	0.	0.	0.	0.	
3 ^{CHIEF OF STAFF}	(ii)	277,478.	0.	1,279.	11,684.	1,379.	291,820.	0.	
GLADYS RODRIGUEZ	(i)	217,500.	0.	11,687.	6,346.	26,345.	261,878.	0.	
4 SVP PROGRAM MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICIA COLLINS	(i)	286,281.	0.	7,362.	8,868.	520.	303,031.	0.	
5 SVP/CPO PROGRAM MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
FELIX STERLING	(i)	309,586.	0.	0.	6,000.	9,882.	325,468.	0.	
6 CHILD PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICK MAHON	(i)	185,752.	0.	271.	7,288.	3,588.	196,899.	0.	
7 ^{CIO CSO}	(ii)	0.	0.	0.	0.	0.	0.	0.	
CLAUDIA SALAZAR	(i)	157,166.	0.	0.	4,596.	9,917.	171,679.	0.	
VP PROGRAM MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
MICHAEL J. CORTEZ	(i)	153,408.	0.	0.	4,913.	30,359.	188,680.	0.	
9 ^{VP PROGRAM MANAGEMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.	
DELROY DAVEY	(i)	152,307.	0.	2,027.	5,991.	25,691.	186,016.	0.	
10 ^{VP PROGRAM MANAGEMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.	
JACQUELINE GIBBONS	(i)	151,449.	0.	516.	7,481.	28,935.	188,381.	0.	
11 ^{SVP CHIEF HR OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

JSA

Page 3

Schedule J (Form 990) 2019

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.

SCHEDULE J, PART II:

FOR INDIVIDUALS LISTED ON PART II, INCLUDED IN COLUMN B(III) IS TAXABLE

AUTO ALLOWANCE IN ADDITION TO GROUP TERM LIFE INSURANCE.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Name of the organization SERVICES, INC.

CATH

11-2047151

Par	t Types of Property			1	1		
		(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	Х		106,982.	FMV		
5	Clothing and household						
-	goods	х		236,086.	FMV		
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						
15	contribution - Historic						
	structures						
4.4	Qualified conservation						
14	contribution - Other						
45							
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		250.	23,858.	EMZ		
19	Food inventory		230.	23,050.	F MV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			050			
25	Other ►(OTHER TOYS)	X	5.	250.	FMV		
26	Other ►()						
27	Other ►()						
28	Other ►()						
29							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	gement	29		
					Yes No		
30a	During the year, did the organizat						
	28, that it must hold for at least the	•					
	to be used for exempt purposes for		olding period?		30a X		
b	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?						
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?				32a X		
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II.						
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2019		

11-2047151

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.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

SERVICES, INC.

CATHOLIC CHARITIES NEIGHBORHOOD

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

1) THE MORE INTENSE SERVICES ARE PROVIDED IN SCATTERED SITE APARTMENT TREATMENT PROGRAMS WHICH BILL MEDICAID FOR PROVIDING REHABILITATIVE AND RESTORATIVE SERVICES TO THOSE WITH SEVERE MENTAL HEALTH PROBLEMS. THESE ARE TRANSITIONAL UNITS. WHEN RESIDENTS RECEIVE TREATMENT AND IMPROVE, THEY GRADUATE TO A LOWER LEVEL OF CARE.

2) SUPPORTIVE HOUSING SCATTERED SITE UNITS FOR THE MENTALLY ILL AND INDIVIDUALS WITH HIV/AIDS PROVIDE SAFE HOMES WITH RENT ASSISTANCE AND SOCIAL SUPPORT SERVICES. SUPPORT VISITS AND PHONE CALLS ENSURE SUCCESS IN MAINTAINING INDEPENDENT HOUSING.

3) CASA BETSAIDA IS A 27-BED CONGREGATE, TRANSITIONAL FACILITY, HOUSING HIV/AIDS POSITIVE INDIVIDUALS WHO ARE UNDOCUMENTED IMMIGRANTS. STAFF WORK TO LEGALIZE THEIR STATUS, PROVIDE A STABLE ENVIRONMENT TO COORDINATE HEALTH CARE AND ASSIST THEM IN CONSISTENT COMPREHENSIVE CASE MANAGEMENT. RESIDENTS ARE ABLE TO MOVE ON TO PERMANENT AND INDEPENDENT HOUSING ONCE THEIR BASIC NEEDS ARE MET AND THEY CAN FOCUS ON QUALITY OF LIFE.

