PUBLIC DISCLOSURE COPY

Form 990 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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01 , 2024, and ending 06/30 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 191 JORALEMON STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: BROOKLYN, NY 11201

D Employer identification number: 11-2047151

E Telephone number: (718) 722-6000

G Gross receipts $ 120,374,927

F Name and address of principal officer: CHRISTINE D'OTTAVIO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.CCBQ.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1947

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES PROVIDES QUALITY SOCIAL SERVICES TO THE NEIGHBORHOODS OF BROOKLYN AND QUEENS.

2 Check this box ☐ 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 2024 (Part V, line 2a)	5	1,195
6	Total number of volunteers (estimate if necessary)	6	3,358
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	96,012,124	91,547,772
9	Program service revenue (Part VIII, line 2g)	20,347,833	24,671,058
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,445	190,461
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,151,002	3,965,636
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,713,404	120,374,927

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,100,267	18,491,577
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,323,537	66,520,435
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,719,805	38,144,285
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	122,143,609	123,156,297
19	Revenue less expenses. Subtract line 18 from line 12	(1,430,205)	(2,781,370)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	60,438,046	61,609,776
21	Total liabilities (Part X, line 26)	75,915,486	79,868,586
22	Net assets or fund balances. Subtract line 21 from line 20	(15,477,440)	(18,258,810)

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, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TARA COOKE	TARA COOKE	03/24/2026		P01281186

Firm's name: BDO USA — Firm's EIN: 13-5381590

Firm's address: 200 PARK AVE 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. Cat. No. 11282Y Form **990** (2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. (CCNS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHS 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.

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 $ 26,411,997 including grants of $ 2,896,910) (Revenue $ 157,546)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ 23,285,774 including grants of $ 5,089,034) (Revenue $ 730,786)

(SEE ON SCHEDULE O)

4c (Code:) (Expenses $ 19,811,595 including grants of $ 8,878,194) (Revenue $ 11,609,925)

(SEE ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses $ 40,494,222 including grants of $ 1,627,439) (Revenue $ 12,172,801)

4e Total program service expenses 110,003,588

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	392		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	

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 1,195			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✓
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?		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✓
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		✓
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? If "Yes," complete Form 6069.		17		

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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	15		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6		✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✓

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (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.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

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	20.0									
COO/CHIEF OF STAFF/GENERAL COUNSEL	15.0			✓				0	328,884	35,524
(2) PATRICIA COLLINS	35.0									
SVP/CPO PROGRAM MANAGEMENT	0.0				✓			324,588	0	16,216
(3) CHRISTINE D'OTTAVIO	20.0									
CFO	15.0			✓				288,825	0	36,759
(4) GLADYS RODRIGUEZ	35.0									
SVP/CPO PROGRAM MANAGEMENT	0.0				✓			261,752	0	42,742
(5) PATRICK MAHON	35.0									
CIO/CSO	0.0				✓			253,624	0	20,530
(6) DELROY DAVEY	35.0									
VP PROGRAM MANAGEMENT	0.0					✓		194,881	0	38,469
(7) MARY HURSON	35.0									
VP PROGRAM MANAGEMENT	0.0					✓		201,061	0	30,784
(8) MICHAEL CORTEZ	35.0									
VP PROGRAM MANAGEMENT	0.0					✓		190,553	0	39,290
(9) DESIREE A. JACKSON-FRYSON	35.0									
VP PROGRAM MANAGEMENT	0.0					✓		190,392	0	36,263
(10) JEANNE M. DIULIO	30.0									
ASSOCIATE GENERAL COUNSEL	5.2			✓				197,286	0	26,716
(11) CLAUDIA SALAZAR	35.0									
VP PROGRAM MANAGEMENT	0.0					✓		195,468	0	22,696
(12) REV. MSGR ALFRED P. LOPINTO	12.0									
EXECUTIVE VP & CEO	23.0	✓		✓				0	37,000	12,769
(13) VERY REV. PATRICK KEATING	10.0									
DEPUTY CEO	25.0	✓		✓				0	45,000	1,981
(14) JOHN MURPHY, JR.	1.0									
TREASURER	0.0	✓		✓				0	0	0

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/ 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			
(15) MICHELLE P. GUERRIER	1.0									
VICE CHAIR	0.0	✓		✓				0	0	0
(16) SANTOS RODRIGUEZ	1.0									
CHAIR	0.0	✓		✓				0	0	0
(17) VALERIE STEWART-LOVELL	1.0									
SECRETARY	0.0	✓		✓				0	0	0
(18) CAROL COHEN	1.0									
DIRECTOR	0.0	✓						0	0	0
(19) CORINNE J.S. SYMIETZ	1.0									
DIRECTOR	0.0	✓						0	0	0
(20) DANIEL GREENE	1.0									
DIRECTOR	1.0	✓						0	0	0
(21) DAVID FERGUSON	1.0									
DIRECTOR	0.0	✓						0	0	0
(22) DAWN A. HEWITT	1.0									
DIRECTOR	0.0	✓						0	0	0
(23) PAUL CAPURSO	1.0									
DIRECTOR	0.0	✓						0	0	0
(24) PETER F. CASTELLANA, III	1.0									
DIRECTOR	0.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,298,430	410,884	360,739
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,298,430	410,884	360,739

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 20

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
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? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

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
WATCH GUARD 24/7, LLC, 64-57 WOODHAVEN BOULEVARD, REGO PARK, NY 11374	SECURITY	736,571
MUNDO INFANTIL DAYCARE CORP, 3752 100TH STREET, CORONA, NY 11368	CONSULTANT	469,200
ATLANTIC RESOURCE PARTNERS, 19 WEST 34TH STREET, SUITE 806, NEW YORK, NY 10001	CONSULTANT	289,628
TANDYM GROUP, LLC, P.O. BOX 830312, PHILADELPHIA, PA 19182-0312	CONSULTANT	263,982
AIDA M LANFRANCO, 254 60TH STREET, BROOKLYN, NY 11220	CONSULTANT	160,859

