

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 **and ending** 06/30/2024

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	C Name of organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.		D Employer identification number 11-2047151
	Doing Business As		E Telephone number (718) 722-6000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	191 JORALEMON STREET BROOKLYN, NY 11201		G Gross receipts \$ 120,713,404.
F Name and address of principal officer: CHRISTINE D'OTTAVIO SAME AS "C" ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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		J Website: WWW.CCBQ.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1947	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES PROVIDES QUALITY SOCIAL SERVICES TO THE NEIGHBORHOODS OF BROOKLYN AND QUEENS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1,264
	6 Total number of volunteers (estimate if necessary)	6	3,278
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	92,667,449.	96,012,124.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,842,573.	20,347,833.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,931.	202,445.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,231,265.	4,151,002.
		118,875,218.	120,713,404.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,954,137.	25,100,267.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,754,243.	62,323,537.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	NONE	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,739,009.	34,719,805.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,447,389.	122,143,609.	
19 Revenue less expenses. Subtract line 18 from line 12	427,829.	-1,430,205.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	58,904,633.	60,438,046.
	22 Net assets or fund balances. Subtract line 21 from line 20	72,959,203.	75,915,486.
	-14,054,570.	-15,477,440.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	CHRISTINE D'OTTAVIO Type or print name and title		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TARA COOKE	TARA COOKE	04/11/2025		P01281186
	Firm's name ▶ BDO USA	Firm's EIN ▶	13-5381590		
Firm's address ▶ 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166	Phone no.	212-885-8000			

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** (2023)

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:

SEE SCHEDULE O

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 \$ 26,561,294. including grants of \$ 2,971,137.) (Revenue \$ 243,556.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 23,361,223. including grants of \$ 12,554,102.) (Revenue \$ 11,108,109.)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 21,669,042. including grants of \$ 5,071,788.) (Revenue \$ 670,060.)

SEE SCHEDULE O

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

(Expenses \$ 38,239,194. including grants of \$ 4,503,240.) (Revenue \$ 8,326,108.)

4e Total program service expenses 109,830,753.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. 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 reporting obligations.

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, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,264		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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 (15), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.

CHRISTINE D'OTTAVIO 191 JORALEMON STREET BROOKLYN, NY 11201

718-722-6000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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/GENERAL COUNSEL	20.00 15.00				X			NONE	320,188.	37,362.
(2) PATRICIA COLLINS SVP/CPO PROGRAM MANAGEMENT	35.00 NONE				X			315,669.	NONE	9,647.
(3) GLADYS RODRIGUEZ SVP/CPO PROGRAM MANAGEMENT	35.00 NONE				X			258,089.	NONE	34,867.
(4) CHRISTINE D'OTTAVIO DEPUTY CFO	20.00 15.00			X				243,075.	NONE	30,825.
(5) PATRICK MAHON CIO/CSO	35.00 NONE				X			247,734.	NONE	12,066.
(6) DELROY DAVEY VP PROGRAM MANAGEMENT	35.00 NONE					X		189,126.	NONE	34,562.
(7) KRIS IOVINO SENIOR VICE PRESIDENT	35.00 NONE					X		172,668.	NONE	50,008.
(8) DESIREE A. JACKSON-FRYSON VP PROGRAM MANAGEMENT	35.00 NONE					X		171,975.	NONE	49,658.
(9) MICHAEL J. CORTEZ VP PROGRAM MANAGEMENT	35.00 NONE					X		184,232.	NONE	35,387.
(10) CLAUDIA SALAZAR VP PROGRAM MANAGEMENT	35.00 NONE					X		199,453.	NONE	19,059.
(11) JEANNE DIULIO ASSOCIATE GENERAL COUNSEL	30.00 5.00			X				186,230.	NONE	21,945.
(12) VERY REV. PATRICK J. KEATING DEPUTY CEO	10.00 25.00	X		X				NONE	45,000.	1,500.
(13) REV. MSGR ALFRED LOPINTO EXECUTIVE VP & CEO	12.00 23.00	X		X				NONE	37,000.	6,500.
(14) SANTOS RODRIGUEZ CHAIR	1.00 NONE	X		X				NONE	NONE	NONE

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) MICHELLE P. GUERRIER VICE CHAIR	1.00 NONE	X		X			NONE	NONE	NONE	
(16) VALERIE STEWART-LOVELL SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	
(17) JOHN MURPHY, JR. TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(18) PAUL CAPURSO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) PETER F. CASTELLANA III DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(20) CAROL COHEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) DAVID FERGUSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) ROBERT C. GOLDEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) DANIEL GREENE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) DAWN A. HEWITT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) ROBERT MARQUEZ DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							2,168,251.	402,188.	343,386.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							2,168,251.	402,188.	343,386.	