4) CCNS PROVIDES SUPPORT SOCIAL SERVICES IN TEN POP MANAGEMENT LOW-INCOME

Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number		
SERVICES, INC.		11-2047151		

HOUSING BUILDINGS FOR SENIORS. RECENTLY ADDING GERIATRIC WELLNESS NURSES. THE PROGRAM EVALUATES AND ASSESS EACH BUILDING AND ITS TENANTS FOR PRIORITY NEEDS. THE NURSES, CASE MANAGERS AND MENTAL HEALTH COUNSELOR/CLINICAL MANAGER ARE AVAILABLE TO ASSIST POP WITH DIFFICULT TENANTS AS WELL AS TO ADD SERVICES FOR RESIDENTS TO CONTINUE TO AGE IN PLACE, AVOID HOSPITALIZATIONS AND MAINTAIN CONNECTIONS IN THE COMMUNITY.

5) THERE ARE ALSO FOUR SUPPORTED SRO BUILDINGS FOR THOSE WITH HISTORIES OF MENTAL ILLNESS, HOMELESSNESS AND SUBSTANCE USE. CCNS STAFF WORK ON-SITE TO PROVIDE SOCIAL SERVICES TO ENSURE TENANTS DO NOT REGRESS TO HOMELESSNESS. THE GOAL IS CONTINUED INDEPENDENT PERMANENT HOUSING FOR AS LONG AS THEY WANT IT AND ELIMINATING USE OF HOSPITALS AND OTHER INSTITUTIONS. RESIDENTIAL AND HOUSING SERVICES ASSISTED 752 INDIVIDUALS WITH HOUSING AND RESIDENTIAL SERVICES IN 2020.

CLINIC, RECOVERY AND REHABILITATION SERVICES (CRR) - 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 INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS AND MEDICATION AND ADDICTION AND MENTAL HEALTH RECOVERY GROUPS. TRADITIONAL MENTAL HEALTH SERVED 7,532 UNIQUE PEOPLE AND REHAB AND RECOVERY SERVED AN ADDITIONAL 777. CCNS IS ALSO CURRENTLY OPERATING A CLINIC SATELLITE IN MASPETH HIGH SCHOOL. THE CLINICS AND PROS INTEGRATE HEALTH CARE WITH REGISTERED NURSES PROVIDING HEALTH MONITORING AND HEALTH EDUCATION. THE

.ISA

Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number		
SERVICES, INC.		11-2047151		

BROOKLYN CLINIC IS OPERATING ON A CERTIFIED COMMUNITY BEHAVIORAL HEALTH EXPANSION GRANT. THIS IS A MODEL OF SERVICE WITH HIGH COMPREHENSIVE STANDARDS. CURRENTLY, THE CCBHC HAS THE ARTICLE 31 CLINIC, THE ADDICTION CLINIC, A MOBILE CRISIS TEAM, A TARGETED CASE MANAGEMENT TEAM, PEER SERVICES AND A BENEFIT COORDINATOR. CCNS HAS COMMUNITY SUPPORT PROGRAMS FOR THE SERIOUSLY MENTALLY ILL INCLUDING A CLUBHOUSE, ASSISTED COMPETITIVE EMPLOYMENT AND PEER ADVOCACY PROGRAM. CRR RUNS A CALL CENTER WHICH ACTS AS A CONDUIT FOR AGENCY PROGRAMS INCLUDING THE CLINICS AND OTHER BEHAVIORAL HEALTH PROGRAMS WHICH RECEIVED CALLS FROM 17,754 UNIQUE PEOPLE.

