

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

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

B 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
 % CHRISTINE D'OTTAVIO
 Doing business as

D Employer identification number
 11-2047151

E Telephone number
 (718) 722-6000

G Gross receipts \$ 107,898,705

F Name and address of principal officer:
 Christine D'Ottavio
 191 Joralemon Street
 BROOKLYN, NY 11201

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

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,523
6 Total number of volunteers (estimate if necessary)	6	2,506
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	86,285,881	84,481,499
9 Program service revenue (Part VIII, line 2g)	22,999,502	19,929,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,900	22,232
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,490,716	3,465,672
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,826,999	107,898,705
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,139,313	21,621,450
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,969,707	59,721,660
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)	29,348,427	28,483,611
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	112,457,447	109,826,721
19 Revenue less expenses. Subtract line 18 from line 12	-1,630,448	-1,928,016

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,095,216	26,716,847
21 Total liabilities (Part X, line 26)	41,212,657	42,768,291
22 Net assets or fund balances. Subtract line 21 from line 20	-14,117,441	-16,051,444

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 2022-03-25

Christine D'Ottavio Senior VP of Finance
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00741491

Firm's name ▶ BDO USA LLP Firm's EIN ▶

Firm's address ▶ 100 PARK AVENUE
 NEW YORK, NY 100175001 Phone no. (212) 885-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. (CCNS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHES OF BROOKLYN AND QUEENS. CCNS CURRENTLY OFFERS 160-PLUS PROGRAMS AND SERVICES FOR CHILDREN, YOUTH, ADULTS, SENIORS, THOSE WITH DEVELOPMENTAL DISABILITIES, AND THOSE STRUGGLING WITH MENTAL ILLNESS.

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

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

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

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

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

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

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

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

4d	Other program services (Describe in Schedule O.)	(Expenses \$	30,549,961	including grants of \$	4,152,733)	(Revenue \$	10,616,351)
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4e	Total program service expenses ▶		98,173,179				
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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	Yes	
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	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p>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</p>	<p>2a 1,523</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	<p>3b</p>		
<p>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)?</p>	<p>4a</p>		<p>No</p>
<p>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).</p>	<p>4b</p>		
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>		
<p>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?</p>	<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>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?</p>	<p>7a</p>		<p>No</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>		
<p>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?</p>	<p>8</p>		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>	<p>9a</p>		
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter:</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>		
<p>11 Section 501(c)(12) organizations. Enter:</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>	<p>12a</p>		
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	<p>13a</p>		
<p>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</p>	<p>13b</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	<p>15</p>		<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.</p>	<p>16</p>		<p>No</p>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

Part VII

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (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. The first row contains the text 'See Additional Data Table'.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 1,903,709, 689,254, 293,016.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Fifteen Degrees, Jackson Coker Locum, etc.

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 34

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,621,450	21,621,450		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,018,696	1,770,563	248,133	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	43,786,757	38,450,520	5,336,237	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,721,467	2,355,397	366,070	
9 Other employee benefits	6,578,680	5,693,767	884,913	
10 Payroll taxes	4,616,060	3,995,144	620,916	
11 Fees for services (non-employees):				
a Management	0			
b Legal	39,722		39,722	
c Accounting	96,898		96,898	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	795		795	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,679,442	7,308,825	1,370,617	
12 Advertising and promotion	0			
13 Office expenses	1,110,561	970,772	139,789	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,106,727	7,571,603	535,124	
17 Travel	57,457	49,409	8,048	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	214,945	212,539	2,406	
20 Interest	144,118	1	144,117	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	168,904	159,753	9,151	
23 Insurance	1,514,842	1,335,023	179,819	
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 PROGRAM SUPPLIES	2,420,704	2,345,242	75,462	0
b EQUIPMENT RENTAL	1,836,291	1,596,632	239,659	
c REMODELING AND REPAIRS	1,587,027	1,534,738	52,289	
d PURCHASED SERVICES	979,146		979,146	
e All other expenses	1,526,032	1,201,801	324,231	
25 Total functional expenses. Add lines 1 through 24e	109,826,721	98,173,179	11,653,542	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,317,588	1	3,332,314
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,537,058	4	16,360,198
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	120,991	8	90,933
	9 Prepaid expenses and deferred charges	475,692	9	313,561
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,359,828		
	b Less: accumulated depreciation	10b 1,050,466	1,474,604	10c 1,309,362
	11 Investments—publicly traded securities	634,558	11	635,167
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	4,534,725	15	4,675,312
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,095,216	16	26,716,847	
Liabilities	17 Accounts payable and accrued expenses	9,666,047	17	8,825,164
	18 Grants payable	0	18	0
	19 Deferred revenue	354,395	19	532,177
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	25,692	21	31,630
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	31,166,523	25	33,379,320
	26 Total liabilities. Add lines 17 through 25	41,212,657	26	42,768,291
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-18,034,149	27	-19,023,611
	28 Net assets with donor restrictions	3,916,708	28	2,972,167
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-14,117,441	32	-16,051,444	
33 Total liabilities and net assets/fund balances	27,095,216	33	26,716,847	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,898,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,826,721
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,928,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-14,117,441
5	Net unrealized gains (losses) on investments	5	-5,987
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-16,051,444

