CATHOLIC CHARITIES
NEIGHBORHOOD SERVICES INC.
CLIENT COPY
2016
Year Ending June 30, 2017

COHN REZNICK
ACCOUNTING • TAX • ADVISORY

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ACCOUNTING • TAX • ADVISORY

CohnReznick LLP
1301 Avenue of the Americas
Seventh Floor
New York, NY 10019-6032

Main: 212-297-0400
Fax: 212-922-0913
cohnreznick.com

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

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

2016 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

THOMAS LANNING

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2017

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

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

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

OMB No. 1545-1878

2016

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

Name and title of officer
ALAN WOLINETZ
CFO

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

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

1a Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	120,776,053.
2a Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ____________ Date ▶ ____________

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13496222147
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ COHNREZNICK LLP Date ▶ 05/02/18

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

EXTENDED TO MAY 15, 2018

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.

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 — **2016** — Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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 $ 122,740,670.

F Name and address of principal officer: ALAN WOLINETZ, 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

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	2061
6	Total number of volunteers (estimate if necessary)	6	2485
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	70,719,522.	73,703,075.
	9	Program service revenue (Part VIII, line 2g)	62,860,420.	46,084,193.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-336,955.	-96,641.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,522.	1,085,426.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,392,509.	120,776,053.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,089,510.	21,129,867.
	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)	77,950,161.	65,044,351.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,207,278.	29,029,119.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,246,949.	115,203,337.
	19	Revenue less expenses. Subtract line 18 from line 12	3,145,560.	5,572,716.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	37,816,469.	32,667,670.
	21	Total liabilities (Part X, line 26)	55,911,425.	45,189,910.
	22	Net assets or fund balances. Subtract line 21 from line 20	-18,094,956.	-12,522,240.

Part II Signature Block

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

Sign Here

Signature of officer — Date

ALAN WOLINETZ, CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS LANNING	THOMAS LANNING	05/02/18		P00851654

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 1301 AVENUE OF THE AMERICAS, NEW YORK, NY 10019 — Phone no. 212-297-0400

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses $ 20,890,368. including grants of $ 2,115,302.) (Revenue $ 1,174,389.)
EARLY CHILDHOOD SERVICES PROVIDES DEVELOPMENTALLY APPROPRIATE EDUCATIONAL, EARLY HEAD START, HEAD START, CHILD CARE AND PRE-K SERVICES FOR CHILDREN FROM BIRTH THROUGH AGE 5. 1,744 CHILDREN ARE SERVED IN 10 EARLY CHILDHOOD PROGRAMS AND 78 FAMILY PROVIDERS HOMES WITH WITH A FOCUS ON SCHOOL READINESS. EARLY HEAD START HOME BASED PROGRAM TARGETS LOW INCOME PREGNANT WOMEN AND PROVIDES EARLY, CONTINUOUS, INTENSIVE AND COMPREHENSIVE, AND COMPREHENSIVE SUPPORT SERVICES. PRENATAL PERIOD OF GROWTH AND DEVELOPMENT HAS A LASTING IMPACT ON THE CHILD'S POTENTIAL FOR HEALTHY GROWTH AND DEVELOPMENT AFTER BIRTH. EARLY HEAD START HOME-BASED PROGRAM OPTIONS PROVIDE SERVICES TO 25 PREGNANT WOMEN AND THEIR FAMILIES AND THROUGH THE CHILD'S FIRST THREE YEARS OF LIFE. EARLY, CONTINUOUS MENTAL HEALTH AND

4b (Code:) (Expenses $ 19,623,976. including grants of $ 5,738,621.) (Revenue $ 11,320.)
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 THEYAIP (YOUNG ADULT INTERNSHIP PROGRAM).OUR OUT OF SCHOOL TIME AFTERSCHOOLPROGRAMS PROVIDE A MIX OF ACADEMIC, RECREATIONAL AND CULTURAL ACTIVITIES FOR YOUNG PEOPLE (GRADES K-12) AFTER SCHOOL, DURING HOLIDAYS AND IN THE SUMMER, IN A SAFEAND SUPPORTIVE ENVIRONMENT. FAMILY STABILIZATION SERVED 21,238 PEOPLE.