CARE COORDINATION AND CASE MANAGEMENT (CCCM) - CARE COORDINATION AND CASE MANAGEMENT, INCLUDE SCREENING AND OUTREACH SERVICES, PROVIDING COORDINATION FOR INDIVIDUALS' BEHAVIORAL, ADDICTION AND PHYSICAL HEALTH CARE NEEDS AND ASSESSING AND ASSISTING WITH CLIENTS' SOCIAL DETERMINANTS OF HEALTH NEEDS. PROGRAMS DIFFER TO THE EXTENT THAT SERVICES ARE PROVIDED TO SPECIFIC POPULATIONS: SERIOUSLY MENTALLY ILL, HIGH MEDICAID AND EMERGENCY DEPARTMENT UTILIZERS, JUVENILES INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM, AND THOSE IN CRISIS. THE PROGRAMS EVALUATE CLIENTS' SOCIAL SERVICE NEEDS, SCREEN FOR MENTAL HEALTH, TRAUMA AND SUBSTANCE USE DISORDERS AND GO INTO THE COMMUNITY TO FIND AND ASSIST CLIENTS IN NEED. ONCE CONTACTED, ASSESSED AND SCREENED, PLANS ARE CREATED WITH EACH CLIENT TO ADDRESS THEIR INDIVIDUALIZED NEEDS, AND THEN HELP IS PROVIDED TO ENSURE NEEDS ARE MET. 2089 UNIQUE INDIVIDUAL RECEIVED CARE MANAGEMENT SERVICES IN FY2020. CCCM'S WALK-IN CENTER PROVIDES SERVICES ON-SITE WITH

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

THE ADDITIONAL BENEFIT OF HAVING EMERGENCY FUNDS AVAILABLE FOR ELIGIBLE CLIENTS FOR HOUSING, FOOD, UTILITIES AND OTHER WELLNESS NECESSITIES. 4211 INDIVIDUALS WERE HELPED WITH RENT/UTILITY OR FOOD ASSISTANCE, REFERRALS TO MENTAL HEALTH AND OTHER SOCIAL SERVICES AND, THIS YEAR, MONEY TO HELP WITH THE LOSSES RELATED TO COVID-19.

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.

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.

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").

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FORM 990, PART VI, SECTION A, LINE 7A: CC IS THE SOLE MEMBER OF CCNS. PURSUANT TO THE BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING BUT NOT LIMITED TO ELECTING DIRECTORS AND FILLING VACANT DIRECTOR POSITIONS.

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FORM 990, PART VI, SECTION A, LINE 7B:
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CC IS THE SOLE MEMBER OF CCNS. PURSUANT TO THE 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 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. IT IS THEN 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 CHIEF OF STAFF. 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'S 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 Page 2

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 COMMITTE THAT REVIEWS THE PERFORMANCE OF EXECUTIVE OFFICERS, AND ESTABLISHES THE COMPENSATION OF THE CEO, CFO, KEY EMPLOYEES, AND OTHER SENIOR EXECUTIVE POSITIONS. THIS 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. THE CEO IS PAID BY A RELATED 501(C)(3) ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

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

Schedule O (Form 990 or 990-EZ) 2019	Page 2			
Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number			
SERVICES, INC.	11-2047151			
A	TTACHMENT 1			
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION				
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. (CCNS) IS A NOT FOR				
PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES				
THROUGHOUT THE BOROUGHS OF BROOKLYN AND QUEENS. CCNS CURRENTLY OFFERS				
160-PLUS PROGRAMS AND SERVICES FOR CHILDREN, YOUTH, ADULTS, SENIORS	,			

MENTAL ILLNESS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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, SYEP, OB & RO WLG, AND PTYF. OUR OUT OF SCHOOL TIME AFTERSCHOOL PROGRAMS PROVIDE A MIX OF ACADEMIC, RECREATIONAL AND CULTURAL ACTIVITIES AND FAMILY SUPPORT FOR YOUNG PEOPLE (GRADES K-5) AFTER SCHOOL, DURING HOLIDAYS AND IN THE SUMMER, IN A SAFE AND SUPPORTIVE ENVIRONMENT. ESL, CIVICS AND IMMIGRANT ASSISTANCE PROGRAMS WHICH HELP WITH LANGUAGE AND SERVICES. FOOD AND NUTRITION SERVICES THRU WIC AND FOOD PANTRIES. FAMILY STABILIZATION SERVED 17,883 PEOPLE.