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
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.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 11-2047151

Name: CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Form 990 (2020)

Form 990, Part III, Line 4a:

EARLY CHILDHOOD SERVICES PROVIDE DEVELOPMENTALLY APPROPRIATE EDUCATIONAL, EARLY HEAD START AND HEAD START FOR CHILDREN FROM BIRTH THROUGH AGE 5. 1,466 CHILDREN ARE SERVED IN 8 EARLY CHILDHOOD PROGRAMS AND THERE ARE 75 FAMILY PROVIDER HOMES WITH A FOCUS ON SCHOOL READINESS. EARLY HEAD START HOME BASED PROGRAMS TARGET LOW INCOME, PREGNANT WOMEN AND PROVIDE EARLY, CONTINUOUS, INTENSIVE AND COMPREHENSIVE SUPPORT SERVICES. THE PRENATAL PERIOD OF GROWTH AND DEVELOPMENT HAS A LASTING IMPACT ON THE CHILD'S POTENTIAL FOR HEALTHY GROWTH AND DEVELOPMENT AFTER BIRTH. EARLY HEAD START HOME-BASED PROGRAM OPTIONS PROVIDED SERVICES TO 48 PREGNANT WOMEN AND THEIR FAMILIES AND THROUGH THE CHILD'S FIRST THREE YEARS OF LIFE. EARLY, CONTINUOUS MENTAL HEALTH AND SUPPORTIVE POSTPARTUM CARE FOR THE PARENTS AND NEWBORN CHILD ARE PROVIDED. THE OUTCOME WAS 22 HEALTHY PREGNANCIES, 22 POSITIVE CHILDBIRTH OUTCOMES AND HAS FULLY INVOLVING FATHERS IN THE LIVES OF THEIR VERY YOUNG CHILDREN. ALL ECS PROGRAMS PROVIDES MALE INVOLVEMENT ACTIVITIES AND PARENTS WITH OPPORTUNITIES TO MOVE TOWARD SELF-SUFFICIENCY BY WORKING WITH OTHER COMMUNITY ORGANIZATIONS. 1,181 MALES PARTICIPATED IN VARIOUS ACTIVITIES IN ECS'S EARLY CARE AND EDUCATIONAL PROGRAMS.

Form 990, Part III, Line 4b:

HOUSING - RESIDENTIAL AND HOUSING SERVICES (RHS) SERVE POPULATIONS WITH CHRONIC MENTAL ILLNESS, HIV/AIDS, HISTORIES OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. THERE IS A CONTINUUM OF CARE AND SUPPORT. 1) THE MORE INTENSE SERVICES ARE PROVIDED IN SCATTERED SITE APARTMENT TREATMENT PROGRAMS WHICH BILL MEDICAID FOR PROVIDING REHABILITATIVE AND RESTORATIVE SERVICES TO THOSE WITH SEVERE MENTAL HEALTH PROBLEMS. THESE ARE TRANSITIONAL UNITS. WHEN RESIDENTS RECEIVE TREATMENT AND IMPROVE, THEY GRADUATE TO A LOWER LEVEL OF CARE. 2) SUPPORTIVE HOUSING SCATTERED SITE UNITS FOR THE MENTALLY ILL AND INDIVIDUALS WITH HIV/AIDS PROVIDE SAFE HOMES WITH RENT ASSISTANCE AND SOCIAL SUPPORT SERVICES. SUPPORT VISITS AND PHONE CALLS ENSURE SUCCESS IN MAINTAINING INDEPENDENT HOUSING. 3) CASA BETSAIDA IS A 27-BED CONGREGATE, TRANSITIONAL FACILITY, HOUSING HIV/AIDS POSITIVE INDIVIDUALS WHO ARE UNDOCUMENTED IMMIGRANTS. STAFF WORK TO LEGALIZE THEIR STATUS, PROVIDE A STABLE ENVIRONMENT TO COORDINATE HEALTH CARE AND ASSIST THEM IN CONSISTENT COMPREHENSIVE CASE MANAGEMENT. RESIDENTS ARE ABLE TO MOVE ON TO PERMANENT AND INDEPENDENT HOUSING ONCE THEIR BASIC NEEDS ARE MET AND THEY CAN FOCUS ON QUALITY OF LIFE. 4) CCNS PROVIDES SUPPORT SOCIAL SERVICES IN TEN POP MANAGEMENT LOW-INCOME HOUSING BUILDINGS FOR SENIORS. RECENTLY ADDING GERIATRIC WELLNESS NURSES, THE PROGRAM EVALUATES AND ASSESS EACH BUILDING AND ITS TENANTS FOR PRIORITY NEEDS. THE NURSES, CASE MANAGERS AND MENTAL HEALTH COUNSELOR/CLINICAL MANAGER ARE AVAILABLE TO ASSIST POP WITH DIFFICULT TENANTS AS WELL AS TO ADD SERVICES FOR RESIDENTS TO CONTINUE TO AGE IN PLACE, AVOID HOSPITALIZATIONS AND MAINTAIN CONNECTIONS IN THE COMMUNITY. 5) THERE ARE ALSO FOUR SUPPORTED SINGLE ROOM OCCUPANCY BUILDINGS FOR THOSE WITH HISTORIES OF MENTAL ILLNESS, HOMELESSNESS AND SUBSTANCE USE. CCNS STAFF WORK ON-SITE TO PROVIDE SOCIAL SERVICES TO ENSURE TENANTS DO NOT REGRESS TO HOMELESSNESS. THE GOAL IS CONTINUED INDEPENDENT PERMANENT HOUSING FOR AS LONG AS THEY WANT IT AND ELIMINATING USE OF HOSPITALS AND OTHER INSTITUTIONS. RESIDENTIAL AND HOUSING SERVICES ASSISTED 889 INDIVIDUALS WITH HOUSING AND RESIDENTIAL SERVICES IN FISCAL YEAR END JUNE 30, 2021.

Form 990, Part III, Line 4c:

OLDER ADULT SERVICES -THE HIGHLIGHT OF THE FISCAL YEAR END JUNE 30, 2021 OPERATIONS WAS A RETURN TO PARTIAL RE-OPENING OF CENTERS AND GRAB AND GO MEALS. THE CENTERS WERE RE-OPENED WITH A MAXIMUM 25% CAPACITY FOR IN-PERSON ACTIVITIES, WHICH WAS AN IMPORTANT INITIAL STEP FOR A FULL RE-OPENING OF SENIOR CENTERS. OLDER ADULT CENTERS HAVE BEEN ONBOARD WITH COMBINATION OF GRAB AND GO AND CONGREGATE MEALS AS WELL AS HYBRID ACTIVITIES (VIRTUAL AND ON-SITE). GRAB AND GO METHOD OF MEAL PROVISION IS POPULAR AMONG THE SENIORS AND ARE BENEFICIAL TO OUR PROGRAMS AS A PERMANENT PROVISION IN MEAL SERVICE. MEAL SERVICES ALSO PROVIDE AN ADDITIONAL OPPORTUNITY TO EDUCATE AND REFER CLIENTS FOR VACCINATION. CENTERS COORDINATED MOBILE VACCINATION OR ON-DEMAND TRANSPORTATION SERVICES AVAILABLE AT CENTERS WHERE VACCINATION RATES WERE LOWER AND REQUIRE MORE DIRECT OUTREACH AND SUPPORT. THROUGH COORDINATION WITH COLLEGES FOR STUDENT INTERNS IN NURSING AND PUBLIC HEALTH CENTERS WERE ABLE TO INCREASE HEALTH AND WELLNESS AND VIRTUAL ACTIVITIES AT THE SENIOR CENTERS. COOLING CENTERS HAVE BEEN ACTIVATED DURING PERIODS OF EXTREME HEAT. MOST CENTERS WERE ABLE TO PARTICIPATE IN EXTENDED HOURS. HOWEVER, DURING COVID-19, SENIOR CENTER COOLING CENTERS WERE ONLY FOR SENIORS AND NOT THE GENERAL PUBLIC. CASE MANAGEMENT HAS STARTED TO CONDUCT THE MUCH-APPRECIATED IN-HOME VISITS TO SENIORS, WHICH WAS DISCONTINUED DURING THE PANDEMIC. PROGRAMS ALSO TO SLOWLY RETURN TO IN-HOME ASSESSMENTS, ALTHOUGH THEY ARE EXPECTED TO BE MUCH BRIEFER AND UNDER COVID-19 SAFETY GUIDELINES. PROGRAMS ALSO WORKED CLOSELY WITH IN-HOME VACCINATIONS WERE MADE POSSIBLE FOR HOMEBOUND SENIORS BY COORDINATION OF CASE MANAGEMENT IN COLLABORATION WITH NYC VACCINE COMMAND CENTER. BROOKLYN HOMEBOUND SENIORS PARTICIPATED IN E-PET PROGRAM - ROBOTIC PET PROGRAM LAUNCHED BY DFTA. THE PROGRAM PROVIDED ELECTRONIC PETS TO OLDER ADULTS AS A WAY FOR THEM TO CONNECT AND ENGAGE IN AN ENTERTAINING ACTIVITY THAT HELPS MINIMIZE ISOLATION AND STRESS CAUSED BY THE PANDEMIC. SOCIAL ADULT DAY CARE PROGRAM CONTINUED WITH VIRTUAL ACTIVITIES, WHICH WERE APPRECIATED BY CAREGIVERS AS THEY COULD CONNECT WITH THEIR LOVED ONES DIRECTLY. SOME CAREGIVERS WERE ABLE TO JOIN THE PROGRAM WITH THEIR LOVED ONES FROM OTHER STATES. GERIATRIC WELLNESS & HEALTH PROGRAM WAS CLOSED DUE TO THE LOSS OF FUNDING ON JUNE 30, 2021, BUT GERIATRIC MENTAL HEALTH INITIATIVE PROGRAM WILL CONTINUE PROVISION AND COORDINATION OF MENTAL HEALTH SUPPORT TO SENIORS IN COLLABORATION WITH THE AGENCY MENTAL HEALTH SERVICES. COMPREHENSIVE SERVICES WERE GIVEN TO 3,100 HOMEBOUND SENIORS BY CASE MANAGEMENT PROGRAMS; 3,378 SENIORS RECEIVED HOMEBOUND DELIVERED MEALS DAILY; 320 SENIORS RECEIVED MENTAL HEALTH COUNSELING AND SUPPORT; AND 7,916 CLIENTS AT OLDER ADULT CENTERS AT 17 SENIOR CENTERS, NORC & SADS PROGRAM.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMMIE GLYNN RYAN Chief of Staff	20.0 15.0				X			0	314,409	14,256
PATRICIA COLLINS SVP/CPO PROGRAM MANAGEMENT	35.0 0.0				X			305,450	0	13,184
ALAN WOLINETZ CFO	20.0 15.0			X				0	274,845	8,675
GLADYS RODRIGUEZ SVP/CPO PROGRAM MANAGEMENT	35.0 0.0				X			229,068	0	28,848
JACQUELINE GIBBONS SVP CHIEF HR OFFICER	35.0 0.0				X			165,581	0	44,086
PATRICK MAHON CIO CSO	35.0 0.0				X			193,608	0	14,921
JEANNE DIULIO ASSOCIATE GENERAL COUNSEL	30.0 5.0			X				187,144	0	18,660
DELROY DAVEY VP PROGRAM MANAGEMENT	35.0 0.0					X		163,045	0	39,580
MICHAEL J CORTEZ VP PROGRAM MANAGEMENT	35.0 0.0					X		162,160	0	39,862
CHRISTINE D'OTTAVIO CONTROLLER	35.0 0.0					X		163,059	0	25,716