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 15

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	1,354,869				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	250,000				
	e	Government grants (contributions)	1e	82,780,268				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,162,635				
	g	Noncash contributions included in lines 1a–1f	1g	$ 1,817,174				
	h	**Total.** Add lines 1a–1f			91,547,772			
Program Service Revenue			Business Code					
	2a	FEE FOR SERVICES	624100		24,671,058	24,671,058	0	0
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			24,671,058			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			190,461	0	0	190,461
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	ADMIN REVENUE FROM AFFILIATES	900099		2,267,505	0	0	2,267,505
	b	PURCHASE OF SERVICE	900099		1,010,033	0	0	1,010,033
	c	INSURANCE RECOVERIES	900099		135,393	0	0	135,393
	d	All other revenue	900099		552,705	0	0	552,705
	e	**Total.** Add lines 11a–11d			3,965,636			
	12	**Total revenue.** See instructions			120,374,927	24,671,058	0	4,156,097

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	18,491,577	18,491,577		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,562,263	1,357,931	204,332	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	49,775,112	43,487,252	6,287,860	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,562,272	2,929,349	632,923	0
9	Other employee benefits	6,484,157	5,332,090	1,152,067	0
10	Payroll taxes	5,136,631	4,223,985	912,646	0
11	Fees for services (nonemployees):				
a	Management				
b	Legal	96,684	0	96,684	0
c	Accounting	114,700	0	114,700	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	12,615,937	10,797,398	1,818,539	0
12	Advertising and promotion				
13	Office expenses	1,283,472	1,172,060	111,412	0
14	Information technology				
15	Royalties				
16	Occupancy	9,993,531	9,456,508	537,023	0
17	Travel	122,961	101,432	21,529	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	462,705	450,302	12,403	0
20	Interest	50,709	0	50,709	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	172,212	154,105	18,107	0
23	Insurance	1,455,241	1,339,503	115,738	0
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	REMODELING AND REPAIRS	3,259,814	3,119,298	140,516	0
b	EQUIPMENT RENTAL	1,794,763	1,530,938	263,825	0
c	PROGRAM SUPPLIES	1,178,972	1,098,267	80,705	0
d	PROVISION FOR BAD DEBTS	1,100,890	1,100,890	0	0
e	All other expenses	4,441,694	3,860,703	580,991	0
25	**Total functional expenses.** Add lines 1 through 24e	123,156,297	110,003,588	13,152,709	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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		1,552,535	1	1,542,797
	2	Savings and temporary cash investments		3,055,235	2	4,110,060
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,570,979	4	16,358,296
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		128,564	8	273,916
	9	Prepaid expenses and deferred charges		372,566	9	275,112
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,475,495			
	b	Less: accumulated depreciation	10b 1,730,110	917,597	10c	745,385
	11	Investments—publicly traded securities		641,214	11	667,200
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		39,199,356	15	37,637,010
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		60,438,046	16	61,609,776
Liabilities	17	Accounts payable and accrued expenses		9,692,582	17	9,591,438
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		103,533	21	204,676
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		66,119,371	25	70,072,472
	26	**Total liabilities.** Add lines 17 through 25		75,915,486	26	79,868,586
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		(20,330,430)	27	(22,495,862)
	28	Net assets with donor restrictions		4,852,990	28	4,237,052
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	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		(15,477,440)	32	(18,258,810)
	33	Total liabilities and net assets/fund balances		60,438,046	33	61,609,776

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	120,374,927
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,156,297
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,781,370)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(15,477,440)
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	(18,258,810)

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	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?	2c	✓	
	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?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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 (Check all that apply)						(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			
(25) ROBERT C. GOLDEN DIRECTOR	1.0 0.0	✓						0	0	0
(26) ROBERT MARQUEZ DIRECTOR	1.0 0.0	✓						0	0	0

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

2024

Open to Public Inspection

Name of the organization	Employer identification number
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,481,499	91,188,623	92,667,449	94,726,818	91,547,772	454,612,161
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	84,481,499	91,188,623	92,667,449	94,726,818	91,547,772	454,612,161
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)						4,510,107
6 **Public support.** Subtract line 5 from line 4						450,102,054

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	84,481,499	91,188,623	92,667,449	94,726,818	91,547,772	454,612,161
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,232	8,492	133,931	202,445	190,461	557,561
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,693,465	5,031,760	4,715,387	4,151,002	3,965,636	20,557,250
11 **Total support.** Add lines 7 through 10						475,726,972

12 Gross receipts from related activities, etc. (see instructions) **12** 106,853,557

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 94.61 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** 94.52 %

16a **33 1/3% support test—2024.** 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 . . . . . ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** 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 . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** 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—2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	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? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	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? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

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)? *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).*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
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? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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 *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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.)

Part VI

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.)

Return Reference - Identifier: SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Explanation

Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) INSURANCE RECOVERY	69,485	78,053	100,021	(11,466)	135,393	371,486
(2) OTHER REVENUE	819,619	252,256	249,489	312,840	485,395	2,119,599
(3) ADMIN FEE FROM AFFILIATES	1,804,361	2,023,509	2,056,590	2,291,646	2,267,505	10,443,611
(4) WRITE-OFF OF PROGRAM LIAB.	0	2,677,942	948,398	233,636	12,235	3,872,211
(5) PURCHASE OF SERVICE	0	0	794,889	789,901	1,010,033	2,594,823
(6) WORKFORCE/ NYS HWB REVENUE	0	0	566,000	534,445	55,075	1,155,520
Total	2,693,465	5,031,760	4,715,387	4,151,002	3,965,636	20,557,250

Schedule B (Form 990)
(Rev. January 2025)
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