4c (Code:) (Expenses $ 18,123,166. including grants of $ 4,244,462.) (Revenue $ 843,362.)
SENIOR SERVICES - OUR CASE MANAGEMENT SERVICES FOR ALL ADULTS AGED 60 AND OLDER INCLUDE CASE ASSISTANCE, INFORMATION AND REFERRAL, HOME-DELIVERED MEALS FOR THE HOMEBOUND, TRANSPORTATION, SUPPORTIVE AND ENTITLEMENT COUNSELING, CAREGIVER SUPPORT GROUPS, ADVOCACY AND CONGREGATE MEALS AT SENIOR CENTERS. WE ALSO OFFER HOURS OF FRIENDLY VISITING TO FRAIL SENIORS IN PARTNERSHIP WITH OTHER COMMUNITY-BASED ORGANIZATIONS. WE HAVE SPECIAL SERVICES FOR OUR NEIGHBORS WITH ALZHEIMER'S DISEASE OR RELATED FORMS OF DEMENTIA, INCLUDING GROUP ACTIVITIES, WORKSHOPS, CASE MANAGEMENT, INFORMATION AND REFERRAL SERVICES. FOR THEIR CAREGIVERS, WE PROVIDE RESPITE SERVICES. IN ORDER TO HELP SENIORS STAY PHYSICALLY FIT AND ACTIVE IN A SAFE ENVIRONMENT, CATHOLIC CHARITIES SENIOR CENTERS OFFER A VARIETY OF CLASSES AND

4d Other program services (Describe in Schedule O.)
(Expenses $ 47,066,049. including grants of $ 9,031,482.) (Revenue $ 44,980,631.)

4e Total program service expenses ▶ 105,703,559.

SEE SCHEDULE O FOR CONTINUATION(S)

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	378		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2061		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

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	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ALAN WOLINETZ - 718-722-6000

191 JORALEMON STREET, BROOKLYN, NY 11201

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) CAROL COHEN DIRECTOR	1.00	X						0.	0.	0.
(2) FIDEL F. DEL VALLE PRESIDENT	1.00	X		X				0.	0.	0.
(3) GABRIEL P. CAPRIO OUTGOING TREASURER	1.00	X		X				0.	0.	0.
(4) JEAN J. RAMEAU DIRECTOR	1.00	X						0.	0.	0.
(5) JOHN MURPHY JR DIRECTOR	1.00	X						0.	0.	0.
(6) MARGARET F. KELLEHER SECRETARY	2.00	X		X				0.	0.	0.
(7) MARISSA B. GILLEPSIE DIRECTOR	1.00	X						0.	0.	0.
(8) MICHELLE P. GUERRIER DIRECTOR	1.00	X						0.	0.	0.
(9) REV MSGR ALFRED LOPINTO EXECUTIVE VICE PRESIDENT/CEO	12.00 23.00	X		X				0.	50,000.	0.
(10) SANTOS RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(11) THOMAS DESTEFANO DIRECTOR	2.00	X						0.	0.	0.
(12) VALERIE STEWART-LOVELL DIRECTOR	1.00	X						0.	0.	0.
(13) VANIA MERNIO DIRECTOR	2.00	X						0.	0.	0.
(14) VERY REV. PATRICK J. KEATING DIRECTOR	10.00 25.00	X						0.	49,528.	0.
(15) ALAN WOLINETZ CFO	20.00 15.00			X				0.	290,290.	8,163.
(16) JEANNE DIULIO ASSISTANT SECRETARY	30.00 5.00			X				143,138.	0.	14,125.
(17) ESTER WENINSTEIN PSYCHIATRIST	35.00					X		231,046.	0.	22,515.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) FELIX STERLING PSYCHIATRIST	35.00					X		390,388.	0.	21,676.
(19) PATRICIA COLLINS VICE PRESIDENT	35.00					X		273,792.	0.	10,565.
(20) ROZALIYA VERNIKOV PSYCHIATRIST	35.00					X		253,294.	0.	27,057.
(21) VIKHTA GUREVICH PSYCHIATRIST	35.00					X		242,951.	0.	25,096.

	(D)	(E)	(F)
1b Sub-total ▶	1,534,609.	389,818.	129,197.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	1,534,609.	389,818.	129,197.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP 1301 6TH AVE, NEW YORK, NY 10019	ACCOUNTING AND TAX	420,500.
JACKSON & COKER LOCUM TENENS LLC PO BOX 277638, ATLANTA, GA 30384	PSYCHIATRY	237,374.
RAINBOW FAMILY DAY CARE 563 45TH STREET, APR 2, BROOKLYN, NY 11220	DAYCARE PROVIDER	201,320.
ALEXANDRA PIMENTEL 37-52 110TH STREET, CORONA, NY 11368	DAYCARE PROVIDER	171,508.
ROSEANNE SCHIULAZ, 234 SANDS STREET. APT 7H, BROOKLYN, NY 11201	DAYCARE PROVIDER	109,480.

