

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.</u>			<b>D</b> Employer identification number <u>11-2047151</u>		
	Doing Business As			<b>E</b> Telephone number <u>(718) 722-6000</u>		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>191 JORALEMON STREET</u>			City or town, state or province, country, and ZIP or foreign postal code <u>BROOKLYN, NY 11201</u>		
	<b>F</b> Name and address of principal officer: <u>CHRISTINE D'OTTAVIO</u> <u>SAME AS C ABOVE</u>			<b>G</b> Gross receipts \$ <u>107,898,705.</u>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J</b> Website: <u>WWW.CCBQ.ORG</u>			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1947</u> <b>M</b> State of legal domicile: <u>NY</u>			
<b>H(c)</b> Group exemption number ▶			If "No," attach a list. (see instructions)			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>CATHOLIC CHARITIES NEIGHBORHOOD SERVICES PROVIDES QUALITY SOCIAL SERVICES TO THE NEIGHBORHOODS OF BROOKLYN AND QUEENS.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> 16.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 14.		
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>5</u> 1,523.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u> 2,506.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 0.		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 0.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>86,285,881.</u>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>22,999,502.</u>	<u>84,481,499.</u>	<u>19,929,302.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>50,900.</u>	<u>22,232.</u>	<u>22,232.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,490,716.</u>	<u>3,465,672.</u>	<u>3,465,672.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>110,826,999.</u>	<u>107,898,705.</u>	<u>107,898,705.</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>20,139,313.</u>	<u>21,621,450.</u>	<u>21,621,450.</u>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>62,969,707.</u>	<u>59,721,660.</u>	<u>59,721,660.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>	<u>0.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0.</u>	<u>0.</u>	<u>0.</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>29,348,427.</u>	<u>28,483,611.</u>	<u>28,483,611.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>112,457,447.</u>	<u>109,826,721.</u>	<u>109,826,721.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-1,630,448.</u>	<u>-1,928,016.</u>	<u>-1,928,016.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>27,095,216.</u>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>41,212,657.</u>	<u>26,716,847.</u>	<u>42,768,291.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>-14,117,441.</u>	<u>-16,051,444.</u>	<u>-16,051,444.</u>

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## Part II Signature Block

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

<b>Sign Here</b>	<u>Christine D'Ottavio</u>		<u>03/25/2022</u>		
	Signature of officer		Date		
<b>Paid Preparer Use Only</b>	<u>CHRISTINE D'OTTAVIO</u>		<u>SENIOR VP OF FINANCE</u>		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>KRISTIN RUFFINI</u>	<u>Kristin Ruffini</u>	<u>3/25/2022</u>	<input type="checkbox"/>	<u>P00741491</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>	Phone no. <u>212-885-8000</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

4a (Code: ) (Expenses \$ 31,660,876. including grants of \$ 3,899,056. ) (Revenue \$ 9,911. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 18,264,258. including grants of \$ 10,380,682. ) (Revenue \$ 9,129,423. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 17,698,084. including grants of \$ 3,188,979. ) (Revenue \$ 408,002. )

ATTACHMENT 4

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

(Expenses \$ 30,549,961. including grants of \$ 4,152,733. ) (Revenue \$ 10,616,351. )