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number
11-2047151

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% 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		$ 27,014,222	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
2		$ 23,636,496	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		$ 13,448,986	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
4		$ 7,213,258	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		$ 4,779,583	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		$ 3,186,521	Person ☑ Payroll ☐ Noncash ☐ (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		$ 2,796,542	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
		$	

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

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

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

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

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

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

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)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number
11-2047151

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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.

b 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 $

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	641,714	609,846	610,746	635,167	634,558
b Contributions					
c Net investment earnings, gains, and losses	25,986	31,868	(900)	(24,421)	609
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	667,700	641,714	609,846	610,746	635,167

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

a Board designated or quasi-endowment 0.00 %
b Permanent endowment 100.00 %
c Term endowment 0.00 %

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

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	573,196	25,628
d Equipment		1,726,764	1,090,544	636,220
e Other		149,907	66,370	83,537
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				745,385

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) RIGHT-OF-USE ASSETS OPERATING LEASE	27,643,190
(2) RIGHT-OF-USE ASSETS FINANCE LEASE	7,539,444
(3) SECURITY DEPOSITS	2,032,158
(4) DUE FROM AFFILIATED AGENCIES	364,226
(5) AMOUNT HELD FOR OTHERS	57,992
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	37,637,010

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	28,015,522
(3) DUE TO AFFILIATED AGENCIES	21,877,857
(4) PROGRAM ADVANCES	10,454,233
(5) FINANCE LEASE LIABILITIES	8,091,714
(6) DUE TO THIRD PARTY PAYORS	1,060,524
(7) WORKFORCE/NYS HWB	572,622
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	70,072,472

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	125,316,401
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	4,941,474		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	4,941,474
3	Subtract line **2e** from line **1**			3	120,374,927
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	120,374,927

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

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

1	Total expenses and losses per audited financial statements			1	128,097,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	4,941,474		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	4,941,474
3	Subtract line **2e** from line **1**			3	123,156,297
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	123,156,297

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	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 - INTENDED USES OF ENDOWMENT FUNDS	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 - FIN 48 (ASC 740) FOOTNOTE	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 (IRC), 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 GAAP. UNDER GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. CCNS DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2025. 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, 2025, 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, 2025, CCNS WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . .

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	ASSISTANCE TO THE NEEDY	84,825	10,344,462	8,147,115	FMV	RENTAL ASSISTANCE
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.

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHS OF BROOKLYN AND QUEENS. GRANTS ARE GIVEN DIRECTLY TO CCNS INDIVIDUAL CONSUMERS AND/OR OTHER THIRD PARTIES ON THEIR BEHALF. IN FURTHERANCE OF THE MISSION BASED ON CONSUMER IN-TAKE DOCUMENTS, OUR FIELD PROGRAM PERSONNEL MONITOR THE NEEDS OF ACCEPTABLE CONSUMERS AND DETERMINE THAT SUCH CONSUMERS MEET THE CRITERIA AND GOALS AND OBJECTIVES OF THE PROGRAM, AS PRESCRIBED BY FUNDING SOURCE AGREEMENTS. GRANTS ARE SUBSEQUENTLY PROVIDED TO THE CONSUMER, BASED ON THE ABOVE. PROGRAM 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)
(Rev. January 2025)
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

Open to Public Inspection

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

Employer identification number: 11-2047151

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
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?	2		
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✓
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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				
1	EMMIE GLYNN RYAN COO/CHIEF OF STAFF/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
		(ii)	328,884	0	0	15,822	19,702	364,408	0
2	PATRICIA COLLINS SVP/CPO PROGRAM MANAGEMENT	(i)	324,588	0	0	15,687	529	340,804	0
		(ii)	0	0	0	0	0	0	0
3	CHRISTINE D'OTTAVIO CFO	(i)	287,797	0	1,028	10,208	26,551	325,584	0
		(ii)	0	0	0	0	0	0	0
4	GLADYS RODRIGUEZ SVP/CPO PROGRAM MANAGEMENT	(i)	261,752	0	0	12,900	29,842	304,494	0
		(ii)	0	0	0	0	0	0	0
5	PATRICK MAHON CIO/CSO	(i)	253,624	0	0	14,862	5,668	274,154	0
		(ii)	0	0	0	0	0	0	0
6	DELROY DAVEY VP PROGRAM MANAGEMENT	(i)	194,881	0	0	9,896	28,573	233,350	0
		(ii)	0	0	0	0	0	0	0
7	MARY HURSON VP PROGRAM MANAGEMENT	(i)	201,061	0	0	11,958	18,826	231,845	0
		(ii)	0	0	0	0	0	0	0
8	MICHAEL CORTEZ VP PROGRAM MANAGEMENT	(i)	190,553	0	0	8,880	30,410	229,843	0
		(ii)	0	0	0	0	0	0	0
9	DESIREE A. JACKSON-FRYSON VP PROGRAM MANAGEMENT	(i)	190,392	0	0	6,335	29,928	226,655	0
		(ii)	0	0	0	0	0	0	0
10	JEANNE M. DIULIO ASSOCIATE GENERAL COUNSEL	(i)	197,286	0	0	11,990	14,726	224,002	0
		(ii)	0	0	0	0	0	0	0
11	CLAUDIA SALAZAR VP PROGRAM MANAGEMENT	(i)	195,468	0	0	7,898	14,798	218,164	0
		(ii)	0	0	0	0	0	0	0
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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3	OFFICER COMPENSATION IS PAID BY A RELATED 501(C)(3) ORGANIZATION.
SCHEDULE J, PART II	FOR INDIVIDUALS LISTED ON PART II, INCLUDED IN COLUMN B(III) IS TAXABLE AUTO ALLOWANCE IN ADDITION TO GROUP TERM LIFE INSURANCE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

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	✓		1,817,174	MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

			Yes	No
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		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a		✓
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?	31		✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
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.