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 **▶** 48

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

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	1,422,773.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	81,303,441.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	13,285,910.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,285,306.				
	h	Total. Add lines 1a-1f			96,012,124.			
	Program Service Revenue				Business Code			
2a		FEE FOR SERVICES		624100	20,347,833.	20,347,833.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			20,347,833.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			202,445.		NONE 202,445.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)			NONE			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue				Business Code				
	11a	ADMIN REVENUE FROM AFFILIATES		900099	2,291,646.		2,291,646.	
	b	PURCHASE OF SERVICES		900099	789,901.		789,901.	
	c	WORKFORCE/NYS HWB REVENUE		900099	534,445.		534,445.	
	d	All other revenue		900099	535,010.		535,010.	
	e	Total. Add lines 11a-11d			4,151,002.			
12	Total revenue. See instructions				120,713,404.	20,347,833.	NONE 4,353,447.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,768,542.	5,768,542.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,331,725.	19,331,725.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,438,694.	1,250,841.	187,853.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	46,552,170.	40,615,339.	5,936,831.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,153,795.	2,632,999.	520,796.	
9 Other employee benefits	6,261,732.	5,227,713.	1,034,019.	
10 Payroll taxes	4,917,146.	4,105,163.	811,983.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	75,500.		75,500.	
c Accounting	117,400.		117,400.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 12,277,518.	10,473,795.	1,803,723.	
12 Advertising and promotion	NONE			
13 Office expenses	1,271,510.	1,155,682.	115,828.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	9,464,822.	8,926,623.	538,199.	
17 Travel	157,825.	151,162.	6,663.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	401,519.	397,108.	4,411.	
20 Interest	48,808.		48,808.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	172,924.	155,734.	17,190.	
23 Insurance	1,377,920.	1,265,544.	112,376.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	1,232,733.	1,148,718.	84,015.	
b REMODELING AND REPAIRS	2,289,179.	2,189,455.	99,724.	
c EQUIPMENT RENTAL	1,530,319.	1,342,818.	187,501.	
d PROVISION FOR BAD DEBTS	485,304.	485,304.		
e All other expenses _____	3,816,524.	3,206,488.	610,036.	
25 Total functional expenses. Add lines 1 through 24e	122,143,609.	109,830,753.	12,312,856.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,259,660.	1	1,552,535.
	2 Savings and temporary cash investments	3,304,778.	2	3,055,235.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	13,001,915.	4	14,570,979.
	5 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	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	111,650.	8	128,564.
	9 Prepaid expenses and deferred charges	458,124.	9	372,566.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,475,495.		
	b Less: accumulated depreciation	10b 1,557,898.		
	11 Investments - publicly traded securities	609,846.	11	641,214.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	39,106,694.	15	39,199,356.
16 Total assets. Add lines 1 through 15 (must equal line 33)	58,904,633.	16	60,438,046.	
Liabilities	17 Accounts payable and accrued expenses	8,652,300.	17	9,692,582.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	81,500.	21	103,533.
	22 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	64,225,403.	25	66,119,371.
	26 Total liabilities. Add lines 17 through 25	72,959,203.	26	75,915,486.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	-18,676,270.	27	-20,330,430.
	28 Net assets with donor restrictions	4,621,700.	28	4,852,990.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-14,054,570.	32	-15,477,440.
33 Total liabilities and net assets/fund balances	58,904,633.	33	60,438,046.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,713,404.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,143,609.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,430,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-14,054,570.
5	Net unrealized gains (losses) on investments	5	7,335.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-15,477,440.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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)							
Total							

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,285,881.	84,481,499.	91,188,623.	92,667,449.	94,726,818.	449,350,270.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	86,285,881.	84,481,499.	91,188,623.	92,667,449.	94,726,818.	449,350,270.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						5,965,903.
6 Public support. Subtract line 5 from line 4						443,384,367.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	86,285,881.	84,481,499.	91,188,623.	92,667,449.	94,726,818.	449,350,270.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,900.	22,232.	8,492.	133,931.	202,445.	418,000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,707,932.	2,693,465.	5,031,760.	4,715,387.	4,151,002.	19,299,546.
11 Total support. Add lines 7 through 10						469,067,816.
12 Gross receipts from related activities, etc. (see instructions)					12	103,964,785.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.52 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.64 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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	Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
INSURANCE RECOVERY	80,166.	69,485.	78,053.	100,021.	-11,466.	316,259.
OTHER REVENUE	1,210,349.	819,619.	252,256.	249,489.	312,840.	2,844,553.
ADMIN FEE FROM AFFILIATES	1,417,417.	1,804,361.	2,023,509.	2,056,590.	2,291,646.	9,593,523.
WRITE-OFF OF PROGRAM LIAB.	NONE	NONE	2,677,942.	948,398.	233,636.	3,859,976.
PURCHASE OF SERVICE	NONE	NONE	NONE	794,889.	789,901.	1,584,790.
WORKFORCE/NYS HWB REVENUE	NONE	NONE	NONE	566,000.	534,445.	1,100,445.
TOTALS	2,707,932.	2,693,465.	5,031,760.	4,715,387.	4,151,002.	19,299,546.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Table with 2 columns: Name of the organization (CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.) and Employer identification number (11-2047151)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] 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), 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), 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).

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

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	\$ 28,411,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 21,919,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 13,031,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 6,010,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 4,856,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 3,542,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	\$ 2,940,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

2023

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

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 |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	609,846.	610,746.	635,167.	634,558.	621,679.
b Contributions					
c Net investment earnings, gains, and losses	31,868.	-900.	-24,421.	609.	12,879.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	641,714.	609,846.	610,746.	635,167.	634,558.

- 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 |
|-------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input 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
1a Land				
b Buildings				
c Leasehold improvements		598,824.	549,462.	49,362.
d Equipment		1,726,764.	958,590.	768,174.
e Other		149,907.	49,846.	100,061.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				917,597.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

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) ROU ASSETS OPERATING LEASE	28,600,821.
(2) ROU ASSETS FINANCE LEASE	8,002,762.
(3) SECURITY DEPOSITS	1,938,264.
(4) DUE FROM AFFILIATED AGENCIES	614,640.
(5) AMOUNT HELD FOR OTHERS	42,869.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	39,199,356.

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) OPERATING LEASE LIABILITIES	28,564,319.
(3) DUE TO AFFILIATED AGENCIES	19,934,849.
(4) FINANCE LEASE LIABILITIES	8,396,771.
(5) PROGRAM ADVANCES	7,164,464.
(6) DUE TO THIRD PARTY PAYORS	1,486,762.
(7) WORKFORCE/NYS HWB	572,206.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	66,119,371.

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 XIII Supplemental Information (continued)

SCHEDULE D, 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 ARE USED TO FUND THE PERSONAL NEEDS OF THE RESIDENTS AND TO REIMBURSE CATHOLIC CHARITIES NEIGHBORHOOD SERVICES ("CCNS") FOR GENERAL LIVING COSTS. THESE FUNDS ARE REQUIRED TO BE HELD IN SEPARATE BANK ACCOUNTS.

SCHEDULE D, 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.

SCHEDULE D, PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2024. 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, 2024, 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, 2024, 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.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CATHOLIC 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC CHARITIES PROGRESS OF PEOPLES DEVE 191 JORALEMON ST BROOKLYN, NY 11201	11-2431586	501(C)(3)	2,936,151.				SUPPORT
(2) MARY'S HALL, INC. 191 JORALEMON ST BROOKLYN, NY 11201	11-1835881	501(C)(3)	2,832,391.				SUPPORT
(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 2
- 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) 2023

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	84,825	10,206,189.	8,967,196.	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.