4e Total program service expenses ▶ 98,173,179.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EMMIE GLYNN RYAN CHIEF OF STAFF	20.00 15.00				X			0.	314,409.	14,256.
(2) PATRICIA COLLINS SVP/CPO PROGRAM MANAGEMENT	35.00 0.				X			305,450.	0.	13,184.
(3) ALAN WOLINETZ CFO	20.00 15.00			X				0.	274,845.	8,675.
(4) GLADYS RODRIGUEZ SVP/CPO PROGRAM MANAGEMENT	35.00 0.				X			229,068.	0.	28,848.
(5) JACQUELINE GIBBONS SVP CHIEF HR OFFICER	35.00 0.				X			165,581.	0.	44,086.
(6) PATRICK MAHON CIO CSO	35.00 0.				X			193,608.	0.	14,921.
(7) JEANNE DIULIO ASSOCIATE GENERAL COUNSEL	30.00 5.00			X				187,144.	0.	18,660.
(8) DELROY DAVEY VP PROGRAM MANAGEMENT	35.00 0.					X		163,045.	0.	39,580.
(9) MICHAEL J. CORTEZ VP PROGRAM MANAGEMENT	35.00 0.					X		162,160.	0.	39,862.
(10) CHRISTINE D'OTTAVIO CONTROLLER	35.00 0.					X		163,059.	0.	25,716.
(11) CLAUDIA SALAZAR VP PROGRAM MANAGEMENT	35.00 0.					X		172,084.	0.	15,576.
(12) MARY HURSON VP PROGRAM MANAGEMENT	35.00 0.					X		162,510.	0.	21,620.
(13) REV. MSGR ALFRED LOPINTO EXECUTIVE VP & CEO	12.00 23.00	X		X				0.	50,000.	6,532.
(14) VERY REV. PATRICK J. KEATING DIRECTOR & DEPUTY CEO	10.00 25.00	X		X				0.	50,000.	1,500.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARGARET F. KELLEHER CHAIR	2.00 0.	X		X				0.	0.	0.
( 16) MICHELLE P. GUERRIER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
( 17) SANTOS RODRIGUEZ SECRETARY	1.00 0.	X		X				0.	0.	0.
( 18) JOHN MURPHY, JR. TREASURER	1.00 0.	X		X				0.	0.	0.
( 19) PAUL CAPURSO (AS OF 9/2020) DIRECTOR	1.00 0.	X						0.	0.	0.
( 20) PETER F. CASTELLANA III DIRECTOR	1.00 0.	X						0.	0.	0.
( 21) CAROL COHEN DIRECTOR	1.00 0.	X						0.	0.	0.
( 22) DAVID T. FERGUSON DIRECTOR (AS OF 11/2020)	1.00 0.	X						0.	0.	0.
( 23) ROBERT C. GOLDEN DIRECTOR (AS OF 3/2021)	1.00 0.	X						0.	0.	0.
( 24) DANIEL GREENE DIRECTOR	1.00 0.	X						0.	0.	0.
( 25) DAWN A. HEWITT DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								1,903,709.	689,254.	293,016.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,903,709.	689,254.	293,016.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 31**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**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 **▶ 34**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ROBERT MARQUEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 27 ) VALERIE STEWART-LOVELL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 28 ) CORINNE J.S. SYMIETZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
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<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 31

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **▶**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	1,623,726.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	74,733,640.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	8,124,133.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 905,745.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			84,481,499.			
	<b>Program Service Revenue</b>	<b>2a</b>	FEE FOR SERVICES	Business Code	624100	19,929,302.	19,929,302.	
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			19,929,302.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			22,232.		22,232.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .			0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .			0.			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0.				
			<b>8b</b>	0.				
			<b>c</b>	Net income or (loss) from fundraising events. . . . .		0.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0.				
			<b>9b</b>	0.				
			<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0.				
			<b>10b</b>	0.				
			<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	ADMIN REVENUE FROM AFFILIATES	Business Code	900099	1,804,361.		1,804,361.	
	<b>b</b>	FOOD		900099	537,822.		537,822.	
	<b>c</b>	PURCHASE OF SERVICES		900099	234,385.	234,385.		
	<b>d</b>	All other revenue . . . . .			889,104.		889,104.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			3,465,672.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			107,898,705.	20,163,687.		3,253,519.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,317,588.	<b>1</b>	3,332,314.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	15,537,058.	<b>4</b>	16,360,198.
	<b>5</b> Loans and other receivables from 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 . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	120,991.	<b>8</b>	90,933.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	475,692.	<b>9</b>	313,561.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,359,828.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,050,466.	1,474,604.	<b>10c</b> 1,309,362.
	<b>11</b> Investments - publicly traded securities . . . . .	634,558.	<b>11</b>	635,167.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,534,725.	<b>15</b>	4,675,312.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	27,095,216.	<b>16</b>	26,716,847.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,666,047.	<b>17</b>	8,825,164.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	354,395.	<b>19</b>	532,177.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	25,692.	<b>21</b>	31,630.
	<b>22</b> Loans and other 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	31,166,523.	<b>25</b>	33,379,320.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	41,212,657.	<b>26</b>	42,768,291.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-18,034,149.	<b>27</b>	-19,023,611.
	<b>28</b> Net assets with donor restrictions . . . . .	3,916,708.	<b>28</b>	2,972,167.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	-14,117,441.	<b>32</b>	-16,051,444.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	27,095,216.	<b>33</b>	26,716,847.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	107,898,705.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	109,826,721.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,928,016.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	-14,117,441.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,987.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-16,051,444.