THOSE WITH DEVELOPMENTAL DISABILITIES, AND THOSE STRUGGLING WITH

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2019

Employer identification number 11-2047151

ATTACHMENT 3 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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. 2,020 CHILDREN ARE SERVED IN 9 EARLY CHILDHOOD PROGRAMS AND 116 FAMILY PROVIDERS HOMES 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 PROVIDED SERVICES TO 48 PREGNANT WOMEN AND THEIR FAMILIES AND THROUGH THE CHILD'S FIRST THREE YEARS OF LIFE. EARLY, CONTINUOUS MENTAL HEALTH AND SUPPORTIVE POSTPARTUM CARE FOR THE PARENTS AND NEWBORN CHILD ARE PROVIDED. 23 HEALTHY PREGNANCIES, 23 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.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SENIOR SERVICES -REQUIRED CLOSURE OF SENIOR CENTERS' PROGRAMMING AND CONGREGATE MEALS IN ORDER TO KEEP SENIORS SAFE DURING THE

ATTACHMENT 4 (CONT'D)

PANDEMIC DID NOT HALT PROVISION OF SERVICES BY OUR SENIOR CENTERS. STAFF HAS CONTINUED MANY OF REGULAR SERVICES BY PHONE AND VIRTUALLY OVER VIDEO CONFERENCES, EMAILS AND ZOOM PLATFORM. VIRTUAL PROGRAMMING ACTIVITIES' IDEAS OFFERED BY OUR CENTERS HAVE VARIED, RANGING FROM EXERCISE CLASSES TO THEATRE ARTS, MUSICAL PRESENTATIONS, CHAT GROUPS, PHOTO AND PAINTING CLUBS, LIBRARY BY MAIL, NUTRITIONAL WORKSHOPS AND INFORMATION SESSIONS ON BENEFITS, RESOURCES AND SERVICES AVAILABLE TO OLDER PEOPLE. IN ORDER TO HELP SENIORS, STAY CONNECTED, STAFF WAS CREATIVE IN A WAY TO ENGAGE SENIORS FROM HOME AND REDUCE THEIR ISOLATION AND WAS ABLE TO INCREASE PARTICIPATION FOR EDUCATIONAL, RECREATIONAL AND HEALTH PROMOTIONAL ACTIVITIES. WELLNESS COACHES AND RECREATION COORDINATORS OFFERED A VARIETY OF VIRTUAL CLASSES AND WORKSHOPS IN YOGA, ZUMBA, DANCE, MEDITATION AND HEALTHY NUTRITION. IN ADDITION TO CITY DELIVERED MEALS, SENIOR SERVICES COORDINATED DISTRIBUTION OF SHELF STABLE MEAL PACKAGES RECEIVED FROM CITYMEALS AS WELL AS DONATIONS FROM LOCAL GROCERIES AND RESTAURANTS.

OUR CASE MANAGEMENT AND NORC PROGRAMS FOR ALL ADULTS AGED 60 AND OLDER INCLUDED CASE ASSISTANCE, INFORMATION AND REFERRAL, HOME-DELIVERED MEALS FOR THE HOMEBOUND, TRANSPORTATION, SUPPORTIVE AND ENTITLEMENT COUNSELING, CAREGIVER SUPPORT GROUPS, ADVOCACY AND ARRANGING MEALS DELIVERED BY CITY FOOD PROGRAM. THESE PROGRAMS CONTINUED MONITORING WELLNESS CALLS AND CONDUCTING RE-ASSESSMENTS AND NEW ASSESSMENTS OVER THE TELEPHONE DESPITE "NO IN-HOME VISITS EXCEPT OF EMERGENCY CASES". SPECIAL VIRTUAL SERVICES FOR SENIORS

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Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD	Employer identification number
SERVICES, INC.	11-2047151
	ATTACHMENT 4 (CONT'D)
WITH ALZHEIMER'S DISEASE OR RELATED FORMS OF DEMENTIA HAVE	
CONTINUED AND INCLUDED VIRTUAL GROUP ACTIVITIES, WORKSHOPS, CASE	
MANAGEMENT, INFORMATION AND REFERRAL SERVICES. SENIOR SERVICES	
ALSO PROVIDED MENTAL HEALTH SUPPORT TO SENIORS DURING THE	
DIFFICULT TIME OF ISOLATION AND BEREAVEMENT FOR MANY OF THEM.	
COMPREHENSIVE SERVICES WERE GIVEN TO 3,665 HOMEBOUND SENIORS BY	