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAUDIA SALAZAR VP PROGRAM MANAGEMENT	35.0 0.0					X		172,084	0	15,576
MARY HURSON VP PROGRAM MANAGEMENT	35.0 0.0					X		162,510	0	21,620
REV MSGR ALFRED LOPINTO EXECUTIVE VP & CEO	12.0 23.0	X		X				0	50,000	6,532
VERY REV PATRICK J KEATING DIRECTOR & Deputy CEO	10.0 25.0	X		X				0	50,000	1,500
MARGARET F KELLEHER CHAIR	2.0 0.0	X		X				0	0	0
MICHELLE P GUERRIER VICE CHAIR	1.0 0.0	X		X				0	0	0
SANTOS RODRIGUEZ SECRETARY	1.0 0.0	X		X				0	0	0
JOHN MURPHY JR TREASURER	1.0 0.0	X		X				0	0	0
Paul Capurso AS OF 92020 DIRECTOR	1.0 0.0	X						0	0	0
Peter F Castellana III DIRECTOR	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL COHEN DIRECTOR	1.0 0.0	X						0	0	0
David T Ferguson DIRECTOR (AS OF 11/2020)	1.0 0.0	X						0	0	0
Robert C Golden DIRECTOR (AS OF 3/2021)	1.0 0.0	X						0	0	0
DANIEL GREENE DIRECTOR	1.0 0.0	X						0	0	0
DAWN A HEWITT DIRECTOR	1.0 0.0	X						0	0	0
ROBERT MARQUEZ DIRECTOR	1.0 0.0	X						0	0	0
VALERIE STEWART-LOVELL DIRECTOR	1.0 0.0	X						0	0	0
CORINNE JS SYMIETZ DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number
11-2047151

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	73,703,075	76,929,356	76,292,724	86,285,881	84,481,499	397,692,535
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	73,703,075	76,929,356	76,292,724	86,285,881	84,481,499	397,692,535
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).						0
6	Public support. Subtract line 5 from line 4.						397,692,535

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	73,703,075	76,929,356	76,292,724	86,285,881	84,481,499	397,692,535
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,889	22,105	36,944	50,900	22,232	157,070
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	864,202	28,467	614,126	2,707,932	3,231,287	7,446,014
11	Total support. Add lines 7 through 10						405,295,619
12	Gross receipts from related activities, etc. (see instructions)					12	150,989,162

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	98.124 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	99.030 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

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

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number
11-2047151

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 an 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 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 7/25/06, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	598,824	453,501	145,323
d Equipment		1,726,764	562,725	1,164,039
e Other		34,240	34,240	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,309,362

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) AMOUNT HELD IN ESCROW	2,816,416
(2) SECURITY DEPOSITS	1,521,090
(3) DUE FROM AFFILIATED AGENCIES	306,176
(4) AMOUNT HELD FOR OTHERS	31,630
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,675,312

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATED AGENCIES	17,787,608
(3) PROGRAM ADVANCES	7,748,494
(4) CONSTRUCTION ADVANCE	2,816,416
(5) MEDICARE ADVANCES	2,339,384
(6) DUE TO THIRD PARTY PAYORS	1,626,159
(7) WELFARE FUND LIABILITY	1,061,259
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	33,379,320

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-2047151

Name: CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	IN FISCAL YEAR 2012, FLOWERS WITH CARE OF THE DIOCESE OF BROOKLYN, INC. ("FWC") TRANSFERRED ITS PERMANENTLY RESTRICTED ENDOWMENT TO CCNS. THE INCOME FROM THESE ENDOWMENT FUNDS IS RESTRICTED TO SUPPORT THE PROGRAMS FORMERLY OPERATED BY FWC.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>CATHOLIC CHARITIES NEIGHBORHOOD SERVICES ("CCNS") IS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. CCNS HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH THE TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. CCNS DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2021. CCNS HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. CCNS is subject to routine audits by taxing authorities. AS OF JUNE 30, 2021, CCNS WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number 11-2047151