**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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
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? . . . . .
- 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 . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Employer identification number  
**11-2047151**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received...; 2 Tax revenues levied for the organization's benefit...; 3 The value of services or facilities furnished by a governmental unit...; 4 Total. Add lines 1 through 3...; 5 The portion of total contributions by each person...; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4...; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources...; 9 Net income from unrelated business activities, whether or not the business is regularly carried on...; 10 Other income. Do not include gain or loss from the sale of capital assets...; 11 Total support. Add lines 7 through 10...; 12 Gross receipts from related activities, etc. (see instructions)...; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 98.12%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 99.03%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [ ]; 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 17b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. [ ]

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**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.)

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
INSURANCE RECOVERY	36,421.		101,281.	80,166.	69,485.	287,353.
OTHER REVENUE	580,024.	28,467.	512,845.	1,210,349.	819,619.	3,151,304.
REFUND ON PAYROLL TAXES	86,386.					86,386.
RATE ADJUSTMENTS	161,371.					161,371.
FOOD					537,822.	537,822.
ADMIN FEE FROM AFFILIATES				1,417,417.	1,804,361.	3,221,778.
TOTALS	<u>864,202.</u>	<u>28,467.</u>	<u>614,126.</u>	<u>2,707,932.</u>	<u>3,231,287.</u>	<u>7,446,014.</u>

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 25,572,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 17,586,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 15,824,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 4,060,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 4,019,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 3,451,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 3,252,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 2,506,347.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

Name of organization **CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.**

Employer identification number  
**11-2047151**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number 11-2047151

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	634,558.	621,679.	601,470.	602,083.	602,235.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	609.	12,879.	20,209.	-613.	-152.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	635,167.	634,558.	621,679.	601,470.	602,083.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ 100.0000 %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		598,824.	453,501.	145,323.
<b>d</b> Equipment . . . . .		1,726,764.	562,725.	1,164,039.
<b>e</b> Other . . . . .		34,240.	34,240.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,309,362.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) AMOUNT HELD IN ESCROW	2,816,416.
(2) SECURITY DEPOSITS	1,521,090.
(3) DUE FROM AFFILIATED AGENCIES	306,176.
(4) AMOUNT HELD FOR OTHERS	31,630.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	4,675,312.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED AGENCIES	17,787,608.
(3) PROGRAM ADVANCES	7,748,494.
(4) CONSTRUCTION ADVANCE	2,816,416.
(5) MEDICARE ADVANCES	2,339,384.
(6) DUE TO THIRD PARTY PAYORS	1,626,159.
(7) WELFARE FUND LIABILITY	1,061,259.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	33,379,320.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	113,600,261.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-5,987.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	5,708,338.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,702,351.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	107,897,910.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	795.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	795.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) . . . . .	<b>5</b>	107,898,705.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	115,534,264.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	5,708,338.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,708,338.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	109,825,926.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	795.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	795.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) . . . . .	<b>5</b>	109,826,721.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

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:

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,

**Part XIII** Supplemental Information *(continued)*

HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2021. CCNS HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. CCNS IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES. AS OF JUNE 30, 2021, CCNS WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Employer identification number  
**11-2047151**

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2020

**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
1 ASSISTANCE TO THE NEEDY	41,152.	10,400,716.	11,220,734.	FMV	RENTAL ASSIST.
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHES OF BROOKLYN AND QUEENS. GRANTS ARE GIVEN DIRECTLY TO CCNS INDIVIDUAL CONSUMERS AND/OR OTHER THIRD PARTIES ON THEIR BEHALF. IN FURTHERANCE OF THE MISSION BASED ON CONSUMER IN-TAKE DOCUMENTS, OUR FIELD PROGRAM PERSONNEL 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