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 ▶ 12

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,518,365.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	67,808,431.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,376,279.				
	g Noncash contributions included in lines 1a-1f: $		135,548.				
	h **Total.** Add lines 1a-1f		▶	73,703,075.			
Program Service Revenue		Business Code					
	2 a FEE FOR SERVICES	624100		44,822,330.	44,822,330.		
	b ADMIN REV FROM AFFILIATES	624100		1,261,863.	1,261,863.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶	46,084,193.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	24,889.			24,889.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 1,843,087.				
	b Less: cost or other basis and sales expenses		1,964,617.				
	c Gain or (loss)		-121,530.				
	d Net gain or (loss)		▶	-121,530.	-121,530.		
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events		▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Business Code					
	11 a PURCHASE OF SERVICES	900099		221,224.	221,224.		
	b RATE ADJUSTMENTS	900099		161,371.	161,371.		
	c REFUND OF PAYROLL TAXES	900099		86,386.	86,386.		
	d All other revenue	900099		616,445.	541,637.		74,808.
	e **Total.** Add lines 11a-11d		▶	1,085,426.			
	12 **Total revenue.** See instructions.		▶	120,776,053.	47,009,702.	0.	99,697.

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	21,129,867.	21,129,867.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,942.	150,070.	14,872.	
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	49,229,525.	44,762,676.	4,466,849.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,678,704.	2,453,225.	225,479.	
9 Other employee benefits	6,648,675.	6,089,026.	559,649.	
10 Payroll taxes	6,322,505.	5,790,310.	532,195.	
11 Fees for services (non-employees):				
a Management				
b Legal	18,389.		18,389.	
c Accounting	228,375.		228,375.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,501.		1,501.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,982,615.	6,840,618.	2,141,997.	
12 Advertising and promotion				
13 Office expenses	2,387,744.	2,192,979.	194,765.	
14 Information technology				
15 Royalties				
16 Occupancy	7,353,222.	6,871,958.	481,264.	
17 Travel	182,784.	168,647.	14,137.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	163,603.	147,311.	16,292.	
20 Interest	183,475.	33,721.	149,754.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,054.	99,556.	6,498.	
23 Insurance	1,324,132.	1,248,309.	75,823.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBT	2,055,371.	2,055,371.		
b REMODELING AND REPAIRS	1,939,970.	1,890,474.	49,496.	
c EQUIPMENT REPAIR AND MA	1,868,398.	1,674,662.	193,736.	
d ADMINISTRATIVE FEES	290,884.	274,091.	16,793.	
e All other expenses	1,942,602.	1,830,688.	111,914.	
25 **Total functional expenses.** Add lines 1 through 24e	115,203,337.	105,703,559.	9,499,778.	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		2,737,611.	1	2,087,994.
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		21,979,407.	4	15,961,734.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use		7,796.	8	59,957.
9	Prepaid expenses and deferred charges		308,883.	9	432,367.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,444,645.			
b	Less: accumulated depreciation	10b 729,480.	9,257,779.	10c	8,715,165.
11	Investments - publicly traded securities		602,235.	11	602,083.
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,922,758.	15	4,808,370.
16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,816,469.	16	32,667,670.
Liabilities					
17	Accounts payable and accrued expenses		29,973,435.	17	20,107,315.
18	Grants payable			18	
19	Deferred revenue		3,777,363.	19	7,548,215.
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,329,850.	21	537,995.
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties		5,237,127.	23	2,231,153.
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		15,593,650.	25	14,765,232.
26	**Total liabilities.** Add lines 17 through 25		55,911,425.	26	45,189,910.
Net Assets or Fund Balances					
	Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		-19,728,194.	27	-14,043,939.
28	Temporarily restricted net assets		1,133,238.	28	1,021,699.
29	Permanently restricted net assets		500,000.	29	500,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		-18,094,956.	33	-12,522,240.
34	Total liabilities and net assets/fund balances		37,816,469.	34	32,667,670.

Form **990** (2016)

632011 11-11-16

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	120,776,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,203,337.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,572,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-18,094,956.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-12,522,240.

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ______

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60447271.	66047617.	79060276.	70719522.	74278615.	350553301
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	60447271.	66047617.	79060276.	70719522.	74278615.	350553301
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						350553301

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	60447271.	66047617.	79060276.	70719522.	74278615.	350553301
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,773.	24,836.	26,834.	28,148.	99,697.	205,288.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	928,888.	1411320.	311,509.	149,522.	1010618.	3811857.
11 **Total support.** Add lines 7 through 10						354570446

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 295,221,378.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 98.87 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 ..... 15 | 98.73 %

16a **33 1/3% support test - 2016.** 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 - 2015.** 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 - 2016.** 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 - 2015.** 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is 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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	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 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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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 government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

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

INSURANCE RECOVERY

2012 AMOUNT: $ 386,510.

2013 AMOUNT: $ 1,231,113.

2014 AMOUNT: $ 34,282.

2015 AMOUNT: $ 149,115.

2016 AMOUNT: $ 36,421.

MEDICAID RECOVERY

2012 AMOUNT: $ 542,378.

2013 AMOUNT: $ 180,207.

OTHER REVENUE

2014 AMOUNT: $ 3,397.

2015 AMOUNT: $ 407.

2016 AMOUNT: $ 505,216.

BAD DEBT RECOVERY

2014 AMOUNT: $ 273,830.

REFUND ON PAYROLL TAXES

2016 AMOUNT: $ 86,386.

RATE ADJUSTMENTS

2016 AMOUNT: $ 161,371.

PURCHASE OF SERVICES

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.)