SCHEDULE I, 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

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.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization 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"/> Travel for companions
<input type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (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"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input type="checkbox"/> Compensation survey or study
<input 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? X
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? X
- c** Participate in or receive payment from an equity-based compensation arrangement? 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? X
- b** Any related organization? 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? X
- b** Any related organization? 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 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 X

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

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

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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				
EMMIE GLYNN RYAN 1 CHIEF OF STAFF/GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	316,073.	NONE	4,115.	9,250.	28,112.	357,550.	NONE
PATRICIA COLLINS 2 SVP/CPO PROGRAM MANAGEMENT	(i)	311,800.	NONE	3,869.	9,118.	529.	325,316.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GLADYS RODRIGUEZ 3 SVP/CPO PROGRAM MANAGEMENT	(i)	251,592.	NONE	6,497.	6,400.	28,467.	292,956.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK MAHON 4 CIO/CSO	(i)	246,341.	NONE	1,393.	8,308.	3,758.	259,800.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTINE D'OTTAVIO 5 DEPUTY CFO	(i)	242,871.	NONE	204.	5,500.	25,325.	273,900.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DELROY DAVEY 6 VP PROGRAM MANAGEMENT	(i)	186,987.	NONE	2,139.	6,450.	28,112.	223,688.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRIS IOVINO 7 SENIOR VICE PRESIDENT	(i)	172,668.	NONE	NONE	6,350.	43,658.	222,676.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DESIREE A. JACKSON-FRY 8 VP PROGRAM MANAGEMENT	(i)	171,975.	NONE	NONE	3,461.	46,197.	221,633.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL J. CORTEZ 9 VP PROGRAM MANAGEMENT	(i)	184,232.	NONE	NONE	4,988.	30,399.	219,619.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CLAUDIA SALAZAR 10 VP PROGRAM MANAGEMENT	(i)	199,453.	NONE	NONE	4,950.	14,109.	218,512.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEANNE DIULIO 11 ASSOCIATE GENERAL COUNSEL	(i)	186,230.	NONE	NONE	7,900.	14,045.	208,175.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
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:

CEO 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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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		1,285,306.	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 (_____)				
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 3 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.		

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

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

11-2047151

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

THE CLINIC, REHABILITATION AND RECOVERY SERVICES (CRR) PORTFOLIO OFFERS A VARIETY OF SERVICE DELIVERY MODELS.

1) TRADITIONAL MENTAL HEALTH SERVICES VIA NYS MENTAL HEALTH OUTPATIENT TREATMENT AND REHABILITATIVE SERVICES (MHTORS), FORMALLY KNOWN AS ARTICLE 31 CLINICS AND SUBSTANCE USE SERVICES VIA ARTICLE 32 MEDICALLY SUPERVISED CLINICS BILL MEDICAID, MEDICARE AND THIRD PARTY INSURANCES FOR INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS/MEDICATION AND ADDICTION AND MENTAL HEALTH RECOVERY GROUPS. IN FISCAL YEAR END ("FYE") 2024, THE NATIONWIDE, HIGHLY COMPREHENSIVE MODEL, CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) BECAME EMBEDDED IN ALL CLINICS. FLATBUSH AND ROCKAWAY ARE MEETING STANDARDS VIA SAMHSA CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC IMPROVEMENT AND ADVANCEMENT GRANTS. THE CORONA CLINIC BECAME A CCBHC DEMONSTRATION PROGRAM, WITH JAMAICA AND JFC WOODHAVEN AS SATELLITES. THE DEMONSTRATION PROGRAMS GET A HIGHER REIMBURSEMENT RATE BASED ON HIGH STANDARDS AND WRAPPING SERVICES AROUND EACH CLIENT TO ENSURE SUCCESS. CCNS CURRENTLY OPERATES SEVERAL SCHOOL SATELLITES: MASPETH HIGH SCHOOL IN QUEENS, THE CHALLENGE CHARTER SCHOOL IN FAR ROCKAWAY, MIDWOOD HIGH SCHOOL IN BROOKLYN, AND ADDED IN FYE 2024, PS 280 AND PS 90 GRAMMAR SCHOOLS IN JACKSON HEIGHTS/CORONA QUEENS. MENTAL HEALTH CLINICS AND SATELLITES SERVED 3,899 UNIQUE PEOPLE WITH 38,998 VISITS/CONTACTS.

2) REHAB, RECOVERY AND ADDICTION TREATMENT SERVED AN ADDITIONAL 543 PEOPLE THROUGH 27,443 CONTACTS. THESE SERVICES INCLUDE TWO PROS PROGRAMS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Employer identification number

11-2047151

(WHICH BILLS MEDICAID), A CLUBHOUSE, PEER ADVOCACY, HOME AND COMMUNITY
BASED SERVICES FOR THOSE WITH BEHAVIORAL HEALTH NEEDS, AS WELL AS
ADDICTION SERVICES. THE CLUBHOUSE CLOSED IN FYE 2024.

3) IHW STARTED THE PROCESS TO ADD A THIRD PROS PROGRAM IN BROOKLYN TO
REPLACE THE CLOSED CLUBHOUSE.

4) CCBHCS, WHICH INCLUDE CLINICS, ADDICTION TREATMENT, 24/7 MOBILE CRISIS
SERVICES, TARGETED CASE MANAGEMENT, PEER SERVICES, BENEFIT COORDINATION
AND HEALTH MONITORING BY NURSES HAS EXPANDED AND GROWN THROUGHOUT FYE
2024.

5) CRR ALSO RUNS A CALL CENTER WHICH ACTS AS A CONDUIT FOR AGENCY
PROGRAMS INCLUDING THE CLINICS AND OTHER BEHAVIORAL HEALTH PROGRAMS WHICH
RECEIVED 24,392 CALLS IN FYE 2024. IN FYE 2024, THE ACCESS TEAM WAS
ADDED TO SPECIALIZE IN MENTAL HEALTH REFERRALS, INFORMATION GATHERING AND
APPOINTMENT SETTING.