**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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**11-2047151**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		<b>X</b>

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

Schedule J (Form 990) 2020

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EMMIE GLYNN RYAN CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	312,310.	0.	2,099.	11,373.	2,883.	328,665.	0.
2 ALAN WOLINETZ CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	262,313.	0.	12,532.	6,678.	1,997.	283,520.	0.
3 JEANNE DIULIO ASSOCIATE GENERAL COUNSEL	(i)	187,144.	0.	0.	7,900.	10,760.	205,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PATRICIA COLLINS SVP/CPO PROGRAM MANAGEMENT	(i)	295,998.	0.	9,452.	8,868.	4,316.	318,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 GLADYS RODRIGUEZ SVP/CPO PROGRAM MANAGEMENT	(i)	218,759.	0.	10,309.	6,346.	22,502.	257,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PATRICK MAHON CIO CSO	(i)	192,877.	0.	731.	7,300.	7,621.	208,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JACQUELINE GIBBONS SVP CHIEF HR OFFICER	(i)	164,214.	0.	1,367.	7,683.	36,403.	209,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CLAUDIA SALAZAR VP PROGRAM MANAGEMENT	(i)	172,084.	0.	0.	4,750.	10,826.	187,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CHRISTINE D'OTTAVIO CONTROLLER	(i)	163,059.	0.	0.	4,700.	21,016.	188,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DELROY DAVEY VP PROGRAM MANAGEMENT	(i)	161,678.	0.	1,367.	6,200.	33,380.	202,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MICHAEL J. CORTEZ VP PROGRAM MANAGEMENT	(i)	162,160.	0.	0.	4,925.	34,937.	202,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MARY HURSON VP PROGRAM MANAGEMENT	(i)	158,471.	0.	4,039.	7,569.	14,051.	184,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3:

OFFICER COMPENSATION IS PAID BY A RELATED 501(C)(3)ORGANIZATION.

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**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		675,309.	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 contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>SUPPLIES</u> ) . . . . .	X	50.	230,436.	FMV
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

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

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

Schedule M (Form 990) 2020

JSA

OE 1298 1.000

**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 O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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 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. EMERGENCY RENTAL ASSISTANCE PROGRAM PROVIDES SIGNIFICANT ECONOMIC RELIEF TO HELP LOW AND MODERATE-INCOME HOUSEHOLDS AT RISK OF EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY BY PROVIDING RENTAL ARREARS, TEMPORARY RENTAL ASSISTANCE AND UTILITY ARREARS ASSISTANCE. . FOOD AND NUTRITION SERVICES THRU WIC AND FOOD PANTRIES. FAMILY STABILIZATION SERVED 21,766 PEOPLE.

EXPENSES: \$17,545,423    GRANTS: \$2,408,093    REVENUE: \$27,025

CLINIC, RECOVERY AND REHABILITATION SERVICES (CRR) - THE CLINIC, REHABILITATION AND RECOVERY PORTFOLIO OFFERS TRADITIONAL MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. THE ARTICLE 31 MENTAL HEALTH CLINICS, PROS PROGRAMS AND THE ADDICTION CENTER BILL MEDICAID, MEDICARE

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

AND THIRD-PARTY INSURANCES FOR INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS AND MEDICATION AND ADDICTION AND MENTAL HEALTH RECOVERY GROUPS. TRADITIONAL MENTAL HEALTH SERVED 7,975 UNIQUE PEOPLE AND REHAB AND RECOVERY SERVED AN ADDITIONAL 984. 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 BROOKLYN CLINIC IS OPERATING WITH A CERTIFIED COMMUNITY BEHAVIORAL HEALTH EXPANSION GRANT. THIS IS A MODEL OF SERVICE WITH HIGH COMPREHENSIVE STANDARDS. CURRENTLY, THE CCBHC HAS THE ARTICLE 31 INTEGRATED OUTPATIENT SERVICES CLINIC, THE ADDICTION CLINIC, A MOBILE CRISIS TEAM, A TARGETED CASE MANAGEMENT TEAM, PEER SERVICES AND BENEFIT COORDINATION. 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 22,328 UNIQUE PEOPLE.