2016 AMOUNT: $ 221,224.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

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

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC	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	NYC ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	$ 19,242,361.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NYC DEPARTMENT OF AGING 2 LAFAYETTE STREET NEW YORK, NY 10007	$ 16,699,299.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	NYS OFFICE OF MENTAL HEALTH 42-69 28TH STREET NEW YORK, NY 11101	$ 4,310,397.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 156 WILLIAM STREET NEW YORK, NY 10038	$ 3,358,136.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	NYC HUMAN RESOURCES ADMINISTRATION 111 EIGTH AVENUE NEW YORK, NY 10011	$ 2,187,961.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	NYS DEPARTMENT OF HEALTH 1243 CORNING TOWER ALBANY, NY 11237	$ 3,544,374.	Person [X] 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	NYC DEPARTMENT OF HEALTH AND MENTAL WELLNESS 44 HOLLAND AVENUE ALBANY, NY 12229	$ 3,951,990.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 26 FEDERAL PLAZA NEW YORK, NY 10278	$ 13,243,289.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
11-2047151

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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)

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

OMB No. 1545-0047
2016
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 (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 2(d) 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	602,235.	597,437.	596,468.	590,728.	594,218.
b Contributions					
c Net investment earnings, gains, and losses	-152.	4,798.	969.	5,740.	-3,490.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	602,083.	602,235.	597,437.	596,468.	590,728.

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 83.05 %

c Temporarily restricted endowment ▶ 16.95 %

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)		X
(ii) related organizations	3a(ii)		X
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		90,500.		90,500.
b Buildings				
c Leasehold improvements		598,824.	314,018.	284,806.
d Equipment				
e Other		8,755,321.	415,462.	8,339,859.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,715,165.

Schedule D (Form 990) 2016

632052 08-29-16

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	945,119.
(2) DUE FROM AFFILIATED AGENCIES	250,181.
(3) AMOUNTS HELD FOR OTHERS	537,995.
(4) AMOUNTS HELD IN ESCROW	244,608.
(5) DUE FROM OTHERS	2,830,467.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	4,808,370.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED AGENCIES	8,513,938.
(3) CONSTRUCTION ADVANCE	244,608.
(4) DEFERRED RENT	348,481.
(5) PROGRAM ADVANCES	5,658,205.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	14,765,232.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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	116,421,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	3,808,299.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-8,676,501.		
e	Add lines 2a through 2d			2e	-4,868,202.
3	Subtract line 2e from line 1			3	121,289,328.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,501.		
b	Other (Describe in Part XIII.)	4b	-514,776.		
c	Add lines 4a and 4b			4c	-513,275.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	120,776,053.

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	110,848,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	3,808,299.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-8,161,725.		
e	Add lines 2a through 2d			2e	-4,353,426.
3	Subtract line 2e from line 1			3	115,201,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,501.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	1,501.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	115,203,337.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

Part XIII Supplemental Information *(continued)*

FORMERLY OPERATED BY FWC.

PART X, LINE 2:

CCNS HAS NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2017. CCNS' FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2014 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, CCNS WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DISCONTINUED OPERATIONS	-8,676,501.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSETS DISPOSAL	-514,776.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DISCOUNTINUED OPERATIONS	-8,676,501.
LOSS ON FIXED ASSETS DISPOSAL	514,776.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-8,161,725.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

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

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

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

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

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

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2016)**

632101 11-01-16

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO THE NEEDY	35469	8,880,976.	12,248,891.	FAIR MARKET VALUE	FOOD & OTHER ASSISTANCE

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

PART I, LINE 2:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT FOR PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE 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 MONITORS THE NEEDS OF ACCEPTABLE CONSUMERS, AND DETERMINE THAT SUCH CONSUMERS MEET THE CRITERIA AND GOALS AND OBJECTIVES OF THE PROGRAM, AS PRESCRIBED BY FUNDING SOURCE AGREEMENTS GRANTS ARE SUBSEQUENTLY

Part IV Supplemental Information

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

SCHEDULE J (Form 990)

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

OMB No. 1545-0047
2016
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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN WOLINETZ	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	276,170.	0.	14,120.	6,730.	1,433.	298,453.	0.
(2) JEANNE DIULIO	(i)	143,138.	0.	0.	5,800.	8,325.	157,263.	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ESTER WENINSTEIN	(i)	231,046.	0.	0.	96.	22,419.	253,561.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FELIX STERLING	(i)	390,388.	0.	0.	4,148.	17,528.	412,064.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA COLLINS	(i)	264,912.	0.	8,880.	8,560.	2,005.	284,357.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROZALIYA VERNIKOV	(i)	253,294.	0.	0.	3,186.	23,871.	280,351.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VIKHTA GUREVICH	(i)	242,951.	0.	0.	2,402.	22,694.	268,047.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART II:

FOR INDIVIDUALS LISTED ON PART II, INCLUDED IN COLUMN B(III) IS TAXABLE AUTO ALLOWANCE IN ADDITION TO GROUP TERM LIFE INSURANCE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2016

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	X		72,500.	FAIR MARKET VALUE
5	Clothing and household goods	X		42,635.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	923	20,413.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number: 11-2047151

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

BROOKLYN AND QUEENS.