EXPENSES: \$16,361,965 GRANTS: \$3,113,623 REVENUE: \$5,989,335

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

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.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

11-2047151

PROGRAMS AS THE SYEP AND THE QUEENS DA PROGRAM. ESL, CIVICS AND IMMIGRANT ASSISTANCE PROGRAMS WHICH HELP WITH LEARNING ENGLISH AND CASE MANAGEMENT SERVICES. MOVING FORWARD ASSISTS NEW ARRIVING FAMILIES AND UNDOCUMENTED IMMIGRANTS TO FIND ECONOMIC, HEALTH, HOUSING AND SOCIAL SUPPORTS. FAMILY SUPPORT IS PROVIDED THROUGH OUR MOBILITY MENTORING PROGRAM. FOOD AND NUTRITION SERVICES ARE PROVIDED AT OUR WOMEN INFANTS AND CHILDREN ("WIC") PROGRAMS FOR MOTHERS, INFANTS AND CHILDREN, AND OCEAN BAY AND RIVERDALE OSBORNE FOOD PANTRIES. HOMEBASE PROVIDES CASE MANAGEMENT OF HOUSEHOLDS AT RISK OF LOSING THEIR HOUSING. WIC PROVIDES NUTRITION COUNSELING AND ACCESS TO FOOD BENEFITS TO PROMOTE THE HEALTH AND WELLBEING OF INFANTS, PREGNANT AND BREAST-FEEDING MOTHERS AND CHILDREN UP TO AGE 5 YEARS OLD. FAMILY STABILIZATION SERVED OVER 20,000 HOUSEHOLDS (35,400 ESL STUDENTS, YOUTH, MOMS, INFANTS AND CHILDREN AND PARENTS).

EXPENSES: \$16,012,751 GRANTS: \$704,178 REVENUE: \$5,180

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 WITH POOR TREATMENT COMPLIANCE, HIGH MEDICAID AND EMERGENCY DEPARTMENT UTILIZERS, JUVENILES INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM, CHILDREN, THOSE TRANSITIONING OUT OF PSYCHIATRIC FACILITIES AND THOSE IN CRISIS. THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

11-2047151

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. 1,117 UNIQUE INDIVIDUALS RECEIVED 26,162 CARE MANAGEMENT SERVICES IN FYE 2024. THIS MODEL OF SERVICE DELIVERY WRAPS SERVICES AROUND THE CLIENT TO INCREASE THE LIKELIHOOD OF SUCCESS. IN FYE 2024, THE QUEENS ACT TEAM STABILIZED AND STARTED RECEIVING CLIENTS. ACT, ASSISTED COMMUNITY TREATMENT, ASSISTS CLIENTS WHO HAVE GREAT DIFFICULTY MAKING AND KEEPING APPOINTMENTS, STAYING FAITHFUL TO MEDICATION REGIMENS AND GENERALLY LACK THE SKILLS NEEDED FOR LOWER LEVELS OF ASSISTANCE. STAFF GO INTO THE COMMUNITY TO FIND CLIENTS AND PROVIDE TREATMENT.

EXPENSES: \$5,061,236 GRANTS: \$197,990 REVENUE: \$2,331,593

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) - THROUGH CATHOLIC CHARITIES' RESIDENTIAL AND COMMUNITY HABILITATION PROGRAM (COMHAB), COMPASSIONATE STAFF MEMBERS PROVIDED CARE AND SUPPORT TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. 138 UNIQUE ADULTS AND CHILDREN WITH IDD ISSUES RECEIVED 11,632 SKILLS TRAINING SESSIONS IN THEIR HOMES AND COMMUNITIES. SKILLS THAT PROMOTE INDEPENDENCE IN THE HOME (SELF-CARE, SELF-FEEDING, GETTING DRESSED) AND THE COMMUNITY (TRAVELING, USING A LIBRARY, SHOPPING) GUIDE OUR CLIENTS TO A HIGHER LEVEL OF SELF-SUFFICIENCY AND GREATER INDEPENDENCE. IN FYE 2024, INTAKES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

AND SERVICES INCREASED. WE ALSO REJOINED AN INTELLECTUAL AND
DEVELOPMENTAL DISABILITY TRADE ORGANIZATION TO ENSURE CONTINUE REFERRALS
AND STAYING CURRENT IN THE FIELD.

EXPENSES: \$803,242 GRANTS: \$487,449 REVENUE: \$0

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

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

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

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 CFO BEFORE THE RETURN IS FILED. THE RETURN IS THEN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

11-2047151

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 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

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.

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2023

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Employer identification number

11-2047151

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.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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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.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

EARLY CHILDHOOD SERVICES (ECS) PROVIDE DEVELOPMENTALLY APPROPRIATE EDUCATIONAL SERVICES, INCLUDING EARLY HEAD START AND HEAD START PROGRAMS, FOR CHILDREN FROM BIRTH THROUGH AGE 5. THESE SERVICES ENCOMPASS 11 PROGRAMS, SERVING A TOTAL OF 1,466 CHILDREN, 48 PREGNANT MOTHERS, INCLUDING 65 FAMILY PROVIDER HOMES WITH A FOCUS ON SCHOOL READINESS.

EARLY HEAD START HOME-BASED PROGRAMS ARE DESIGNED TO SERVE LOW-INCOME PREGNANT WOMEN AND FAMILIES WITH INFANTS AND TODDLERS. THESE PROGRAMS PROVIDE EARLY, CONTINUOUS, INTENSIVE, AND COMPREHENSIVE SUPPORT SERVICES THAT FOSTER HEALTHY PRENATAL AND EARLY CHILDHOOD DEVELOPMENT. A STRONG EMPHASIS IS PLACED ON THE PRENATAL PERIOD, RECOGNIZING ITS CRITICAL INFLUENCE ON A CHILD'S LONG-TERM HEALTH, GROWTH, AND DEVELOPMENTAL OUTCOMES THROUGH THE AGE OF THREE.

FAMILIES ALSO BENEFIT FROM EARLY MENTAL HEALTH SUPPORT, PEDIATRIC NURSING SERVICES, AND POSTPARTUM CARE, ENSURING BOTH PARENTS AND NEWBORNS RECEIVE THE WRAPAROUND CARE THEY NEED DURING THIS VITAL PERIOD.

KEY OUTCOMES:

- . 28 HEALTHY PREGNANCIES SUPPORTED
- . 28 POSITIVE CHILDBIRTH OUTCOMES ACHIEVED
- . INCREASED FATHER INVOLVEMENT IN THE EARLY LIVES OF THEIR CHILDREN

ECS PROGRAMS INCLUDE ACTIVITIES THAT PROMOTE PARENTAL INVOLVEMENT AND HELP FAMILIES MOVE TOWARD SELF-SUFFICIENCY BY COLLABORATING WITH COMMUNITY ORGANIZATIONS. NOTABLY, 1,500 MALE PARTICIPANTS TOOK PART IN VARIOUS ECS EARLY CARE AND EDUCATIONAL PROGRAMS.