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Assistance to the needy	41152	10,400,716	11,220,734	FMV	Rental assist.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHES OF BROOKLYN AND QUEENS. GRANTS ARE GIVEN DIRECTLY TO CCNS INDIVIDUAL CONSUMERS AND/OR OTHER THIRD PARTIES ON THEIR BEHALF. IN FURTHERANCE OF THE MISSION BASED ON CONSUMER IN-TAKE DOCUMENTS, OUR FIELD PROGRAM PERSONNEL MONITOR THE NEEDS OF ACCEPTABLE CONSUMERS AND DETERMINE THAT SUCH CONSUMERS MEET THE CRITERIA AND GOALS AND OBJECTIVES OF THE PROGRAM, AS PRESCRIBED BY FUNDING SOURCE AGREEMENTS. GRANTS ARE SUBSEQUENTLY PROVIDED TO THE CONSUMER, BASED ON THE ABOVE. PROGRAM PERSONNEL KEEP RECORDS OF SUCH GRANTS TO CONSUMERS. ANY CASH GRANTS ARE PAID DIRECTLY TO THE INDIVIDUAL OR COMPANY WHO IS OWED THE MONEY NOT THE INDIVIDUAL RECEIVING THE GRANT. IN THIS WAY THE ORGANIZATION CAN MAKE SURE THE FUNDS ARE USED PROPERLY.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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, 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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	No
b Any related organization?	5b	No
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	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
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	No
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 are not 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, Line 3:	officer compensation is paid by a related 501(c)(3) organization. SCHEDULE J, PART II: FOR INDIVIDUALS LISTED ON PART II, INCLUDED IN COLUMN B(III) IS TAXABLE AUTO ALLOWANCE IN ADDITION TO GROUP TERM LIFE INSURANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Employer identification number
11-2047151

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		675,309	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Supplies)	X	50	230,436	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Employer identification number

11-2047151

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:</p>	<p>FAMILY STABILIZATION - PREVENTION PROGRAMS TAILORED FOR AT-RISK FAMILIES TO HOMELESS PREVENTION PROGRAMS THAT HELP PEOPLE IN DANGER OF LOSING THEIR HOMES. FAMILY SERVICES PROGRAMS STRENGTHEN FAMILIES AND HELP THEM STAY TOGETHER. FOR YOUNG ADULTS, WE PROVIDE A SECOND CHANCE TO KEEP THEM OFF THE STREETS AND GIVE THEM REAL PURPOSE FOR THE FUTURE, THROUGH SUCH PROGRAMS AS THE SYEP, OB & RO WLG, AND PTYF. OUR OUT OF SCHOOL TIME AFTERSCHOOL PROGRAMS PROVIDE A MIX OF ACADEMIC, RECREATIONAL AND CULTURAL ACTIVITIES AND FAMILY SUPPORT FOR YOUNG PEOPLE (GRADES K-5) AFTER SCHOOL, DURING HOLIDAYS AND IN THE SUMMER, IN A SAFE AND SUPPORTIVE ENVIRONMENT. ESL, CIVICS AND IMMIGRANT ASSISTANCE PROGRAMS WHICH HELP WITH LANGUAGE AND SERVICES. EMERGENCY RENTAL ASSISTANCE PROGRAM PROVIDES SIGNIFICANT ECONOMIC RELIEF TO HELP LOW AND MODERATE-INCOME HOUSEHOLDS AT RISK OF EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY BY PROVIDING RENTAL ARREARS, TEMPORARY RENTAL ASSISTANCE AND UTILITY ARREARS ASSISTANCE. . FOOD AND NUTRITION SERVICES THRU WIC AND FOOD PANTRIES. FAMILY STABILIZATION SERVED 21,766 PEOPLE. EXPENSES: \$17,545,423 GRANTS: \$2,408,093 REVENUE: \$27,025 CLINIC, RECOVERY AND REHABILITATION SERVICES (CRR) - THE CLINIC, REHABILITATION AND RECOVERY PORTFOLIO OFFERS TRADITIONAL MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. THE ARTICLE 31 MENTAL HEALTH CLINICS, PROS PROGRAMS AND THE ADDICTION CENTER BILL MEDICAID, MEDICARE AND THIRD -PARTY INSURANCES FOR INDIVIDUAL VERBAL THERAPY, PSYCHIATRIST VISITS AND MEDICATION AND ADDICTION AND MENTAL HEALTH RECOVERY GROUPS. TRADITIONAL MENTAL HEALTH SERVED 7,975 UNIQUE PEOPLE AND REHAB AND RECOVERY SERVED AN ADDITIONAL 984. CCNS IS ALSO CURRENTLY OPERATING A CLINIC SATELLITE IN MASPEH HIGH SCHOOL. THE CLINICS AND PROS INTEGRATE HEALTH CARE WITH REGISTERED NURSES PROVIDING HEALTH MONITORING AND HEALTH EDUCATION. THE BROOKLYN CLINIC IS OPERATING WITH A CERTIFIED COMMUNITY BEHAVIORAL HEALTH EXPANSION GRANT. THIS IS A MODEL OF SERVICE WITH HIGH COMPREHENSIVE STANDARDS. CURRENTLY, THE CCBHC HAS THE ARTICLE 31 INTEGRATED OUTPATIENT SERVICES CLINIC, THE ADDICTION CLINIC, A MOBILE CRISIS TEAM, A TARGETED CASE MANAGEMENT TEAM, PEER SERVICES AND BENEFIT COORDINATION. CCNS HAS COMMUNITY SUPPORT PROGRAMS FOR THE SERIOUSLY MENTALLY ILL INCLUDING A CLUBHOUSE, ASSISTED COMPETITIVE EMPLOYMENT AND PEER ADVOCACY PROGRAM. CRR RUNS A CALL CENTER WHICH ACTS AS A CONDUIT FOR AGENCY PROGRAMS INCLUDING THE CLINICS AND OTHER BEHAVIORAL HEALTH PROGRAMS WHICH RECEIVED CALLS FROM 22,328 UNIQUE PEOPLE. EXPENSES: \$6,857,962 GRANTS: \$191,904 REVENUE: \$8,013,485 CARE COORDINATION AND CASE MANAGEMENT (CCCM)- CARE COORDINATION AND CASE MANAGEMENT, INCLUDE SCREENING AND OUTREACH SERVICES, PROVIDING COORDINATION FOR INDIVIDUALS' BEHAVIORAL, ADDICTION AND PHYSICAL HEALTH CARE NEEDS AND ASSESSING AND ASSISTING WITH CLIENTS' SOCIAL DETERMINANTS OF HEALTH NEEDS. PROGRAMS DIFFER TO THE EXTENT THAT SERVICES ARE PROVIDED TO SPECIFIC POPULATIONS: SERIOUSLY MENTALLY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	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. 1907 UNIQUE INDIVIDUAL RECEIVED CARE MANAGEMENT SERVICES IN FY2021. THE WALK-IN CENTER WHICH HAS SINCE MOVED OUT OF IHW ASSISTED 5,013 INDIVIDUALS WITH FINANCIAL ASSISTANCE, FOOD, REFERRALS/LINKAGES AND EDUCATIONAL MATERIALS. ADDITIONALLY, DUE TO COVID, CCNS PARTICIPATED IN PROJECT HOPE AND REACH OVER 27,000 NEW YORKERS WITH PANDEMIC RELATED HELP. EXPENSES: \$4,575,366 GRANTS: \$242,033 REVENUE: \$2,038,019 OFFICE OF COMMUNITY PROGRAMMING - COMMUNITY PROGRAMMING CONDUCTS EVENTS AND WORKSHOPS. THIS INCLUDES EVENTS LIKE HEALTH FAIRS, BACK TO SCHOOL EVENTS AND WORKSHOPS INCLUDING MOMMY AND ME, STEP UP, AND WORKFORCE DEVELOPMENT. EXPENSES: \$1,571,210 GRANTS: \$1,310,703 REVENUE: \$537,822