Return Reference - Identifier	Explanation
- SCHEDULE M, PART I, COLUMN (B)	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	EARLY CHILDHOOD SERVICES (ECS) PROVIDE DEVELOPMENTALLY APPROPRIATE EDUCATIONAL AND FAMILY SUPPORT SERVICES FOR CHILDREN FROM BIRTH THROUGH AGE FIVE, INCLUDING EARLY HEAD START AND HEAD START PROGRAMS. ECS OPERATES 13 PROGRAMS SERVING 1,196 CHILDREN AND 48 PREGNANT MOTHERS, INCLUDING 67 FAMILY PROVIDER HOMES, ALL WITH A STRONG FOCUS ON SCHOOL READINESS. EARLY HEAD START HOME-BASED PROGRAMS SPECIFICALLY SUPPORT LOW-INCOME FAMILIES, PREGNANT WOMEN, AND THEIR CHILDREN BY DELIVERING EARLY, CONTINUOUS, INTENSIVE, AND COMPREHENSIVE SERVICES THAT PROMOTE HEALTHY GROWTH AND DEVELOPMENT. SPECIAL EMPHASIS IS PLACED ON THE PRENATAL PERIOD, RECOGNIZING ITS LASTING INFLUENCE ON A CHILD'S DEVELOPMENT FROM BIRTH THROUGH THE FIRST THREE YEARS OF LIFE. IN ADDITION TO EDUCATIONAL SERVICES, ECS PROVIDES EARLY MENTAL HEALTH SUPPORT, PEDIATRIC NURSE SERVICES, AND POSTPARTUM CARE TO SUPPORT PARENTS AND NEWBORNS DURING CRITICAL EARLY STAGES. KEY OUTCOMES: *54 HEALTHY PREGNANCIES *32 POSITIVE CHILDBIRTH OUTCOMES *INCREASED FATHER ENGAGEMENT IN THE LIVES OF YOUNG CHILDREN ECS PROGRAMS ACTIVELY PROMOTE PARENTAL INVOLVEMENT AND SUPPORT FAMILIES IN ACHIEVING SELF-SUFFICIENCY THROUGH COLLABORATION WITH COMMUNITY ORGANIZATIONS. NOTABLY, 1,241 MALE PARTICIPANTS WERE ENGAGED ACROSS VARIOUS ECS EARLY CARE AND EDUCATION INITIATIVES, REFLECTING A STRONG COMMITMENT TO INCLUSIVE FAMILY ENGAGEMENT.

SCHEDULE O (Form 990)

(Rev. January 2025)

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OMB No. 1545-0047

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Name of the organization

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Employer identification number

11-2047151

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	OLDER ADULT SERVICES' ONE COMMON GOAL FOR CONTINUOUS QUALITY IMPROVEMENT PLANNING FOR ALL PROGRAM MODELS IN FY 2025 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 REQUIRED SERVICES TO THE CLIENTS IN THEIR PLACE, AND MINIMIZE REFERRALS TO NURSING HOMES, ASSISTED LIVING, HOSPITALS, ETC. INTENSIVE OUTREACH AND PARTICIPATION IN ACTIVITIES TO COMBAT AGE- ENCOURAGING AGE-INCLUSIVE COMMUNITIES AND HIGHLIGHTING THE NEGATIVE IMPACTS OF AGEISM ON HEALTH, FINANCE, AND SOCIETY. OLDER ADULT'S CENTERS HAVE CONTINUED WITH AGGRESSIVE OUTREACH AND RE-ENGAGEMENT OF SENIORS TO INCREASE OPERATING CAPACITY. MOST OF SERVICE UNITS HAVE BEEN SHOWING A POSITIVE TREND FOR ON-SITE ACTIVITIES AS WELL CONTINUED INCREASE IN MEAL SERVICES. 9,831 UNDUPLICATED CLIENTS RECEIVED SERVICES AT 19 OLDER ADULT CENTERS. BLOOMING HEALTH, OAS INTERFACING PLATFORM SPECIFIC FOR THE AGING FIELD, EXPANDED THE UTILIZATION ACROSS ALL 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. CENTERS CONTINUE WITH EDUCATION OF SENIORS REGARDING 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 HEALTH MAINTENANCE PROGRAMS HAVE BEEN OFFERED TO SENIORS. 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. CASE MANAGEMENT PROGRAMS CONTINUED WITH HOME VISITS AND ASSESSMENTS OF HOMEBOUND CLIENTS. TOTAL CLIENTS FOR FY 25 SERVED BETWEEN SWQ AND BENSON 1638. DECREASE WAS DUE TO MANY FACTORS WHICH INCLUDED CLIENT TERMINATIONS AND NOT HAVING DEDICATED STAFF TO DO OUTREACHES FOR FY 25. 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. IN JUNE 2025 DFTA TRANSITIONED TO A NEW DATABASE CALLED VIVE FOR QUEENS ALONE AS THEY WERE PART OF A PILOT PROGRAM. DURING FY 24 HOME DELIVERED MEALS PROGRAMS DELIVERED AN AVERAGE OF 1,671 MEALS OVER 249 DAYS 416,079 MEALS OVERALL BY 2 HOME DELIVERED MEALS PROGRAMS- SOUTHWEST QUEENS & NORTHEAST QUEENS HDMPS. SWQ RECEIVED 6 VEHICLES FROM JASA TO COVER NEWLY ADDED CD 14 TRANSFERRED FROM JASA TO CCNS. PROGRAMS ALSO KEPT SOME VEHICLES FROM WESTERN QUEENS. SWQ HDMP MOVED TO THE NEW LOCATION TO HOWARD BEACH, ON THE GROUND OF ST ANASTASIA. SOCIAL ADULT DAY CARE FOR SENIOR WITH ALZHEIMER'S SERVED 40 CLIENTS FOR FY25. 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. THE PROGRAM PROVIDES MUCH NEEDED SUPPORT TO CAREGIVER WITH ITS MONTHLY CAREGIVER SUPPORT GROUPS. PROGRAM HAS GREAT RECOGNITION IN THE COMMUNITY. PROGRAM RECEIVED CONGRESSIONAL CERTIFICATE OF MERIT FROM CONGRESSMAN GREGORY MEEKS. NORC PROGRAM DISCRETIONARY FUNDING FOR FY 25 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. IN FY 25 PROGRAM SERVED 260 UNDUPLICATED ACTIVE CLIENTS. THE MEMBERSHIP

