

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1654 W ONONDAGA STREET

City or town, state or province, country, and ZIP or foreign postal code
SYRACUSE, NY 13204

D Employer identification number
15-0532085

E Telephone number
(315) 424-1800

F Name and address of principal officer
MICHAEL F MELARA
1654 W ONONDAGA STREET
SYRACUSE, NY 13204

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)

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

G Gross receipts \$ 73,479,785

H(c) Group exemption number ▶ 0928

J Website: ▶ WWW.SYRACUSEDIOCESE.ORG/DIOCESAN-OFFICES

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1917 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY OPERATES THROUGHOUT THE DIOCESE FROM AREA OFFICES LOCATED IN THE FOLLOWING COUNTIES ONONDAGA, ONEIDA/MADISON, OSWEGO, CORTLAND, BROOME AND CHENANGO CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY WAS ORGANIZED TO PROVIDE LOCAL RESIDENTS WITH QUALITY SERVICES, ADVOCACY ON BEHALF OF PERSONS IN NEED AND A COMMITMENT TO SERVE FOR THE BETTERMENT OF THE INDIVIDUAL, FAMILY AND COMMUNITY

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 | 21 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 1,434 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 367 |
| 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 | -148 |

| | Prior Year | Current Year |
|---------------------------------------------------------------------------------------------|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 33,295,378 | 43,357,456 |
| 9 Program service revenue (Part VIII, line 2g) | 28,983,248 | 29,483,220 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -205,423 | 425,659 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 121,363 | 105,372 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 62,194,566 | 73,371,707 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 237,572 | 895,017 |
| 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) | 41,898,550 | 43,616,799 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 294,505 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 18,234,795 | 19,925,124 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 60,370,917 | 64,436,940 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,823,649 | 8,934,767 |

| | Beginning of Current Year | End of Year |
|---------------------------------------------------------------------|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 44,863,776 | 54,661,268 |
| 21 Total liabilities (Part X, line 26) | 19,353,613 | 18,126,895 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 25,510,163 | 36,534,373 |

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: 2020-06-25

MICHAEL F MELARA CEO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------------------------------------------------|----------------------|------|-------------------------------------------------|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00005255 |
| Firm's name ▶ DERMODY BURKE & BROWN CPAS LLC | | | Firm's EIN ▶ 01-0723685 | |
| Firm's address ▶ 443 N FRANKLIN ST STE 100 SYRACUSE, NY 132041441 | | | Phone no (315) 471-9171 | |

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 OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY OPERATES THROUGHOUT THE DIOCESE FROM AREA OFFICES LOCATED IN THE FOLLOWING COUNTIES ONONDAGA, ONEIDA/MADISON, OSWEGO, CORTLAND, BROOME AND CHENANGO CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY WAS ORGANIZED TO PROVIDE LOCAL RESIDENTS WITH QUALITY SERVICES, ADVOCACY ON BEHALF OF PERSONS IN NEED AND A COMMITMENT TO SERVE FOR THE BETTERMENT OF THE INDIVIDUAL, FAMILY AND COMMUNITY

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 \$ 25,753,324 including grants of \$ 232,301) (Revenue \$ 11,314,233)
 See Additional Data

4b (Code) (Expenses \$ 11,029,946 including grants of \$) (Revenue \$ 6,042,842)
 See Additional Data

4c (Code) (Expenses \$ 15,118,717 including grants of \$) (Revenue \$ 8,991,148)
 See Additional Data

(Code) (Expenses \$ 5,354,618 including grants of \$ 662,716) (Revenue \$ 3,134,997)

OTHER PROGRAMS INCLUDE SUBSTANCE ABUSE PROGRAMS, WEATHERIZATION ASSISTANCE, RETIRED & SENIOR VOLUNTEER PROGRAM, RURAL SERVICES, SAFE SCHOOLS PROGRAM, EMERGENCY SERVICES, CRIME VICTIMS SERVICES AND OTHER SOCIAL SERVICE PROGRAMS TO PROVIDE LOCAL RESIDENTS WITH QUALITY SERVICES, ADVOCACY ON BEHALF OF PERSONS IN NEED AND A COMMITMENT TO SERVE FOR THE BETTERMENT OF THE INDIVIDUAL, FAMILY AND COMMUNITY

4d Other program services (Describe in Schedule O)
 (Expenses \$ 5,354,618 including grants of \$ 662,716) (Revenue \$ 3,134,997)