EXPENSES: \$6,857,962    GRANTS: \$191,904    REVENUE: \$8,013,485

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

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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. 1907 UNIQUE INDIVIDUAL RECEIVED CARE MANAGEMENT SERVICES IN FY2021. THE WALK-IN CENTER WHICH HAS SINCE MOVED OUT OF IHW ASSISTED 5,013 INDIVIDUALS WITH FINANCIAL ASSISTANCE, FOOD, REFERRALS/LINKAGES AND EDUCATIONAL MATERIALS. ADDITIONALLY, DUE TO COVID, CCNS PARTICIPATED IN PROJECT HOPE AND REACH OVER 27,000 NEW YORKERS WITH PANDEMIC RELATED HELP.

EXPENSES: \$4,575,366    GRANTS: \$242,033    REVENUE: \$2,038,019

OFFICE OF COMMUNITY PROGRAMMING - COMMUNITY PROGRAMMING CONDUCTS EVENTS AND WORKSHOPS. THIS INCLUDES EVENTS LIKE HEALTH FAIRS, BACK TO SCHOOL EVENTS AND WORKSHOPS INCLUDING MOMMY AND ME, STEP UP, AND WORKFORCE DEVELOPMENT.

EXPENSES: \$1,571,210    GRANTS: \$1,310,703    REVENUE: \$537,822

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").

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

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

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 ORGANIZATION'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 MORE OF ITS

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TAX-EXEMPT ACTIVITIES. IF THERE IS AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, AFFECTED INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DELIBERATING PROCESS.

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

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL RECEIVED COMPENSATION FROM A RELATED 501(C)(3) ORGANIZATION.

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE PERFORMANCE OF AND ESTABLISHES THE COMPENSATION OF 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, COMPARABILITY OF COMPENSATION PAID TO EXECUTIVE OFFICERS BY OTHER NOT-FOR-PROFIT ORGANIZATIONS OF LIKE SIZED AND GEOGRAPHIC LOCATION, AND VARIOUS OTHER OPERATIONAL DATA ARE CONSIDERED IN THE COMPENSATION EVALUATION PROCESS. ANY COMPENSATION DETERMINATIONS ARE THEN DOCUMENTED IN THE MINUTES OF THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

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.

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ATTACHMENT 1FORM 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 BOROUGHES OF BROOKLYN AND QUEENS. CCNS CURRENTLY OFFERS 160-PLUS PROGRAMS AND SERVICES FOR CHILDREN, YOUTH, ADULTS, SENIORS, THOSE WITH DEVELOPMENTAL DISABILITIES, AND THOSE STRUGGLING WITH MENTAL ILLNESS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EARLY CHILDHOOD SERVICES PROVIDE DEVELOPMENTALLY APPROPRIATE EDUCATIONAL, EARLY HEAD START AND HEAD START FOR CHILDREN FROM BIRTH THROUGH AGE 5. 1,466 CHILDREN ARE SERVED IN 8 EARLY CHILDHOOD PROGRAMS AND THERE ARE 75 FAMILY PROVIDER HOMES WITH A FOCUS ON SCHOOL READINESS. EARLY HEAD START HOME BASED PROGRAMS TARGET LOW INCOME, PREGNANT WOMEN AND PROVIDE EARLY, CONTINUOUS, INTENSIVE AND COMPREHENSIVE SUPPORT SERVICES. THE 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. THE OUTCOME WAS 22 HEALTHY PREGNANCIES, 22 POSITIVE CHILDBIRTH OUTCOMES AND HAS FULLY INVOLVING FATHERS IN THE LIVES OF THEIR VERY YOUNG CHILDREN. ALL ECS PROGRAMS PROVIDES MALE

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ATTACHMENT 2 (CONT'D)

INVOLVEMENT ACTIVITIES AND PARENTS WITH OPPORTUNITIES TO MOVE TOWARD SELF-SUFFICIENCY BY WORKING WITH OTHER COMMUNITY ORGANIZATIONS. 1,181 MALES PARTICIPATED IN VARIOUS ACTIVITIES IN ECS'S EARLY CARE AND EDUCATIONAL PROGRAMS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

HOUSING - RESIDENTIAL AND HOUSING SERVICES (RHS) 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,

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SERVICES, INC.