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

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

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

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

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

WORKSHOPS IN YOGA, ZUMBA, DANCE, MEDITATION AND HEALTHY AGING. SENIORS HAVE INSTALLED GAMING SYSTEMS, THROUGH THE SYSTEM, SENIORS CAN BOWL, PLAY TENNIS OR PARTICIPATE IN A HOST OF OTHER GAMES THAT IMPROVE STRENGTH, COORDINATION AND BALANCE.COMPREHENSIVE SERVICES WERE GIVEN TO 2,358 HOMEBOUND SENIORS BY CASE MAMANGEMENT PROGRAMS, 3,319 SENIORS RECEIVED RECEIVED HOMEBOUND DELIVERED MEALS DAILY AND 12,224 ADULTS AT 17 SENIOR CENTERS.

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

HOUSING - RESIDENTIAL AND HOUSING SERVICES SERVE POPULATIONS WITH

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

CHRONIC MENTAL ILLNESS, HIV/AIDS, HISTORIES OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. THERE IS A CONTINUUM OF CARE AND SUPPORT. THE MORE INTENSE BEDS IN SCATTERED SITE APARTMENT TREATMENT BILL MEDICAID FOR PROVIDING REHABILITATIVE AND RESTORATIVE SERVICES TO THOSE WITH SEVERE MENTAL HEALTH PROBLEMS. SUPPORTIVE HOUSING SCATTERED SITE UNITS FOR THE MENTALLY ILL AND INDIVIDUALS WITH HIV/AIDS PROVIDE SAFE HOMES WITH SUPPORT VISITS AND PHONE CALLS TO ENSURE SUCCESS IN MAINTAINING INDEPENDENT HOUSING. CASA BETSAIDA IS A 27-BED CONGREGATE FACILITY HOUSING HIV/AIDS POSITIVE INDIVIDUALS WHO ARE UNDOCUMENTED IMMIGRANTS. STAFF WORK TO LEGALIZE THEIR STATUS AND ASSIST THEM IN RECEIVING CARE DURING THE TRANSITION. CCNS PROVIDES SUPPORT SOCIAL SERVICES IN MANY POP MANAGEMENT LOW-INCOME HOUSING AND SRO BUILDINGS FOR SENIORS, LOW-INCOME FAMILIES AND THOSE WITH HISTORIES OF MENTAL ILLNESS, HOMELESSNESS AND SUBSTANCE USE. FINALLY, RHS SERVES PEOPLE WITH DEVELOPMENTAL DISABILITIES THROUGH MEDICAID SERVICE COORDINATION, FAMILY SUPPORT SERVICES AND RESIDENTIAL & COMMUNITY HABILITATION. THESE PROGRAMS OFFER CASE MANAGEMENT, DAILY SKILL BUILDING AND BENEFITS COORDINATION. HOUSING SERVES APPROXIMATELY 1300 PEOPLE ANNUALLY. EXPENSES $ 15,410,295. INCL GRANTS OF $ 7,190,369. REVENUE $ 9,007,757.

SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES - THROUGH CATHOLIC CHARITIES' SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, COMPASSIONATE STAFF MEMBERS PROVIDE CARE AND SUPPORT TO INDIVIDUALS WITH SPECIAL NEEDS. FOR ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR CAREGIVERS THE AGENCY PROVIDES COMPREHENSIVE CASE MANAGEMENT AND EMOTIONAL SUPPORT. PROGRAMS PROVIDE CLINICAL, PSYCHOLOGICAL AND RECREATIONAL SERVICES AND DAILY SKILLS TRAINING IN A SUPPORTIVE ENVIRONMENT, AND OUR RESIDENCES FOR THE DEVELOPMENTALLY DISABLED

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

PROVIDE EFFECTIVE SUPPORT WHICH HELPS RESIDENTS CONTINUE TO EXCEL IN THEIR DAILY LIVES. LAST YEAR, ASSISTANCE WAS PROVIDED TO ROUGHLY 500 PEOPLE.

EXPENSES $ 8,170,084. INCL GRANTS OF $ 651,054. REVENUE $ 15,534,342.