LINE 4B, PROGRAM SERVICE

RESIDENTIAL AND HOUSING SERVICES (RHS) SERVE POPULATIONS WITH CHRONIC MENTAL ILLNESS, HISTORIES OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. THERE IS A CONTINUUM OF CARE AND SUPPORT.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III - PROGRAM SERVICE
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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. ONCE RESIDENTS RECEIVE TREATMENT AND IMPROVE, THEY GRADUATE TO A LOWER LEVEL OF CARE. IN FYE 2024, CCNS INCREASED THE PERSONAL NEEDS ALLOWANCE AND INSTALLED CABLE AND WI-FI IN EACH APARTMENT TO IMPROVE THE STANDARD OF LIVING FOR THESE CLIENTS.

2) SUPPORTIVE HOUSING SCATTERED SITE UNITS FOR THE MENTALLY ILL PROVIDE SAFE HOMES WITH RENT ASSISTANCE AND SOCIAL SUPPORT SERVICES. SERVICES INCLUDE VISITS AND PHONE CALLS, CASE MANAGEMENT AND CRISIS INTERVENTION. THE GOAL IS TO MAINTAIN INDEPENDENT HOUSING. THE OFFICE OF MENTAL HEALTH, DURING FYE 2024, INCREASED UNIT REIMBURSEMENT TO COVER FAIR MARKET VALUE RENTS AND ENSURE A REASONABLE CLIENT TO STAFF RATIO.

3) CASA BETSAIDA IS A 27-BED CONGREGATE, TRANSITIONAL FACILITY, AND CASA RECOVERY AND CIRCLE OF HOPE ARE SUPPORTIVE HOUSING SCATTERED SITE APARTMENTS FOR HIV/AIDS+. CIRCLE OF HOPE WAS TRANSFERRED TO ANOTHER AGENCY IN THE FALL AND CASA BETSAIDA'S PROGRAMS ARE SUNSETTING FYE JUNE 2025. AS "ONE-OFF" PROGRAMS, IT WILL BRING NEW OPPORTUNITIES FOR CLIENTS TO BE HOUSED WITH LARGER HIV/AIDS PRIORITY ORGANIZATIONS.

4) CCNS PROVIDES SUPPORTIVE SOCIAL SERVICES IN TEN POP MANAGEMENT LOW-INCOME HOUSING BUILDINGS FOR SENIORS. A GERIATRIC WELLNESS NURSE, HOUSING WELLNESS COORDINATOR AND SOCIAL WORKER EVALUATE TENANTS AND ASSESS EACH BUILDING FOR PRIORITY NEEDS. THE STAFF IS 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. IN FYE 2024 WE SECURED A FULL-TIME PERMANENT REGISTERED NURSE WHO HAD BEEN A CONSULTANT. WE ALSO RAISED THE CASE MANAGER TO A MASTER'S LEVEL POSITION TO ENSURE QUALITY OF CARE IN FYE 2024 AND MOVING FORWARD.

5) THERE ARE FOUR SUPPORTED SRO BUILDINGS FOR THOSE WITH HISTORIES OF MENTAL ILLNESS, HOMELESSNESS AND SUBSTANCE USE. CCNS STAFF WORK ON-SITE TO PROVIDE SOCIAL SERVICES TO ENSURE TENANTS DO NOT REGRESS TO HOMELESSNESS. EACH RESIDENCE, IN FYE 2024, STRENGTHENED THE COMMUNITY OF TENANTS BY ENGAGING THEM IN ON AND OFF-SITE SOCIAL ACTIVITIES.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III - PROGRAM SERVICE
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6) CCNS RHS HAS 31 UNITS LOCATED IN POP MANAGEMENT'S BISHOP VALERO APTS. RHS OFFERS SERVICES TO 31 TENANTS HOUSED IN THE BUILDING AND IS AVAILABLE TO ASSIST OTHERS IN EMERGENCY. IN FYE 2024 THE BUILDING ADVISORY BOARD MET TWICE. THIS FORUM ALLOWED STAFF TO REITERATE HOUSE RULES WHILE EXPLORING HOW THEY CAN BETTER ASSIST THE CLIENTS. CLIENTS WERE ABLE TO PROVIDE FEEDBACK ON THE PROGRAM AND WHAT THINGS THEY WOULD LIKE TO SEE IMPLEMENTED. ONE RESULT IS WE BEGAN EXPLORING THE ON-SITE PROVISION OF SUBSTANCE USE TREATMENT AND ARE PREPARING TO LAUNCH THESE SERVICES.

7) RHS' POPE FRANCIS HAS 81 TENANTS LIVING IN POP MANAGEMENT'S LORETTO II BUILDINGS. EIGHTY-ONE FRAIL ELDERLY INDIVIDUALS WHO WERE HOMELESS OR AT RISK OF HOMELESSNESS AND HOUSED WITH SPECIAL SUPPORTIVE SERVICES. POPE FRANCIS HAD SEVERAL GROUP EVENTS AND ACTIVITIES TO ENHANCE THE SENSE OF COMMUNITY AND BUILD THE SOCIAL NETWORK FOR TENANTS. THIS INCLUDED A MASQUERADE BALL, A TRIP TO MEDIEVAL TIMES AND A SPIRIT CRUISE IN FYE 2024. RESIDENTIAL AND HOUSING SERVICES ASSISTED 917 INDIVIDUALS WITH HOUSING AND RESIDENTIAL SERVICES IN FYE 2024.

8) IN ADDITION, VIA CONTRACT WITH COORDINATED BEHAVIORAL CARE, THE HOUSING LOCATION AND PLACEMENT SERVICES PROGRAM (HLPS) ASSISTED 177 INDIVIDUALS LEAVING NYC HEALTH AND HOSPITALS LOOK FOR AND OBTAIN HOUSING.