Employer identification number  
11-2047151

ATTACHMENT 3 (CONT'D)

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 HOUSING BUILDINGS FOR SENIORS. RECENTLY ADDING GERIATRIC WELLNESS NURSES, THE PROGRAM EVALUATES AND ASSES 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) THE ARE ALSO FOUR SUPPORTED SINGLE ROOM OCCUPANCY 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 889 INDIVIDUALS WITH HOUSING AND RESIDENTIAL SERVICES IN FISCAL YEAR END JUNE 30, 2021.



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ATTACHMENT 4

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

OLDER ADULT SERVICES -THE HIGHLIGHT OF THE FISCAL YEAR END JUNE 30, 2021 OPERATIONS WAS A RETURN TO PARTIAL RE-OPENING OF CENTERS AND GRAB AND GO MEALS. THE CENTERS WERE RE-OPENED WITH A MAXIMUM 25% CAPACITY FOR IN-PERSON ACTIVITIES, WHICH WAS AN IMPORTANT INITIAL STEP FOR A FULL RE-OPENING OF SENIOR CENTERS. OLDER ADULT CENTERS HAVE BEEN ONBOARD WITH COMBINATION OF GRAB AND GO AND CONGREGATE MEALS AS WELL AS HYBRID ACTIVITIES (VIRTUAL AND ON-SITE).

GRAB AND GO METHOD OF MEAL PROVISION IS POPULAR AMONG THE SENIORS AND ARE BENEFICIAL TO OUR PROGRAMS AS A PERMANENT PROVISION IN MEAL SERVICE. MEAL SERVICES ALSO PROVIDE AN ADDITIONAL OPPORTUNITY TO EDUCATE AND REFER CLIENTS FOR VACCINATION. CENTERS COORDINATED MOBILE VACCINATION OR ON-DEMAND TRANSPORTATION SERVICES AVAILABLE AT CENTERS WHERE VACCINATION RATES WERE LOWER AND REQUIRE MORE DIRECT OUTREACH AND SUPPORT.

THROUGH COORDINATION WITH COLLEGES FOR STUDENT INTERNS IN NURSING AND PUBLIC HEALTH CENTERS WERE ABLE TO INCREASE HEALTH AND WELLNESS AND VIRTUAL ACTIVITIES AT THE SENIOR CENTERS.

COOLING CENTERS HAVE BEEN ACTIVATED DURING PERIODS OF EXTREME HEAT. MOST CENTERS WERE ABLE TO PARTICIPATE IN EXTENDED HOURS. HOWEVER, DURING COVID-19, SENIOR CENTER COOLING CENTERS WERE ONLY FOR SENIORS AND NOT THE GENERAL PUBLIC.

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ATTACHMENT 4 (CONT'D)

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CASE MANAGEMENT HAS STARTED TO CONDUCT THE MUCH-APPRECIATED IN-HOME VISITS TO SENIORS, WHICH WAS DISCONTINUED DURING THE PANDEMIC. PROGRAMS ALSO TO SLOWLY RETURN TO IN-HOME ASSESSMENTS, ALTHOUGH THEY ARE EXPECTED TO BE MUCH BRIEFER AND UNDER COVID-19 SAFETY GUIDELINES. PROGRAMS ALSO WORKED CLOSELY WITH IN-HOME VACCINATIONS WERE MADE POSSIBLE FOR HOMEBOUND SENIORS BY COORDINATION OF CASE MANAGEMENT IN COLLABORATION WITH NYC VACCINE COMMAND CENTER. BROOKLYN HOMEBOUND SENIORS PARTICIPATED IN E-PET PROGRAM - ROBOTIC PET PROGRAM LAUNCHED BY DFTA. THE PROGRAM PROVIDED ELECTRONIC PETS TO OLDER ADULTS AS A WAY FOR THEM TO CONNECT AND ENGAGE IN AN ENTERTAINING ACTIVITY THAT HELPS MINIMIZE ISOLATION AND STRESS CAUSED BY THE PANDEMIC.