CLINIC, RECOVERY AND REHABILITATION SERVICES (CRR) THE CLINIC, REHABILITATION AND RECOVERY PORTFOLIO OFFERS TRADITIONAL MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. THE ARTICLE 31 CLINICS, PROS PROGRAMS AND THE ADDICTION CENTER BILL MEDICAID, MEDICARE AND THIRD PARTY INSURANCES FOR INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS AND MEDICATION AND ADDICTION AND MENTAL HEALTH RECOVERY GROUPS. CCNS IS CURRENTLY OPERATING 3 SATELLITES IN SCHOOLS IN THE MASPETH, OZONE PARK AND BUSHWICK BROOKLYN NEIGHBORHOODS. THE CLINICS ARE INTEGRATING HEALTH CARE WITH REGISTERED NURSES PROVIDING HEALTH MONITORING AT EACH CLINIC AND PROS. IN ADDITION CRR IS DEVELOPING FULLY INTEGRATED HEALTH MODELS OF CARE. CCNS' MOBILE OUTREACH TEAM TAKES INTERNAL AND EXTERNAL REFERRALS TO ASSESS INDIVIDUALS IN THE COMMUNITY AND LINK THEM TO EMERGENCY OR LONG-TERM ASSISTANCE AS NEEDED. ADDITIONALLY, CCNS HAS COMMUNITY SUPPORT PROGRAMS FOR THE SERIOUSLY MENTALLY ILL INCLUDING A CLUBHOUSE, ASSISTED COMPETITIVE EMPLOYMENT AND PEER ADVOCACY PROGRAMS. CRR ALSO RUNS A CALL CENTER WHICH ACTS AS A CONDUIT FOR AGENCY PROGRAMS INCLUDING THE CLINICS AND OTHER BEHAVIORAL HEALTH PROGRAMS. THE CALL CENTER FIELDED OVER 8,200 CALLS AND ALL OF CRR SERVED AN ADDITIONAL 6,400 UNIQUE INDIVIDUALS TOUCHING 14,600 LIVES DURING FISCAL YEAR 2017.

EXPENSES $ 15,303,894. INCL GRANTS OF $ 485,471. REVENUE $ 14,029,575.

CARE COORDINATION AND CASE MANAGEMENT (CCCM) CARE COORDINATION AND CASE MANAGEMENT, INCLUDING SCREENING AND OUTREACH SERVICES, PROVIDES

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

COORDINATION FOR INDIVIDUALS' BEHAVIORAL AND PHYSICAL HEALTH CARE NEEDS AS WELL AS SOCIAL SERVICE NEEDS. PROGRAMS DIFFER TO THE EXTENT THAT SERVICES ARE PROVIDED TO SPECIFIC POPULATIONS: SERIOUSLY MENTALLY ILL, HIGH MEDICAID AND EMERGENCY DEPARTMENT UTILIZERS, JUVENILES INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM, AND THOSE IN CRISIS. THE PROGRAMS EVALUATE CLIENTS' SOCIAL SERVICE NEEDS, SCREEN FOR MENTAL HEALTH, TRAUMA AND SUBSTANCE USE DISORDERS AND GO INTO THE COMMUNITY TO FIND AND ASSIST CLIENTS IN NEED. ONCE CONTACTED, ASSESSED AND SCREENED, PLANS ARE CREATED WITH EACH CLIENT TO ADDRESS THEIR INDIVIDUALIZED NEEDS, AND THEN HELP IS PROVIDED TO ENSURE NEEDS ARE MET. CCCM'S WALK-IN CENTER PROVIDES SERVICES ON-SITE WITH THE ADDITIONAL BENEFIT OF HAVING EMERGENCY FUNDS AVAILABLE FOR ELIGIBLE CLIENTS FOR HOUSING, FOOD, UTILITIES AND OTHER WELLNESS NECESSITIES. CCCM SERVED APPROXIMATELY 12,600 INDIVIDUALS IN FISCAL YEAR 2017.

EXPENSES $ 7,644,227. INCL GRANTS OF $ 234,243. REVENUE $ 5,147,094.

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

EXPENSES $ 537,549. INCLUDING GRANTS OF $ 470,345. REVENUE $ 0.

ADMINISTRATIVE REVENUE FROM AFFILIATES

EXPENSES $ 0. INCLUDING GRANTS OF $ 0. REVENUE $ 1,261,863.

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

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

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

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

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

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

CATHOLIC CHARITIES, DIOCESE OF BROOKLYN ("CC") IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. ("CCNS"). PURSUANT TO THE BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING BUT NOT LIMITED TO (1) AMEND THE BY-LAWS OF THE CORPORATION, (2) CHANGE THE PURPOSE OF THE CORPORATION, (3) DISSOLVE THE CORPORATION, (4) ELECT DIRECTORS, (5) FILL VACANT DIRECTOR POSITIONS, AND (6) REMOVE DIRECTORS WITH OR WITHOUT CAUSE.