990 Schedule O, Supplemental Information

Return Reference	Explanation
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").

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B:	CC IS THE SOLE MEMBER OF CCNS. PURSUANT TO THE BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING BUT NOT LIMITED TO (1) AMEND THE BY-LAWS OF THE CORPORATION, (2) CHANGE THE PURPOSE OF THE CORPORATION, (3) DISSOLVE THE CORPORATION, (4) ELECT DIRECTORS, (5) FILL VACANT DIRECTOR POSITIONS, AND (6) REMOVE DIRECTORS WITH OR WITHOUT CAUSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	CCNS HAS AN INTERNAL COMPLIANCE OFFICER. THIS PERSON IS ALSO CHIEF OF STAFF. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON (1) HAS RECEIVED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, (2) HAS READ AND UNDERSTANDS THE POLICY, (3) HAS AGREED TO COMPLY WITH THE POLICY AND (4) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT ACTIVITIES. IF THERE IS AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, AFFECTED INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DELIBERATING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A:	the organization's top management official received compensation from a related 501(c)(3) organization. FORM 990, PART VI, SECTION B, LINE 15B: the organization has an executive compensation committee that reviews the performance of and establishes the compensation of key employees and other senior executive positions. this committee is comprised of independent members of the board of directors. comparison of actual performance against pre-established goals, comparability of compensation paid to executive officers by other not-for-profit organizations of like sized and geographic location, and various other operational data are considered in the compensation evaluation process. any compensation determinations are then documented in the minutes of the committee.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES NEIGHBORHOOD
SERVICES INC

Employer identification number

11-2047151

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

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

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.