LINE 4C, PROGRAM SERVICE

OLDER ADULT SERVICES' ONE COMMON GOAL FOR CONTINUOUS QUALITY IMPROVEMENT PLANNING FOR ALL PROGRAM MODELS IN FYE 2024 REMAINED REINFORCEMENT OF THE NEW APPROACH IN THE AGING FIELD - SUPPORTING CLIENTS IN COMMUNITIES AS MUCH AS POSSIBLE SO SENIORS CAN REMAIN IN THEIR HOMES AS LONG AS POSSIBLE. THE FOCUS HAS BEEN ON BRINGING MOST IF NOT ALL REQUIRED SERVICES TO THE CLIENTS IN THEIR PLACE, AND MINIMIZE REFERRALS TO NURSING HOMES, ASSISTED LIVING, HOSPITALS, ETC.

OLDER ADULTS CENTERS HAVE CONTINUED WITH AGGRESSIVE OUTREACH AND RE-ENGAGEMENT OF SENIORS TO INCREASE OPERATING CAPACITY. WE CONTINUED WITH COMBINATION OF HYBRID ACTIVITIES (VIRTUAL AND ON-SITE) BUT PUSHING FOR MORE ON-SITE OPERATIONS. MOST OF SERVICE UNITS HAVE BEEN SHOWING A POSITIVE TREND FOR ON-SITE ACTIVITIES AS

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Employer identification number

11-2047151

FORM 990, PART III - PROGRAM SERVICE

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WELL CONTINUED INCREASE IN MEAL SERVICES. 9,831 CLIENTS RECEIVED SERVICES AT 19 OLDER ADULT CENTERS.

BLOOMING HEALTH, OAS INTERFACING PLATFORM SPECIFIC FOR THE AGING FIELD, EXPANDED THE UTILIZATION ACROSS MOST OF PROGRAMS. MORE DAILY/WEEKLY REMINDERS, INVITES TO EVENTS, SATISFACTION SURVEYS, INCLEMENT WEATHER AND EMERGENCY ALERTS WERE SENT OUT THROUGH INTERFACE PLATFORM WHICH HELPS TO CAPTURE BIGGER MEMBERSHIP AND SAVES STAFF TIME.

PROGRAMS CONTINUED ASSISTING SENIORS IN LEARNING TO ACCESS TECHNOLOGY THROUGH MORE CLASSES AND INTERGENERATIONAL PROGRAMS WHEN COMMUNITY YOUTH HAVE ONE -TO- ONE SESSION WITH SENIORS.

IN THE SUMMER, CCNS OLDER ADULT CENTERS WERE ACTIVELY SUPPORTING SENIORS IN COMMUNITIES OF BROOKLYN AND QUEENS DURING HEAT EMERGENCIES AS A PART OF NETWORK OF COOLING CENTERS IN RESPONSE TO CITY'S HEAT EMERGENCY PLAN. THIS SERVICE HAS BEEN ESSENTIAL FOR THE SAFETY AND WELLBEING OF SENIORS HELPING TO DEAL WITH EXTREME HEAT. SENIOR WAS ABLE TO SAVE MONEY BY NOT UTILIZING ELECTRICITY DURING HEAT HOURS AS WELL AS SOCIALIZE. MOST CENTERS WERE FUNCTIONING AS COOLING CENTERS DURING WEEKENDS AS WELL.

CENTERS CONTINUE WITH EDUCATION OF SENIORS IN REGARD TO AGEISM TO PROMOTE AND EMPHASIZE POSITIVE APPROACH TO STAY HEALTHY, MENTALLY AND PHYSICALLY AS WELL AS COORDINATED ALL ADVOCACY EFFORTS FOR FUNDING OF AGING PROGRAMS.

WELLNESS ACTIVITIES HAVE BEEN EXPANDING AT CENTERS AS WELL. MORE EVIDENCE-BASED PROGRAMS HAVE BEEN DEVELOPING OFFERED TO SENIORS AND CONTINUED TO INCLUDE SENIORS WHO CANNOT COME TO CENTERS FOR SOME REASON VIRTUALLY.

PROGRAMS CONTINUED TO EXPAND AND DEVELOP ESSENTIAL ACTIVITIES FOR SENIORS, SUCH AS TRIPS TO THE PHARMACY OR GROCERY STORES, TO ADDING MORE RECREATIONAL TYPE TRIPS SUCH AS VISITS TO CULTURAL INSTITUTIONS AND OTHER VENUES FOR LEISURE. THIS PLANNING IMPROVED UTILIZATION OF TRANSPORTATION SERVICE UNITS.

ALL OUR CENTERS CONSTANTLY UPDATE PROGRAMMING ANNOUNCEMENTS ON CENTERS' WEBSITES ALSO HELPED TO REINFORCE OUTREACH AND RE-ENGAGEMENT OF SENIORS.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III - PROGRAM SERVICE

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CASE MANAGEMENT PROGRAMS CONTINUED WITH HOME VISITS AND ASSESSMENTS OF HOMEBOUND CLIENTS. 3,046 HOMEBOUND SENIORS WERE SERVED IN FYE 2024 BY CASE MANAGEMENT PROGRAMS IN BROOKLYN AND QUEENS. PROGRAMS WERE ABLE TO REDUCE WAITING LIST FOR SERVICES DESPITE CONSTANT SHORTAGE IN STAFFING. MORE REPORTING TOOLS HAVE BEEN DEVELOPED BY FUNDING SOURCE NYC AGING, E.G. MONTHLY REVIEWS OF WAITLIST, ASSESSMENT REVIEWS AND MORE.

NYC AGING ALSO CONDUCTED ANNUAL CITY CASE MANAGEMENT PROGRAMS' CUSTOMER SATISFACTION SURVEY. CCNS CASE MANAGEMENT PROGRAMS' RESULT ONCE AGAIN INDICATED 98% OF SATISFACTION. 100% OF SURVEYED CLIENTS RESPONDED "YES" TO THE QUESTION IF CASE MANAGEMENT PROGRAM HAS HELPED WITH THEIR ISSUES.

IN COLLABORATION WITH VNS VIRTUAL PROGRAMMING, PROGRAMS WERE ABLE TO BRING MORE VIRTUAL WELLNESS AND RECREATION ACTIVITIES TO OUR HOMEBOUND SENIORS.