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

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

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

CCNS HAS AN INTERNAL COMPLIANCE OFFICER. THIS PERSON IS ALSO THE IN-HOUSE GENERAL COUNSEL. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON (1) HAS RECEIVED A COPY OF THE ORGANIZATIONS'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

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT ACTIVITIES. IF THERE IS AN ACTUAL OR PRECEIVED CONFLICT OF INTEREST, AFFECTED INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DELIBERATING PROCESS.

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTE THAT REVIEWS THE PREFORMANCE OF EXECUTIVE OFFICERS, AND ESTABLISHES THE COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, AND OTHER SENIOR EXECUTIVE POSITIONS. THIS COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. COMPARISON OF ACTUAL PERFORMANCE AGAINST PRE-ESTABLISHED GOALS, COMPARIBILITY OF COMPENSATION PAID TO EXECUTIVE OFFICERS BY OTHER NOT-FOR-PROFIT ORGANIZATIONS OF LIKE SIZED AND GEOGRAPHIC LOCATION, AND VARIOUS OTHER OPERATIONAL DATA ARE CONSIDERED IN THE COMPENSATION EVALUATION PROCESS. ANY COMPENSATION DETERMINATIONS ARE THEN DOCUMENTED IN THE MINUTES OF THE COMMITTEE.

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

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number: 11-2047151

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
101-105 SOUTH EIGHTH STREET APT, HDFC - 26-2418821, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
161-01 89TH AVENUE CORPORATION - 11-3054633 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
176 SOUTH EIGHTH STREET APARTMENTS HDFC - 26-2418657, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
55 PIERREPONT HDFC - 45-3073520 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2016**

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Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
72 LEWIS AVENUE APARTMENTS HDFC - 26-3619644 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
BELLEROSE SENIOR HDFC - 11-3166290 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
BETHELEHEM HOUSING DEVELOPMENT FUND CORP - 11-2721068, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CARING COMMUNITIES ASSOCIATES HDFC, INC - 11-3160652, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CARING SUPPORTED HDFC - 46-2874644 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CASA BETSAIDA HOUSING DEVELOPMENT FUND COMPANY - 11-3435768, 191 JORALEMON STREET, BROOKLYN, NY 11201	SOCIAL PROGRAM	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
CATHERINE SHERIDAN HDFC, INC. - 11-3636256 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
CATHOLIC CHARITIES DIOCESE OF BROOKLYN - 11-1633548, 191 JORALEMON STREET, BROOKLYN, NY 11201	CHARITABLE NOT FOR PROFIT ORGANIZATION	NEW YORK	501(C)(3)	LINE 1	N/A		X
DAVID MINKIN RESIDENCE HDFC - 11-3201990 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
EMMAUS OF THE DIOCESE OF BROOKLYN, INC - 11-3188830, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
FLOWERS WITH CARE OF THE DIOCESE OF BROOKLYN - 11-2544550, 191 JORALEMON STREET, BROOKLYN, NY 11201	SUPPORT YOUTH	NEW YORK	501(C)(3)	LINE 7	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
HOWARD BEACH HDFC - 45-2654972 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