SCHEDULE O (Form 990)

(Rev. January 2025)

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Return Reference - Identifier	Explanation
	WAS INCREASED TO 326 MEMBERS. PROGRAM HAD 100% PERFORMANCE AUDIT OUTCOME. GERIATRIC MENTAL HEALTH CONDUCTED 554 MENTAL HEALTH SCREENINGS TO SENIORS IN OAS PORTFOLIO AND SERVED COMMUNITIES. BASED ON RESULTS OF SCREENINGS, 32 CLIENTS RECEIVED SHORT- TERM COUNSELING UNTIL THEY WERE REFERRED TO LONG- TERM PROVIDERS FOR CONTINUUM OF CARE. 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.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	RESIDENTIAL AND HOUSING SERVICES (RHS) SERVE LOW-INCOME ADULT AND SENIOR POPULATIONS WITH CHRONIC MENTAL ILLNESS, SUBSTANCE USE ISSUES AND/OR HISTORIES OF HOMELESSNESS. THERE IS A CONTINUUM OF CARE AND SUPPORT THROUGH DIFFERENT PROGRAM TYPES. 1) THE MORE INTENSE SERVICES ARE PROVIDED IN SCATTERED SITE APARTMENT TREATMENT PROGRAMS WHICH BILL MEDICAID VIA NYS OFFICE OF MENTAL HEALTH (OMH) FOR PROVIDING REHABILITATIVE AND RESTORATIVE SERVICES TO THOSE WITH SEVERE MENTAL HEALTH PROBLEMS. THESE ARE TRANSITIONAL UNITS IN WHICH RESIDENTS RECEIVE WEEKLY VISITS AND HANDS ON SERVICES. IN 2025, CCNS AGAIN INCREASED THE PERSONAL NEEDS ALLOWANCE TO TRY TO ASSIST WITH INFLATION AND INCLUDES CABLE AND WI-FI IN EACH APARTMENT TO IMPROVE THE STANDARD OF LIVING FOR THESE CLIENTS. ONCE RESIDENTS RECEIVE TREATMENT AND IMPROVE, THEY GRADUATE TO A LOWER LEVEL OF CARE. 2) SUPPORTIVE HOUSING SCATTERED SITE UNITS FOR THE MENTALLY ILL PROVIDE SAFE HOMES WITH RENT ASSISTANCE AND SOCIAL SUPPORT SERVICES THROUGH A CONTRACT WITH OMH. SERVICES INCLUDE VISITS AND PHONE CALLS, CASE MANAGEMENT AND CRISIS INTERVENTION. WHEREAS THE GOAL IN APARTMENT TREATMENT IS CLIENT OVERALL IMPROVEMENT, THE GOAL IN SUPPORTIVE APARTMENTS IS FOR CLIENTS TO MAINTAIN INDEPENDENT HOUSING. THE OFFICE OF MENTAL HEALTH, INCREASED UNIT REIMBURSEMENT TO COVER FAIR MARKET VALUE RENTS WHICH HAVE BROUGHT THESE PROGRAMS OUT OF THE RED. CCNS WAS ABLE TO INCREASE DIRECT SERVICE STAFF SALARIES. THERE IS NOW A REASONABLE CLIENT TO STAFF RATIO WITHOUT CONSTANT FEAR OF LOSING STAFF. 3) CARING SUPPORTED HOUSING AND MERCY GARDENS ARE FOUR SUPPORTED SRO BUILDINGS FOR THOSE WITH HISTORIES OF MENTAL ILLNESS, HOMELESSNESS AND SUBSTANCE USE. CCNS HAS A NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE CONTRACT FOR STAFF TO WORK ON-SITE TO PROVIDE SOCIAL SERVICES TO ENSURE TENANTS WITH HISTORIES OF MENTAL ILLNESS DO NOT REGRESS TO HOMELESSNESS. 4) CCNS PROVIDES SUPPORTIVE SOCIAL SERVICES IN LOW INCOME HOUSING BUILDINGS. THERE ARE SEVERAL PROGRAMS OPERATING. SENIOR HOUSING SUPPORT SERVICES OPERATES IN TEN POP MANAGEMENT LOW-INCOME HOUSING BUILDINGS FOR SENIORS. A GERIATRIC WELLNESS NURSE, HOUSING WELLNESS COORDINATOR PROVIDING CASE MANAGEMENT AND A SOCIAL WORKER VISIT EACH BUILDING EACH WEEK. THEY 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, AVOIDING HOSPITALIZATIONS AND MAINTAINING CONNECTIONS IN THE COMMUNITY. IN 2025 WE WERE ABLE TO MAINTAIN FULL STAFF. 5) RHS PROVIDES 31 UNITS LOCATED IN POP MANAGEMENT'S BISHOP VALERO APTS WITH SUPPORT SERVICES VIA A NYC 15/15 CONTRACT FOR SERVICE STAFF. THERE ARE TWO RESIDENT WELLNESS COORDINATORS, A PART-TIME NURSE, A SUPERVISOR AND A PART-TIME BENEFIT COUNSELOR. ALTHOUGH THE CONTRACT IS FOR 31 TENANTS HOUSED IN THE BUILDING, STAFF ARE AVAILABLE TO ASSIST OTHERS IN EMERGENCY. IN 2025 WE BEGAN OFFERING ON-SITE SUBSTANCE USE TREATMENT IN RESPONSE TO AN EVALUATED NEED. 6) RHS' POPE FRANCIS SUPPORT SERVICES ASSISTS 81 TENANTS LIVING IN POP MANAGEMENT'S LORETTO II BUILDINGS VIA A NYS DEPARTMENT OF HEALTH ESSHI GRANT. EIGHTY-ONE FRAIL ELDERLY INDIVIDUALS WHO WERE HOMELESS OR AT RISK OF HOMELESSNESS ARE HOUSED WITH SPECIAL SUPPORTIVE SERVICES IN PLACE. POPE FRANCIS PROVIDES GROUP EVENTS AND ACTIVITIES TO ENHANCE THE SENSE OF COMMUNITY AND BUILD A SOCIAL NETWORK FOR TENANTS. RESIDENTIAL AND HOUSING SERVICES ASSISTED 642 INDIVIDUALS WITH HOUSING AND RESIDENTIAL SERVICES IN 2025. ADDITIONALLY, VIA CONTRACT WITH COORDINATED BEHAVIORAL CARE, THE HOUSING ENGAGEMENT, LOCATION AND PLACEMENT SERVICES PROGRAM (HELPS) ASSISTED 286 INDIVIDUALS LEAVING NYC HEALTH AND HOSPITALS, LOOK FOR AND OBTAIN HOUSING. CCNS SUPPORTIVE HOUSING SCATTERED SITE APARTMENTS AND CONGREGATE HOUSING FOR PERSONS LIVING WITH HIV/AIDS+ SUNSET IN 2025.