DURING FYE 2024, HOME DELIVERED MEALS PROGRAMS DELIVERED 3,161 MEALS DAILY TO HOMEBOUND SENIORS. HDMP ALSO RECEIVED CITY COUNCIL FUNDING TO REPLACE 6 OLD HOTSHOT VANS.

SOCIAL ADULT DAY CARE FOR SENIOR WITH ALZHEIMER'S SERVED 35 CLIENTS FOR FYE 2024. IT HAS RECEIVED MUCH POSITIVE FEEDBACK FROM CAREGIVERS ON IMPROVEMENT IN CLIENTS' COGNITION AND GREAT SUPPORT PROVIDED BY PROGRAM'S STAFF. INTENSIVE PROGRAMMING AND WELLNESS/RECREATION ACTIVITIES SHOWED MUCH IMPROVEMENT TO THIS POPULATION. PROGRAM HAS GREAT RECOGNITION IN THE COMMUNITY.

NORC PROGRAM DISCRETIONARY FUNDING FOR FYE 2024 REMAINED REDUCED, WHICH LEFT IT WITH LIMITED STAFFING. HOWEVER, PROGRAM CONTINUED TO SUCCESSFULLY SERVE CLIENTS RESIDING IN THE SHEEPSHEAD-NOSTRAND HOUSING DEVELOPMENT IN BROOKLYN WITH MANY GROUP ACTIVITIES, ON SITE AND VIRTUAL. NURSING HOURS FUNDED BY CITY COUNCIL HAVE BEEN APPROVED AND PROGRAM CONTINUED WITH HEALTH PROMOTION SERVICES TO SENIORS IN THE COMMUNITY. 307 UNDUPLICATED SENIOR CLIENTS RECEIVED SERVICES AT NORC IN FYE 2024. PROGRAM HAD 100% PERFORMANCE AUDIT OUTCOME.

GERIATRIC MENTAL HEALTH CONDUCTED 458 MENTAL HEALTH SCREENINGS TO SENIORS IN OAS PORTFOLIO AND SERVED COMMUNITIES. BASED ON RESULTS OF SCREENINGS, 17 CLIENTS RECEIVED SHORT- TERM COUNSELING UNTIL THEY WERE REFERRED TO LONG- TERM PROVIDERS FOR CONTINUUM OF CARE.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART III - PROGRAM SERVICE

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PROGRAM STAFF HAD PHONE AND GROUPS SERVICES AS WELL. THIS PROJECT HAS BEEN WORKING CLOSELY WITH SENIOR CENTER'S STAFF TO IMPROVE MENTAL HEALTH OF SENIORS.

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD

Employer identification number

11-2047151

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WATCH GUARD 24/7, LLC 71-16 MYRTLE AVENUE GLENDALE, NY 11385	SECURITY	727,598.
TANDYM GROUP, LLC P.O. BOX 830312 PHILADELPHIA, PA 19182	CONSULTANT	637,168.
TGI OFFICE AUTOMATION 120 3RD STREET BROOKLYN, NY 11231	CONSULTANT	244,056.
ATLANTIC RESOURCE PARTNERS 19 WEST 34TH STREET, SUITE 806 NEW YORK, NY 10001	CONSULTANT	189,433.
AIDA M LANFRANCO 254 60TH STREET BROOKLYN, NY 11220	CONSULTANT	167,981.

Name of the organization

Employer identification number

CATHOLIC CHARITIES NEIGHBORHOOD

11-2047151

FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER PROFESSIONAL FEES	12,277,518.	10,473,795.	1,803,723.	
TOTALS	----- 12,277,518. =====	----- 10,473,795. =====	----- 1,803,723. =====	----- ----- =====

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
CATHOLIC CHARITIES DIOCESE OF BROOKLYN 191 JORALEMON STREET	11-1633548 BROOKLYN, NY 11201 CHARITABLE	NY	501(C)(3)	LINE 1	N/A		X
J JEROME REDDY FOUNDATION INC. 191 JORALEMON STREET	11-2693497 BROOKLYN, NY 11201 REAL ESTATE	NY	501(C)(2)	N/A	CCBQ		X
MARYS HALL INC. 191 JORALEMON STREET	11-1835881 BROOKLYN, NY 11201 SOCIAL SVCS	NY	501(C)(3)	LINE 10	CCBQ		X
CASA BETSAIDA INC. 191 JORALEMON STREET	01-0644523 BROOKLYN, NY 11201 SOCIAL PROG	NY	501(C)(3)	LINE 10	CCBQ		X
PIERREPONT CHARITABLE FUND INC. 191 JORALEMON STREET	45-0635208 BROOKLYN, NY 11201 SUPPORT CATH	NY	501(C)(3)	LINE 10	CCBQ		X
PROGRESS OF PEOPLES MANAGEMENT CORP. 191 JORALEMON STREET	11-2555060 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 12B	CCBQ		X
CATHOLIC CHARITIES PROGRESS OF DEV. CO. 191 JORALEMON STREET	11-2431586 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 12B	CCBQ		X
176 SOUTH EIGHTH STREET APTS HDFC 191 JORALEMON STREET	26-2418657 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
BELLEROSE SENIOR HDFC INC. 191 JORALEMON STREET	11-3166290 BROOKLYN,, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
CATHERINE SHERIDAN HDFC INC. 191 JORALEMON STREET	11-3636256 BROOKLYN,, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
DAVID MINKIN RESIDENCE HDFC INC. 191 JORALEMON STREET	11-3201990 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
MOUNT CARMEL SENIOR HDFC 191 JORALEMON STREET	11-3589144 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
MSGR JOSEPH F STEDMAN RESIDENCE HDFC 191 JORALEMON STREET	11-3402363 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
PIERREPONT HOUSE FOR THE ELDERLY 191 JORALEMON STREET	11-2431599 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
ST PAUL THE APOSTLE SENIOR HDFC 191 JORALEMON STREET	11-3519422 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
ST PIUS V SENIOR HDFC 191 JORALEMON STREET	11-3402365 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
SUNSET PARK HDFC INC. 191 JORALEMON STREET	11-2628789 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
101-105 SOUTH EIGHTH STREET APTS HDFC 191 JORALEMON STREET	26-2418821 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
CARING COMMUNITIES ASSOCIATES HDFC 191 JORALEMON STREET	11-3160652 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
PIERREPOINT HDFC 191 JORALEMON STREET	11-3572490 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
72 LEWIS AVENUE APARTMENTS HDFC 191 JORALEMON STREET	26-3619644 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
MONASTERY SENIOR HDFC 191 JORALEMON STREET	11-3621552 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
HOWARD BEACH HDFC 191 JORALEMON STREET	45-2654972 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
55 PIERREPONT HDFC 191 JORALEMON STREET	45-3073520 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
O L LORETO FAMILY HDFC 191 JORALEMON STREET	27-2237468 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
161-01 89TH AVENUE CORPORATION 191 JORALEMON STREET	11-3054633 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
EMMAUS OF THE DIOCESE OF BROOKLYN INC. 191 JORALEMON STREET	11-3188830 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
BETHELEHEM HDFC 191 JORALEMON STREET	11-2721068 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
MARY IMMACULATE HDFC 191 JORALEMON STREET	11-3575007 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
QUEENS REHAB CORPORATION 191 JORALEMON STREET	11-2748468 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
ST TERESA OF AVILA SENIOR HDFC INC 191 JORALEMON STREET	11-3596619 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
OUR LADY OF FATIMA 191 JORALEMON STREET	11-3201922 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 10	POPDC		X
LORETO II HDFC 191 JORALEMON STREET	83-4373917 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 12A	POPDC		X
SHERIDAN II HDFC 191 JORALEMON STREET	83-4422168 BROOKLYN, NY 11201 HOUSING	NY	501(C)(3)	LINE 12A	POPDC		X
SAINTS JOACHIM & ANNE NURSING & REHAB 2720 SURF AVENUE	22-2943712 BROOKLYN, NY 11224 NURSING FAC	NY	501(C)(3)	LINE 10	POPDC		X
LAUDATO SI CORPORATION 191 JORALEMON STREET	86-2742400 BROOKLYN, NY 11201 SUPPORT	NY	501(C)(3)	LINE 12B	POPDC		X
CARING SUPPORTED HDFC 191 JORALEMON STREET	46-2874644 BROOKLYN, NY 11201 SUPPORT	NY	501(C)(3)	LINE 12A	POPDC		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) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(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) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
715 ST. JOHN'S PLACE LP 11-362 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
918 KENT AVENUE, LP 11-3426860 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
BISHOP BOARDMAN SENIOR APARTME 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
BISHOP FRANCIS J. MUGAVERO SR 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
CLASSON AVENUE LTD PARTNERSHIP 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
HOLY SPIRIT SENIOR APARTMENTS, 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
MARY STAR OF THE SEA SENIOR AP 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
MSGR. EDWARD T. BURKE SENIOR A 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
MSGR. JOHN O'BRIEN SENIOR APAR 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
MSGR. THOMAS CAMPBELL SENIOR A 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	