CASE MANAGEMENT PROGRAMS, 3,655 SENIORS RECEIVED HOMEBOUND DELIVERED MEALS DAILY, 500 SENIORS RECEIVED MENTAL HEALTH COUNSELING AND SUPPORT, AND 10,775 ADULTS RECEIVED SERVICES BY 17 SENIOR CENTERS.

	ATTACHMI	ENT 5
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE EXECU/SEARCH GROUP P.O. BOX 844276 BOSTON, MA 02284	CONSULTING	257,769.
COHN REZNICK, LLP 1301 AVENUE OF THE AMERICAS NY, NY 10019	ACCOUNTING AND TAX	236,250.
RAINBOW FAMILY DAY CARE, INC. 563 – 45TH STREET BROOKLYN, NY 11220	DAYCARE PROVIDERS	231,952.
JACKSON & COKER LOCUM TENENS, LLC P.O. BOX 277638 ATLANTA, GA 30384	PSYCHIATRY	155,286.
ROSEANNE SCHIULAZ 234 SAINDS STREET APT. 7H BROOKLYN, NY 11201	DAYCARE PROVIDERS	127,827.

 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. Go to www.irs.gov/Form990 for instructions and the latest information. 	OMB No. 1545-0047 20 19 Open to Public Inspection
TIES NEIGHBORHOOD	Employer identification number

11-2047151

Name of the organization SERVICES, INC.

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) CATHOLIC CHARITIES DIOCESE OF BROOKLYN 11-1633548							
191 JORALEMON STREET BROOKLYN, NY 11201	CHARITABLE	NY	501(C)(3)	LINE 1	N/A		Х
(2) FLOWERS WITH CARE OF THE DIOCESE BKLYN 11-2544550							
191 JORALEMON STREET BROOKLYN, NY 11201	SUPPORT YOUTH	NY	501(C)(3)	LINE 7	CCBQ		Х
(3) ^J JEROME REDDY FOUNDATION INC. 11-2693497							
191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	501(C)(2)	N/A	CCBQ		Х
(4) MARYS HALL INC. 11-1835881							
191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL SVCS	NY	501(C)(3)	LINE 10	CCBQ		Х
(5) CASA BETSAIDA INC. 01-0644523							
191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL PROG	NY	501(C)(3)	LINE 10	CCBQ		Х
(6) PIERREPONT CHARITABLE FUND INC. 45-0635208							
191 JORALEMON STREET BROOKLYN, NY 11201	SUPPORT CATH	NY	501(C)(3)	LINE 10	CCBQ		Х
(7) PROGRESS OF PEOPLES MANAGEMENT CORP. 11-2555060							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	CCBQ		Х

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Schedule R (Form 990) 2019

JSA

 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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 	OMB No. 1545-0047 20 19 Open to Public Inspection
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Name of the organization SERVICES, INC.

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)					
(6)	_				

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			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) controlled entity?		
						Yes	No
(1) CATHOLIC CHARITIES PROGRESS OF DEV. CO. 11-2431586							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	CCBQ		Х
(2) ¹⁷⁶ SOUTH EIGHTH STREET APTS HDFC 26-2418657							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(3) BELLEROSE SENIOR HDFC INC. 11-3166290							
191 JORALEMON STREET BROOKLYN,, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(4) CATHERINE SHERIDAN HDFC INC. 11-3636256							
191 JORALEMON STREET BROOKLYN,, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(5) DAVID MINKIN RESIDENCE HDFC INC. 11-3201990							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(6) MOUNT CARMEL SENIOR HDFC 11-3589144							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(7) MSGR JOSEPH F STEDMAN RESIDENCE HDFC 11-3402363							
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х

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Schedule R (Form 990) 2019

JSA

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SCHEDULE R

(Form 990)

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
(2)					
(3)					
(4)					
(5)					
(6)					