See Additional Data Table

(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

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-2047151

Name: CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
191 JORALEMON STREET BROOKLYN, NY 11201 11-1633548	CHARITABLE	NY	501(C)3	LINE 1	NA		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2693497	REAL ESTATE	NY	501(C)2	N/A	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-1835881	SOCIAL SVCS	NY	501(C)3	LINE 10	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 01-0644523	SOCIAL PROG	NY	501(C)3	LINE 10	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 45-0635208	SUPPORT CATH	NY	501(C)3	LINE 10	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2555060	HOUSING	NY	501(C)3	LINE 12B	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2431586	HOUSING	NY	501(C)3	LINE 12B	CCBQ		No
191 JORALEMON STREET BROOKLYN, NY 11201 26-2418657	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3166290	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3636256	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3201990	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3589144	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3402363	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2431599	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3519422	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3402365	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2628789	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 26-2418821	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3160652	HOUSING	NY	501(C)3	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3572490	HOUSING	NY	501(C)3	LINE 10	POPDC		No

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
191 JORALEMON STREET BROOKLYN, NY 11201 26-3619644	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3621552	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 45-2654972	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 45-3073520	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 27-2237468	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3054633	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3188830	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2721068	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3575007	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-2748468	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3596619	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 46-2874644	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 11-3201922	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 83-4373917	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 83-4422168	HOUSING	NY	501(C)(3)	LINE 10	POPDC		No
2720 SURF AVENUE BROOKLYN, NY 11224 22-2943712	NURSING FAC	NY	501(C)(3)	LINE 10	POPDC		No
191 JORALEMON STREET BROOKLYN, NY 11201 86-2742400	support	NY	501(C)(3)	LINE 12B	POPDC		No

Form 990, Schedule R, Part IV - 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
BEDFORD SAINT JOHN'S ASSOCIATES INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3625826	REAL ESTATE	NY	NA	C					No
BISHOP BOARDMAN APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884375	REAL ESTATE	NY	NA	C					No
BISHOP FRANCIS J MUGAVERO APARTMENTS 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884179	REAL ESTATE	NY	NA	C					No
HOLY SPIRIT APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884296	REAL ESTATE	NY	NA	C					No
JEFFERSON MELROSE ASSOCIATES INC 191 JORALEMON STREET BROOKLYN, NY 11201 65-1202319	REAL ESTATE	NY	NA	C					No
MARY STAR OF THE SEA APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884243	REAL ESTATE	NY	NA	C					No
MSGR EDWARD T BURKE APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884439	REAL ESTATE	NY	NA	C					No
MSGR JOHN P O'BRIEN APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884416	REAL ESTATE	NY	NA	C					No
MSGR THOMAS CAMPBELL APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884338	REAL ESTATE	NY	NA	C					No
POPE JOHN PAUL II APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884264	REAL ESTATE	NY	NA	C					No
SR LUCIAN APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884457	REAL ESTATE	NY	NA	C					No
ST BRENDAN'S APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 20-2884218	REAL ESTATE	NY	NA	C					No
TAAFFE KENT ASSOCIATES INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3426859	REAL ESTATE	NY	NA	C					No
WILLOUGHBY CLASSON APARTMENTS INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3041447	REAL ESTATE	NY	NA	C					No
HOWARD BEACH HOUSING CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 45-2661870	REAL ESTATE	NY	NA	C					No

Form 990, Schedule R, Part IV - 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
55 PIERREPONT APARTMENTS CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 45-3073589	REAL ESTATE	NY	NA	C					No
OL LORETO HOUSING CORP 191 JORALEMON STREET BROOKLYN, NY 11201 90-0636520	REAL ESTATE	NY	NA	C					No
CARING SUPPORTED HSG MNG MBR CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 46-2886329	REAL ESTATE	NY	NA	C					No
LORETO II MM CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 83-4393679	REAL ESTATE	NY	NA	C					No
SHERIDAN II MM CORPORATION 191 JORALEMON STREET BROOKLYN, NY 11201 83-4405202	REAL ESTATE	NY	NA	C					No
VB CCPOPD Housing Development Fund CORP 191 Joralemon Street Brooklyn, NY 11201 87-2089532	REAl estate	NY	na	C					No