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $17,881,453 INCLUDING GRANTS OF $715,846)(REVENUE $4,981) FAMILY STABILIZATION - PREVENTION PROGRAMS TAILORED FOR AT-RISK FAMILIES TO HOMELESS PREVENTION PROGRAMS THAT HELP PEOPLE IN DANGER OF LOSING THEIR HOMES. FAMILY SERVICES PROGRAMS STRENGTHEN FAMILIES AND HELP THEM STAY TOGETHER. FOR YOUNG ADULTS, WE PROVIDE A SECOND CHANCE TO KEEP THEM OFF THE STREETS AND GIVE THEM REAL PURPOSE FOR THE FUTURE, THROUGH SUCH PROGRAMS AS THE YAIP, SYEP, OB & RO WLG, AND PTYF. OUR OUT OF SCHOOL TIME AFTERSCHOOL PROGRAMS PROVIDE A MIX OF ACADEMIC, RECREATIONAL AND CULTURAL ACTIVITIES AND FAMILY SUPPORT FOR YOUNG PEOPLE (GRADES K-5) AFTER SCHOOL, DURING HOLIDAYS AND IN THE SUMMER, IN A SAFE AND SUPPORTIVE ENVIRONMENT. ESL, CIVICS AND IMMIGRANT ASSISTANCE PROGRAMS WHICH HELP WITH LANGUAGE AND SERVICES. FOOD AND NUTRITION SERVICES THRU WIC AND FOOD PANTRIES. FAMILY STABILIZATION SERVED 17,883 PEOPLE.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $16,797,619 INCLUDING GRANTS OF $117,107)(REVENUE $9,358,270) 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), NOW WITH FOUR OF THE FIVE DESIGNATED AS CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) - DEMONSTRATION PROJECTS OFFERING BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. 2) AN ARTICLE 32 MEDICALLY SUPERVISED SUBSTANCE USE CLINIC. ALL OF WHICH BILL MEDICAID, MEDICARE AND THIRD-PARTY INSURANCES FOR INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS/MEDICATION, MEDICATED ASSISTED TREATMENT AND ADDICTION/MENTAL HEALTH RECOVERY GROUPS. FLATBUSH AND ROCKAWAY CLINICS MEET STANDARDS VIA SAMHSA CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC IMPROVEMENT AND ADVANCEMENT GRANTS. HOWEVER, ROCKAWAY WAS RECENTLY ADDED TO THE DEMO PROJECT. THE CORONA CLINIC BECAME A CCBHC DEMONSTRATION PROGRAM, WITH JAMAICA AND JFC WOODHAVEN AS SATELLITES IN JULY 2024 AND HAVE SUCCESSFULLY GROWN THROUGHOUT 2025. THE DEMONSTRATION PROGRAMS GET A HIGHER REIMBURSEMENT RATE BASED ON HIGH STANDARDS AND WRAPPING SERVICES AROUND EACH CLIENT TO ENSURE SUCCESS. 3) ADDITIONALLY, CCNS CURRENTLY OPERATES SEVERAL SCHOOL SATELLITES: MASPETH HIGH SCHOOL IN QUEENS, THE CHALLENGE CHARTER SCHOOL IN FAR ROCKAWAY, MIDWOOD HIGH SCHOOL IN BROOKLYN, PS 280 AND PS 90 GRAMMAR SCHOOLS IN JACKSON HEIGHTS/CORONA QUEENS. DURING 2025, WE HAVE APPLIED FOR TWO MORE SATELLITES, ONE AT A GRAMMAR SCHOOL IN BROOKLYN, PS 345 AND ANOTHER BROOKLYN HIGH SCHOOL, LEON GOLDSTEIN. MENTAL HEALTH CLINICS AND SATELLITES SERVED 3,309 UNIQUE PEOPLE THROUGH DELIVERY OF 41,285 SERVICES. 4) REHAB AND RECOVERY PROVIDED 21,245 SERVICES TO AN ADDITIONAL 434 PEOPLE. THESE SERVICES INCLUDE THREE PROS PROGRAMS, THE FLATBUSH PROS OPENING IN 2025 TO JOIN THE LONGSTANDING CORONA AND ROCKAWAY PROS PROGRAMS. THESE PROGRAMS BILL MEDICAID. THE CLUBHOUSE SUNSET IN FISCAL YEAR 2025 AFTER 40 YEARS OF SERVICE, SERVING 93 CLIENTS DURING ITS FINAL YEAR. PEER ADVOCACY, HOME AND COMMUNITY BASED SERVICES (HCBS) FOR THOSE WITH BEHAVIORAL HEALTH NEEDS, AND CORE SERVICES (COMMUNITY ORIENTED RECOVERY AND EMPOWERMENT) CONTRIBUTED TO THE REHABILITATION PORTFOLIO'S LEVELS OF SERVICE ASSISTING AN ADDITIONAL 194 INDIVIDUALS WITH 9,987 SERVICES. 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 12,064 CALLS IN FISCAL YEAR 2025. THE NEW ACCESS TEAM BEGAN RECEIVING MENTAL HEALTH CALLS TO SCREEN AND SET UP APPOINTMENTS DIRECTLY WITH THE PROGRAMS.