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	Section 5 cont	g) 512(b)(13) trolled tity?
						Yes	No
(1) PIERREPONT HOUSE FOR THE ELDERLY 11-24315	599						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(2) ST PAUL THE APOSTLE SENIOR HDFC 11-35194	122						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(3) ST PIUS V SENIOR HDFC 11-34023	365						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(4) SUNSET PARK HDFC INC. 11-26287	789						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(5) ¹⁰¹⁻¹⁰⁵ SOUTH EIGHTH STREET APTS HDFC 26-24188	321						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(6) CARING COMMUNITIES ASSOCIATES HDFC 11-31606	552						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		х
(7) PIERREPOINT HDFC 11-35724	190						<u> </u>
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

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Schedule R (Form 990) 2019

JSA

 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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 		OMB No. 1545-0047 20 19 Open to Public Inspection
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Name of the organization SERVICES, INC.

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)					
(6)					

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			Primary activity Legal domicile (state Exempt Code section Public charity status Direct contr		Primary activity Legal domicile (state Exempt Code section Public charity status Direct contro		Primary activity Legal domicile (state Exempt Code section Public charity status Direct con		Direct controlling	Section 5 cont	g) 512(b)(13) rolled tity?
						Yes	No				
(1) ⁷² LEWIS AVENUE APARTMENTS HDFC 26-361	9644										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(2) MONASTERY SENIOR HDFC 11-362	1552										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(3) HOWARD BEACH HDFC 45-265	4972										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(4) ⁵⁵ PIERREPONT HDFC 45-307	3520										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(5) ^{O L LORETO FAMILY HDFC} 27-223	7468										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(6) 161-01 89TH AVENUE CORPORATION 11-305	4633										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				
(7) EMMAUS OF THE DIOCESE OF BROOKLYN INC. 11-318	8830										
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х				

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Schedule R (Form 990) 2019

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 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. Go to www.irs.gov/Form990 for instructions and the latest information. 	OMB No. 1545-0047 2019 Open to Public Inspection
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Name of the organization SERVICES, INC.

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)					
(6)	_				

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	Primary activity Legal domicile (state Exempt Code section Public cha		(e) Public charity status (if section 501(c)(3))	charity status Direct controlling		g) 512(b)(13) rolled tity?	
						Yes	No
(1) BETHELEHEM HDFC 11-272106	8						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(2) MARY IMMACULATE HDFC 11-357500	7						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(3) QUEENS REHAB CORPORATION 11-274846	8						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(4) ST TERESA OF AVILA SENIOR HDFC INC 11-359661	9						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(5) CCBQ COMMUNITIES HDFC 46-287464	4						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(6) ^{OUR LADY OF FATIMA} 11-320192	2						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(7) LORETO II HDFC 83-437391	7						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х

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Schedule R (Form 990) 2019

Related Organizations and Unrelated Partnerships omplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047 2019 Open to Public Inspection
S NEIGHBORHOOD	Employer identification number	

11-2047151

Name of the organization SERVICES, INC.

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) SHERIDAN II HDFC 83-44	22168						
191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 10	POPDC		Х
(2) SAINTS JOACHIM & ANNE NURSING & REHAB 22-29	43712						
2720 SURF AVENUE BROOKLYN, NY 11224	NURSING FAC	NY	501(C)(3)	LINE 10	POPDC		Х
(3)							
(4)							
(5)							
(6)							
							1
(7)							

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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 Dispropo allocat	rtionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) 715 ST. JOHN'S PLACE LP 11-362												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(2) 918 KENT AVENUE, LP 11-3426860												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(3) BISHOP BOARDMAN SENIOR APARTME												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(4) BISHOP FRANCIS J. MUGAVERO SR												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(5) CLASSON AVENUE LTD PARTNERSHIP												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(6) HOLY SPIRIT SENIOR APARTMENTS,												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(7) MARY STAR OF THE SEA SENIOR AP												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	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 organizat	ion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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)(1 controlle entity?
									Yes No
(1) BEDFORD SAINT JOHN'S ASSOCIATES, INC.	11-3625826								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				x
(2) BISHOP BOARDMAN APARTMENTS, INC.	20-2884375								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				x
(3) BISHOP FRANCIS J MUGAVERO APARTMENTS	20-2884179								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				x
(4) HOLY SPIRIT APARTMENTS, INC.	20-2884296								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				x
(5) JEFFERSON MELROSE ASSOCIATES, INC.	65-1202319								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				x
(6) MARY STAR OF THE SEA APARTMENTS, INC.	20-2884243								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	с				x
(7) MSGR EDWARD T BURKE APARTMENTS INC	20-2884439								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	с				x