SOCIAL ADULT DAY CARE PROGRAM CONTINUED WITH VIRTUAL ACTIVITIES, WHICH WERE APPRECIATED BY CAREGIVERS AS THEY COULD CONNECT WITH THEIR LOVED ONES DIRECTLY. SOME CAREGIVERS WERE ABLE TO JOIN THE PROGRAM WITH THEIR LOVED ONES FROM OTHER STATES.

GERIATRIC WELLNESS & HEALTH PROGRAM WAS CLOSED DUE TO THE LOSS OF FUNDING ON JUNE 30, 2021, BUT GERIATRIC MENTAL HEALTH INITIATIVE PROGRAM WILL CONTINUE PROVISION AND COORDINATION OF MENTAL HEALTH SUPPORT TO SENIORS IN COLLABORATION WITH THE AGENCY MENTAL HEALTH SERVICES.

COMPREHENSIVE SERVICES WERE GIVEN TO 3,100 HOMEBOUND SENIORS BY

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ATTACHMENT 4 (CONT'D)

CASE MANAGEMENT PROGRAMS; 3,378 SENIORS RECEIVED HOMEBOUND  
DELIVERED MEALS DAILY; 320 SENIORS RECEIVED MENTAL HEALTH  
COUNSELING AND SUPPORT; AND 7,916 CLIENTS AT OLDER ADULT CENTERS  
AT 17 SENIOR CENTERS, NORC & SADS PROGRAM.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIFTEEN DEGREES 600 HARBOR BOULEVARD WEEHAWKIN, NJ 07086	MKTG & ADVERTISING	599,943.
JACKSON & COKER LOCUM P.O. BOX 277638 ATLANTA, GA 30384	PSYCHIATRY	382,159.
ALEXANDRA PIMENTEL 37-52 100TH STREET CORONA, NY 11368	CONSULTING	342,344.
RAINBOW FAMILY DAY CARE 563 - 45TH STREET BROOKLYN, NY 11220	DAYCARE	220,424.
DBB ARCHITECT, PC 75 SOUTH BROADWAY WHITE PLAINS, NY 10601	CONSULTING	190,950.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**11-2047151**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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		X
(2) J JEROME REDDY FOUNDATION INC. 11-2693497 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	501(C)(2)	N/A	CCBQ		X
(3) MARYS HALL INC. 11-1835881 191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL SVCS	NY	501(C)(3)	LINE 10	CCBQ		X
(4) CASA BETSAIDA INC. 01-0644523 191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL PROG	NY	501(C)(3)	LINE 10	CCBQ		X
(5) PIERREPONT CHARITABLE FUND INC. 45-0635208 191 JORALEMON STREET BROOKLYN, NY 11201	SUPPORT CATH	NY	501(C)(3)	LINE 10	CCBQ		X
(6) PROGRESS OF PEOPLES MANAGEMENT CORP. 11-2555060 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 12B	CCBQ		X
(7) CATHOLIC CHARITIES PROGRESS OF DEV. CO. 11-2431586 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	LINE 12B	CCBQ		X

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**SCHEDULE R  
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Department of the Treasury  
Internal Revenue Service

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Employer identification number  
**11-2047151**