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Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
MARY IMMACULATE HOUSING DEVELOPMENT FUND CO - 11-3575007, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MARY'S HALL INC - 11-1835881 191 JORALEMON STREET BROOKLYN, NY 11201	SOCIAL SERVICES	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
MONASTERY SENIOR HDFC - 11-3621552 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MOUNT CARAMEL SENIOR HDFC - 11-3589144 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
MSGR. JOSEPH F STEDMAN RESIDENCE HDFC - 11-3402363, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
O.L. LORETO FAMILY HDFC - 27-2237468 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
OUR LADY OF FATIMA APTS. HSG. DEV. FUND - 11-3201992, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
PIERREPONT CHARITABLE FUND INC - 45-0635208 191 JORALEMON STREET BROOKLYN, NY 11201	SUPPORT CATH CHAR	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
PIERREPONT HDFC - 11-3572490 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
PROGRESS OF PEOPLE'S DEVELOPMENT CORP - 11-2431586, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
PROGRESS OF PEOPLE'S MANAGEMENT CORP - 11-2555060, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
QUEENS REHAB CORPORATION - 11-2748468 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
SAINTS JOACHIM & ANNE NURSING & REHAB CTR - 22-2943712, 2720 SURF AVENUE, BROOKLYN, NY 11224	NURSING FAC	NEW YORK	501(C)(3)	LINE 10	CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X
ST. PAUL THE APOSTLE SENIOR HDFC - 11-3519422, 191 JORALEMON STREET, BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
ST. PIUS V SENIOR HDFC - 11-3402365 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
ST. TERESA OF AVILA SENIOR HDFC - 11-3596619 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
SUNSET PARK HDFC, INC. - 11-2628789 191 JORALEMON STREET BROOKLYN, NY 11201	HOUSING	NEW YORK	501(C)(3)	LINE 10	PROGRESS OF PEOPLE'S DEVELOPMENT CORP		X
THE J. JEROME REDDY FOUNDATION, INC. - 11-2693497, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NEW YORK	501(C)(2)		CATHOLIC CHARITIES DIOCESE OF BROOKLYN		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
55 PIERREPONT, LLC - 45-3073627, 187 JORALEMON STREET, BROOKLYN, NY 10021	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
715 ST. JOHN'S PLACE LP - 11-3625828, 188 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
918 KENT AVENUE, LP - 11-3426860, 189 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BISHOP BOARDMAN SENIOR APARTMENTS, INC. - 20-2884391, 190 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
55 PIERREPONT APARTMENTS CORPORATION - 45-3073589, 190 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD SAINT JOHN'S ASSOCIATES, INC. - 11-3625826, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BISHOP BOARDMAN APARTMENTS, INC. - 20-2884375, 192 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BISHOP MUGAVERO APARTMENTS, INC. - 20-2884179, 193 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
CARING SUPPORTED MANAGING MEMBER CORP. - 46-2886329, 194 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
BISHOP FRANCIS J. MUGAVERO SR APARTMENTS - 20-2884196, 191 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARING SUPPORTED HOUSING LLC - 46-2886329, 192 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLASSON AVE HOUSING ASSOC. LP - 11-3041448, 193 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOLY SPIRIT SENIOR APARTMENTS, LP - 20-2884314, 194 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOWARD BEACH APARTMENTS, LLC - 45-2686307, 195 JORALEMON STREET, BROOKLYN, NY 10021	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MARY STAR OF THE SEA SENIOR APARTMENTS, LP - 20-2884252, 196 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. EDWARD T. BURKE SENIOR APARTMENTS, LP - 20-2884446, 197 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. JOHN O'BRIEN SENIOR APARTMENTS, LP - 20-2884429, 198 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MSGR. THOMAS CAMPBELL SENIOR APARTMENTS, LP - 20-2884351, 199 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
POPE JOHN PAUL II SENIOR APARTMENTS, LP - 20-2884282, 200 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SR. LUCIAN SENIOR APARTMENTS, LP - 20-2884475, 201 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. BRENDAN'S SENIOR APARTMENTS, LP - 20-2884231, 202 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WILSON AVENUE LIMITED PARTNERSHIP - 65-1202313, 203 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
HOLY SPIRIT APARTMENTS, INC. - 20-2884296 195 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
HOWARD BEACH HOUSING CORPORATION - 45-2661870, 196 JORALEMON STREET, BROOKLYN, NY 10021	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
JEFFERSON MELROSE ASSOCIATES, INC. - 65-1202319, 197 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MARY STAR OF THE SEA APARTMENTS, INC. - 20-2884243, 198 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. BURKE APARTMENTS, INC. - 20-2884439 199 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. JOHN P. O'BRIEN APARTMENTS, INC. - 20-2884416, 200 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MSGR. THOMAS CAMPBELL APARTMENTS, INC. - 20-2884338, 201 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
O.L. LORETO HOUSING CORP - 90-0636520 202 JORALEMON STREET BROOKLYN, NY 10021	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
POPE JOHN PAUL II APARTMENTS, INC. - 20-2884264, 203 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
SR. LUCIAN APARTMENTS, INC. - 20-2884457 204 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
ST. BRENDAN'S APARTMENTS, INC. - 20-2884218 205 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
TAAFFE KENT ASSOCIATES, INC. - 11-3426859 206 JORALEMON STREET BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
WILLOUGHBY CLASSON APARTMENTS, INC. - 11-3041447, 207 JORALEMON STREET, BROOKLYN, NY 11201	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

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

2 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 sec. 501(c)(3) orgs.?		(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	

Part VII Supplemental Information.

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

SCHEDULE R,PART III

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

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	EQUIPMENT AND FURNITURE	VARIOUS	SL	5.00		16	915,125.				915,125.	863,835.		51,290.	915,125.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						915,125.				915,125.	863,835.		51,290.	915,125.
	LAND														
1	LAND	VARIOUS	NC	.000	HY		90,500.				90,500.			0.	
	* 990 PAGE 10 TOTAL LAND						90,500.				90,500.	0.		0.	0.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	6,123,459.				6,123,459.	3,085,230.		408,231.	3,493,461.
3	COMPUTER SOFTWARE	VARIOUS	SL	7.00		16	34,240.				34,240.	34,240.		0.	34,240.
5	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000	HY		6,077,760.				6,077,760.			0.	
	* 990 PAGE 10 TOTAL OTHER						12235459.				12235459.	3,119,470.		408,231.	3,527,701.
	* GRAND TOTAL 990 PAGE 10 DEPR						13241084.				13241084.	3,983,305.		459,521.	4,442,826.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ALAN WOLINETZ
191 JORALEMON STREET - BROOKLYN, NY 11201
Telephone No. ▶ 718-722-6000 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COHNREZNICK
ACCOUNTING • TAX • ADVISORY

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