POPE JOHN PAUL II SENIOR APART 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
SR. LUCIAN SENIOR APARTMENTS, 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
ST. BRENDAN'S SENIOR APARTMENT 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
WILSON AVENUE LIMITED PARTNERS 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
HOWARD BEACH APARTMENTS LLC 45 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
55 PIERREPONT LLC 45-3073627 191 JORALEMON STREET	REAL ESTATE	NY	N/A									
LORETO PRESERVATION LLC 90-063 191 JORALEMON STREET	REAL ESTATE	NY	N/A									
CARING SUPPORTED HOUSING LLC 4 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
LORETO II, LLC 83-4346000 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									
SHERIDAN II, LLC 83-4438650 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
JOHN TYNAN SENIOR RESIDENCE LL 191 JORALEMON STREET BROOKLYN,	REAL ESTATE	NY	N/A							

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES NO
BEDFORD SAINT JOHN'S ASSOCIATES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	11-3625826 REAL ESTATE	NY	N/A	C	NONE	NONE		X
BISHOP BOARDMAN APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884375 REAL ESTATE	NY	N/A	C	NONE	NONE		X
BISHOP FRANCIS J MUGAVERO APARTMENTS 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884179 REAL ESTATE	NY	N/A	C	NONE	NONE		X
HOLY SPIRIT APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884296 REAL ESTATE	NY	N/A	C	NONE	NONE		X
JEFFERSON MELROSE ASSOCIATES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	65-1202319 REAL ESTATE	NY	N/A	C	NONE	NONE		X
MARY STAR OF THE SEA APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884243 REAL ESTATE	NY	N/A	C	NONE	NONE		X
MSGR EDWARD T BURKE APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884439 REAL ESTATE	NY	N/A	C	NONE	NONE		X
MSGR. JOHN P. O'BRIEN APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884416 REAL ESTATE	NY	N/A	C	NONE	NONE		X
MSGR. THOMAS CAMPBELL APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884338 REAL ESTATE	NY	N/A	C	NONE	NONE		X
POPE JOHN PAUL II APARTMENTS, INC. 191 JORALEMON STREET BROOKLYN, NY 11201	20-2884264 REAL ESTATE	NY	N/A	C	NONE	NONE		X

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
SR. LUCIAN APARTMENTS, INC. 20-2884457 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
ST. BRENDAN'S APARTMENTS, INC. 20-2884218 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
TAAFFE KENT ASSOCIATES, INC. 11-3426859 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
WILLOUGHBY CLASSON APARTMENTS, INC. 11-3041447 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
HOWARD BEACH HOUSING CORPORATION 45-2661870 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
55 PIERREPONT APARTMENTS CORPORATION 45-3073589 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
OL LORETO HOUSING CORP 90-0636520 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
CARING SUPPORTED HSG MNG MBR CORPORATION 46-2886329 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
LORETO II MM CORPORATION 83-4393679 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X
SHERIDAN II MM CORPORATION 83-4405202 191 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C	NONE	NONE		X

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
VB CCPOPD HOUSING DEVELOPMENT FUND CORP 191 JORALEMON STREET BROOKLYN, NY 11201	87-2089532 REAL ESTATE	NY	N/A	C	NONE	NONE		X
SHERIDAN II 25 CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201	88-4416984 REAL ESTATE	NY	N/A	C	NONE	NONE		X
JOHN TYNAN SENIOR RESIDENCE MM CORP 191 JORALEMON STREET BROOKLYN, NY 11201	99-2162223 REAL ESTATE	NY	N/A	C	NONE	NONE		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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of 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)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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