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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 Dispropo allocat	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) MSGR. EDWARD T. BURKE SENIOR A												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(2) MSGR. JOHN O'BRIEN SENIOR APAR												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(3) MSGR. THOMAS CAMPBELL SENIOR A												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(4) POPE JOHN PAUL II SENIOR APART												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(5) SR. LUCIAN SENIOR APARTMENTS,												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(6) ST. BRENDAN'S SENIOR APARTMENT												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(7) WILSON AVENUE LIMITED PARTNERS												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	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.

,	U				<u> </u>					
(a) Name, address, and EIN of related organizat	ion	(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) Sect 512(b contro entit	olled
									Yes	No
(1) MSGR. JOHN P. O'BRIEN APARTMENTS, INC.	20-2884416									
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(2) MSGR. THOMAS CAMPBELL APARTMENTS, INC.	20-2884338									_
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(3) POPE JOHN PAUL II APARTMENTS, INC.	20-2884264									_
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(4) SR. LUCIAN APARTMENTS, INC.	20-2884457									_
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(5) ST. BRENDAN'S APARTMENTS, INC.	20-2884218									_
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(6) TAAFFE KENT ASSOCIATES, INC.	11-3426859									_
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х
(7) WILLOUGHBY CLASSON APARTMENTS, INC.	11-3041447									
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С					х

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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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOWARD BEACH APARTMENTS LLC 45												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(2) 55 PIERREPONT LLC 45-3073627												
191 JORALEMON STREET	REAL ESTATE	NY	N/A									
(3) LORETO PRESERVATION LLC 90-063												
191 JORALEMON STREET	REAL ESTATE	NY	N/A									
(4) CARING SUPPORTED HOUSING LLC 4												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(5) LORETO II, LLC 83-4346000												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(6) SHERIDAN II, LLC 83-4438650												
191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
(7)	-											

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 organizat	ion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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) Sect 512(b) contro entit
									Yes
(1) HOWARD BEACH HOUSING CORPORATION	45-2661870								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	C				
(2) 55 PIERREPONT APARTMENTS CORPORATION	45-3073589								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				
(3) OL LORETO HOUSING CORP	90-0636520								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				
(4) CARING SUPPORTED HSG MNG MBR CORPORATION	46-2886329								
191 JORALEMON STREET BROOKYLN, NY 11201		REAL ESTATE	NY	N/A	С				
(5) LORETO II MM CORPORATION	83-4393679								
191 JORALEMON STREET BROOKLYN, NY 11201		REAL ESTATE	NY	N/A	С				
(6) SHERIDAN II MM CORPORATION	83-4405202								
191 JORALEMON STREET BROOKYLN, NY 11201		REAL ESTATE	NY	N/A	С				
(7)									
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	CATHOLIC	CHARITIES	NEIGHBORHOOD
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11-2047151

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Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Sift, grant, or capital contribution from related organization(s)				1c		X X
	oans or loan guarantees to or for related organization(s)				1d		X
е	oans or loan guarantees by related organization(s)				1e		
£	Dividends from related ergenization(s)				1f		x
	Dividends from related organization(s)				1g		x
-	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s).				11		X
	ease of facilities, equipment, or other assets to related organization(s).				1j		X
,							
k	ease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses.				1p	Х	<u> </u>
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).				1s		X
_2	f the answer to any of the above is "Yes," see the instructions for information on who must complete			action thre		s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	erminir	na
		type (a-s)			int inv		.9
(1)							
(1)							
(2)							
(-)							
(3)							
(4)							
(5)							
(6)							
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054000	aaa						

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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	501 501	e) partners tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentaç ownershi
			sections 512-514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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10)													
11)													
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16)													
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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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