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(2)					
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(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) 176 SOUTH EIGHTH STREET APTS HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 26-2418657	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(2) BELLEROSE SENIOR HDFC INC. 191 JORALEMON STREET BROOKLYN, NY 11201 11-3166290	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(3) CATHERINE SHERIDAN HDFC INC. 191 JORALEMON STREET BROOKLYN, NY 11201 11-3636256	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(4) DAVID MINKIN RESIDENCE HDFC INC. 191 JORALEMON STREET BROOKLYN, NY 11201 11-3201990	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(5) MOUNT CARMEL SENIOR HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3589144	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(6) MSGR JOSEPH F STEDMAN RESIDENCE HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3402363	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(7) PIERREPONT HOUSE FOR THE ELDERLY 191 JORALEMON STREET BROOKLYN, NY 11201 11-2431599	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
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(5)					
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**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) ST PAUL THE APOSTLE SENIOR HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3519422	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(2) ST PIUS V SENIOR HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3402365	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(3) SUNSET PARK HDFC INC. 191 JORALEMON STREET BROOKLYN, NY 11201 11-2628789	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(4) 101-105 SOUTH EIGHTH STREET APTS HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 26-2418821	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(5) CARING COMMUNITIES ASSOCIATES HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3160652	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(6) PIERREPOINT HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3572490	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(7) 72 LEWIS AVENUE APARTMENTS HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 26-3619644	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

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Employer identification number  
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(2)					
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(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) MONASTERY SENIOR HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3621552	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(2) HOWARD BEACH HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 45-2654972	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(3) 55 PIERREPONT HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 45-3073520	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(4) O L LORETO FAMILY HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 27-2237468	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(5) 161-01 89TH AVENUE CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 11-3054633	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(6) EMMAUS OF THE DIOCESE OF BROOKLYN INC. 191 JORALEMON STREET BROOKLYN, NY 11201 11-3188830	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(7) BETHELEHEM HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-2721068	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

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

Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**11-2047151**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) MARY IMMACULATE HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3575007	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(2) QUEENS REHAB CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 11-2748468	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(3) ST TERESA OF AVILA SENIOR HDFC INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3596619	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(4) CCBQ COMMUNITIES HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 46-2874644	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(5) OUR LADY OF FATIMA 191 JORALEMON STREET BROOKLYN, NY 11201 11-3201922	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(6) LORETO II HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 83-4373917	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
(7) SHERIDAN II HDFC 191 JORALEMON STREET BROOKLYN, NY 11201 83-4422168	HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

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

Schedule R (Form 990) 2020



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**11-2047151**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) SAINTS JOACHIM & ANNE NURSING & REHAB 2720 SURF AVENUE BROOKLYN, NY 11224 22-2943712	NURSING FAC	NY	501(C)(3)	LINE 10	POPDC		X
(2) LAUDATO SI CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 86-2742400	SUPPORT	NY	501(C)(3)	LINE 12B	POPDC		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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 organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BEDFORD SAINT JOHN'S ASSOCIATES, INC. 11-3625826 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(2) BISHOP BOARDMAN APARTMENTS, INC. 20-2884375 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(3) BISHOP FRANCIS J MUGAVERO APARTMENTS 20-2884179 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(4) HOLY SPIRIT APARTMENTS, INC. 20-2884296 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(5) JEFFERSON MELROSE ASSOCIATES, INC. 65-1202319 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(6) MARY STAR OF THE SEA APARTMENTS, INC. 20-2884243 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(7) MSGR EDWARD T BURKE APARTMENTS INC 20-2884439 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MSGR. JOHN P. O'BRIEN APARTMENTS, INC. 20-2884416 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(2) MSGR. THOMAS CAMPBELL APARTMENTS, INC. 20-2884338 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(3) POPE JOHN PAUL II APARTMENTS, INC. 20-2884264 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(4) SR. LUCIAN APARTMENTS, INC. 20-2884457 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(5) ST. BRENDAN'S APARTMENTS, INC. 20-2884218 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(6) TAAFFE KENT ASSOCIATES, INC. 11-3426859 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(7) WILLOUGHBY CLASSON APARTMENTS, INC. 11-3041447 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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 organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HOWARD BEACH HOUSING CORPORATION 45-2661870 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(2) 55 PIERREPONT APARTMENTS CORPORATION 45-3073589 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(3) OL LORETO HOUSING CORP 90-0636520 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(4) CARING SUPPORTED HSG MNG MBR CORPORATION 46-2886329 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(5) LORETO II MM CORPORATION 83-4393679 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(6) SHERIDAN II MM CORPORATION 83-4405202 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X
(7) VB CCPOPD HOUSING DEVELOPMENT FUND CORP 87-2089532 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C					X

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(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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