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Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $5,085,578 INCLUDING GRANTS OF $210,464)(REVENUE $2,809,550) 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 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 INDIVIDUAL NEEDS, AND THEN HELP IS PROVIDED TO ENSURE NEEDS ARE MET. 1,002 UNIQUE INDIVIDUALS RECEIVED 29,582 CARE MANAGEMENT SERVICES IN FY2025. THIS MODEL OF SERVICE DELIVERY WRAPS SERVICES AROUND THE CLIENT TO INCREASE THE LIKELIHOOD OF SUCCESS. ACT, ASSISTED COMMUNITY TREATMENT, IS OUR NEWEST PROGRAM IN THE PORTFOLIO AND 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. THE PROGRAM MAINTAINS A VERY STRICT STAFF TO CLIENT RATIO (1:10) WHICH THE PROGRAMS MUST ADHERE TO AT ALL TIMES.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $729,572 INCLUDING GRANTS OF $584,022)(REVENUE $0) 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. 131 UNIQUE ADULTS AND CHILDREN WITH IDD ISSUES RECEIVED 11,199 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 2025, WE MADE STRIDES IN STABILIZING STAFF AND INCREASING UNITS OF SERVICES BEING DELIVERED.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	CATHOLIC CHARITIES, DIOCESE OF BROOKLYN ("CC") IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. ("CCNS").
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A -	THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL RECEIVED COMPENSATION FROM A RELATED 501(C)(3) ORGANIZATION.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

Employer identification number

11-2047151

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE PERFORMANCE OF AND ESTABLISHES THE COMPENSATION OF KEY EMPLOYEES AND OTHER SENIOR EXECUTIVE POSITIONS. THIS COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. COMPARISON OF ACTUAL PERFORMANCE AGAINST PRE-ESTABLISHED GOALS, COMPARABILITY OF COMPENSATION PAID TO EXECUTIVE OFFICERS BY OTHER NOT-FOR-PROFIT ORGANIZATIONS OF LIKE SIZED AND GEOGRAPHIC LOCATION, AND VARIOUS OTHER OPERATIONAL DATA ARE CONSIDERED IN THE COMPENSATION EVALUATION PROCESS. ANY COMPENSATION DETERMINATIONS ARE THEN DOCUMENTED IN THE MINUTES OF THE COMMITTEE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
OTHER PROFESSIONAL FEES	12,615,937	10,797,398	1,818,539	0
Total	**12,615,937**	**10,797,398**	**1,818,539**	**0**

FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CATHOLIC 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	(g) Section 512(b)(13) controlled entity? No
(1) CATHOLIC CHARITIES DIOCESE OF BROOKLYN (11-1633548) 191 JORALEMON STREET, BROOKLYN, NY 11201	CHARITABLE	NY	501(C)(3)	1	N/A		✓
(2) MARYS HALL INC. (11-1835881) 191 JORALEMON STREET, BROOKLYN, NY 11201	SOCIAL SVCS	NY	501(C)(3)	10	CCBQ		✓
(3) CASA BETSAIDA INC. (01-0644523) 191 JORALEMON STREET, BROOKLYN, NY 11201	SOCIAL PROG	NY	501(C)(3)	10	CCBQ		✓
(4) PIERREPONT CHARITABLE FUND INC. (45-0635208) 191 JORALEMON STREET, BROOKLYN, NY 11201	SUPPORT CATH	NY	501(C)(3)	10	CCBQ		✓
(5) PROGRESS OF PEOPLES MANAGEMENT CORP. (11-2555060) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	12 TYPE II	CCBQ		✓
(6) CATHOLIC CHARITIES PROGRESS OF DEV. CO. (11-2431586) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	12 TYPE II	CCBQ		✓
(7) (SEE STATEMENT)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) (SEE STATEMENT)												
(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	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b		✓
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓	
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q	✓	
r	Other transfer of cash or property to related organization(s)	1r	✓	
s	Other transfer of cash or property from related organization(s)	1s	✓	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) 176 SOUTH EIGHTH STREET APTS HDFC (26-2418657) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(8) BELLEROSE SENIOR HDFC INC. (11-3166290) 191 JORALEMON STREET, BROOKLYN,, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(9) CATHERINE SHERIDAN HDFC INC. (11-3636256) 191 JORALEMON STREET, BROOKLYN,, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(10) DAVID MINKIN RESIDENCE HDFC INC. (11-3201990) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(11) MOUNT CARMEL SENIOR HDFC (11-3589144) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(12) MSGR JOSEPH F STEDMAN RESIDENCE HDFC (11-3402363) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(13) PIERREPONT HOUSE FOR THE ELDERLY (11-2431599) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(14) ST PAUL THE APOSTLE SENIOR HDFC (11-3519422) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(15) ST PIUS V SENIOR HDFC (11-3402365) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(16) SUNSET PARK HDFC INC. (11-2628789) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(17) 101-105 SOUTH EIGHTH STREET APTS HDFC (26-2418821) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(18) CARING COMMUNITIES ASSOCIATES HDFC (11-3160652) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(19) PIERREPOINT HDFC (11-3572490) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(20) 72 LEWIS AVENUE APARTMENTS HDFC (26-3619644) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(21) MONASTERY SENIOR HDFC (11-3621552) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(22) HOWARD BEACH HDFC (45-2654972) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(23) 55 PIERREPONT HDFC (45-3073520) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(24) O L LORETO FAMILY HDFC (27-2237468) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(25) 161-01 89TH AVENUE CORPORATION (11-3054633) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(26) EMMAUS OF THE DIOCESE OF BROOKLYN INC. (11-3188830) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(27) BETHELEHEM HDFC (11-2721068) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(28) MARY IMMACULATE HDFC (11-3575007) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(29) QUEENS REHAB CORPORATION (11-2748468) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓

(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
(30) ST TERESA OF AVILA SENIOR HDFC INC (11-3596619) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(31) CARING SUPPORTED HDFC (46-2874644) 191 JORALEMON STREET, BROOKLYN, NY 11201	SUPPORT	NY	501(C)(3)	12 TYPE I	POPDC		✓
(32) OUR LADY OF FATIMA (11-3201922) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	POPDC		✓
(33) LORETO II HDFC (83-4373917) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	12 TYPE I	POPDC		✓
(34) SHERIDAN II HDFC (83-4422168) 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	12 TYPE I	POPDC		✓
(35) SAINTS JOACHIM & ANNE NURSING & REHAB (22-2943712) 2720 SURF AVENUE, BROOKLYN, NY 11224	NURSING FAC	NY	501(C)(3)	10	POPDC		✓
(36) LAUDATO SI CORPORATION (86-2742400) 191 JORALEMON STREET, BROOKLYN, NY 11201	SUPPORT	NY	501(C)(3)	12 TYPE II	POPDC		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(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? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) 715 ST. JOHN'S PLACE LP (11-3625828) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(2) 918 KENT AVENUE, LP (11-3426860) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(3) BISHOP BOARDMAN SENIOR APARTMENTS, INC. (20-2884391) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(4) BISHOP FRANCIS J. MUGAVERO SR APARTMENTS (20-2884196) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(5) CLASSON AVENUE LTD PARTNERSHIP (11-3041448) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(6) HOLY SPIRIT SENIOR APARTMENTS, LP (20-2884314) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(7) MARY STAR OF THE SEA SENIOR APARTMENTS, (20-2884252) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(8) MSGR. EDWARD T. BURKE SENIOR APARTMENTS, (20-2884446) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(9) MSGR. JOHN O'BRIEN SENIOR APARTMENTS, LP (20-2884429) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(10) MSGR. THOMAS CAMPBELL SENIOR APARTMENTS, (20-2884351) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(11) POPE JOHN PAUL II SENIOR APARTMENTS, LP (20-2884282) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(12) SR. LUCIAN SENIOR APARTMENTS, LP (20-2884475) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(13) ST. BRENDAN'S SENIOR APARTMENTS, LP (20-2884231) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									

(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	
(14) WILSON AVENUE LIMITED PARTNERSHIP (65-1202313) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(15) HOWARD BEACH APARTMENTS LLC (45-2686307) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(16) 55 PIERREPONT LLC (45-3073627) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(17) LORETO PRESERVATION LLC (90-0636520) 191 JORALEMON STREET, BROOKYLN, NY 11201	REAL ESTATE	NY	N/A									
(18) CARING SUPPORTED HOUSING LLC (46-2886329) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(19) LORETO II, LLC (83-4346000) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(20) SHERIDAN II, LLC (83-4438650) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(21) JOHN TYNAN SENIOR RESIDENCE LLC (99-2148781) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(22) LIVONIA C3, LLC (93-3170338) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									
(23) LORETO PRESERVATION II, LLC (39-2599140) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BEDFORD SAINT JOHN'S ASSOCIATES, INC. (11-3625826) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(2) BISHOP BOARDMAN APARTMENTS, INC. (20-2884375) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(3) BISHOP FRANCIS J MUGAVERO APARTMENTS (20-2884179) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(4) HOLY SPIRIT APARTMENTS, INC. (20-2884296) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(5) JEFFERSON MELROSE ASSOCIATES, INC. (65-1202319) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(6) MARY STAR OF THE SEA APARTMENTS, INC. (20-2884243) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(7) MSGR EDWARD T BURKE APARTMENTS INC (20-2884439) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(8) MSGR. JOHN P. O'BRIEN APARTMENTS, INC. (20-2884416) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(9) MSGR. THOMAS CAMPBELL APARTMENTS, INC. (20-2884338) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(10) POPE JOHN PAUL II APARTMENTS, INC. (20-2884264) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(11) SR. LUCIAN APARTMENTS, INC. (20-2884457) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(12) ST. BRENDAN'S APARTMENTS, INC. (20-2884218) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(13) TAAFFE KENT ASSOCIATES, INC. (11-3426859) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(14) WILLOUGHBY CLASSON APARTMENTS, INC. (11-3041447) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(15) HOWARD BEACH HOUSING CORPORATION (45-2661870) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(16) 55 PIERREPONT APARTMENTS CORPORATION (45-3073589) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(17) OL LORETO HOUSING CORP (90-0636520) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(18) CARING SUPPORTED HSG MNG MBR CORPORATION (46-2886329) 191 JORALEMON STREET, BROOKYLN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓

(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
(19) LORETO II MM CORPORATION (83-4393679) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(20) SHERIDAN II MM CORPORATION (83-4405202) 191 JORALEMON STREET, BROOKYLN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(21) VB CCPOPD HOUSING DEVELOPMENT FUND CORP (87-2089532) 191 JORALEMON STREET, BROOKYLN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(22) SHERIDAN II 25 CORPORATION (88-4416984) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(23) JOHN TYNAN SENIOR RESIDENCE MM CORP (99-2162223) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(24) LIVONIA C3 25 (93-3288964) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓
(25) LIVONIA C3 MM (93-3203857) 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORPORATION	NONE	NONE			✓