4e Total program service expenses ▶ 57,256,605

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 | | No |
| 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 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 | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | No |
| 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 |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | 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 | Yes | |
| 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 |
| b 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 | Yes | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding 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 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

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 1,434</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>Yes</p> | |
| <p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p> | <p>3b</p> | <p>Yes</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>4a</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>Yes</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>Yes</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>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? If "No," provide an explanation in Schedule O</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 (21), 1b (20), 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
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 VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 1,019,993 | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c 140,850 | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e 30,713,435 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 11,483,178 | | | |
| | g Noncash contributions included in lines 1a - 1f \$ | 1g 19,889 | | | |
| | h Total. Add lines 1a-1f | | 43,357,456 | | |

| Program Service Revenue | | | Business Code | | | |
|------------------------------------------|------------------------------------------------------|--|---------------|------------|------------|--|
| | 2a MENTAL HEALTH SERVICES | | 624100 | 11,314,233 | 11,314,233 | |
| | b CHILD AND FAMILY SERVICES | | 624410 | 8,991,148 | 8,991,148 | |
| | c RESIDENTIAL SUPPORT | | 624100 | 6,042,842 | 6,042,842 | |
| | d OTHER PROGRAM SERVICES | | 624100 | 3,134,997 | 3,134,997 | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f. | | | 29,483,220 | | | |

| | | | | | | | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------|---------------|------------|---------|---------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 220,273 | | | 220,273 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | | b Less rental expenses | 6b | | | | | |
| | | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | | | 241,784 | | | |
| | | b Less cost or other basis and sales expenses | 7b | | | 36,398 | | |
| | | c Gain or (loss) | 7c | | | 205,386 | | |
| | d Net gain or (loss) | | | | 205,386 | | 205,386 | |
| | 8a Gross income from fundraising events (not including \$ 140,850 of contributions reported on line 1c) See Part IV, line 18 | 8a | | | | | | |
| | | | | | 177,052 | | | |
| | | b Less direct expenses | 8b | | | 71,680 | | |
| | c Net income or (loss) from fundraising events | | | | 105,372 | | 105,372 | |
| | 9a Gross income from gaming activities See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| | | b Less direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | | | | | | | |
| | b Less cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| 11a Miscellaneous Revenue | | Business Code | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | | |
| 12 Total revenue. See instructions | | | | 73,371,707 | 29,483,220 | 0 | 531,031 | |

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 | 895,017 | 895,017 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 311,769 | | 311,769 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 32,909,478 | 29,175,047 | 3,545,949 | 188,482 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 859,879 | 749,255 | 106,462 | 4,162 |
| 9 Other employee benefits | 6,828,266 | 6,101,130 | 704,166 | 22,970 |
| 10 Payroll taxes | 2,707,407 | 2,386,821 | 305,127 | 15,459 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 62,993 | 26,557 | 36,436 | |
| c Accounting | 257,836 | 1,900 | 255,936 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,404,806 | 2,145,939 | 257,867 | 1,000 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 3,626,208 | 3,289,582 | 289,583 | 47,043 |
| 14 Information technology | 1,387,778 | 945,461 | 432,791 | 9,526 |
| 15 Royalties | | | | |
| 16 Occupancy | 3,269,626 | 2,938,501 | 327,006 | 4,119 |
| 17 Travel | 946,475 | 899,725 | 46,485 | 265 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 313,799 | 238,239 | 75,505 | 55 |
| 20 Interest | 181,773 | 136,854 | 44,919 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,158,273 | 1,078,624 | 79,649 | |
| 23 Insurance | | | | |
| 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 SPECIFIC ASSISTANCE TO | 6,139,115 | 6,139,115 | | |
| b DUES AND SUBSCRIPTIONS | 114,568 | 50,511 | 62,876 | 1,181 |
| c MISCELLANEOUS | 48,028 | 44,481 | 3,304 | 243 |
| d BAD DEBTS | 13,846 | 13,846 | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 64,436,940 | 57,256,605 | 6,885,830 | 294,505 |
| 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 | 9,924,442 | 1 | 11,425,484 |
| | 2 Savings and temporary cash investments | 1,276,119 | 2 | 1,537,132 |
| | 3 Pledges and grants receivable, net | 968,329 | 3 | 7,778,809 |
| | 4 Accounts receivable, net | 8,295,601 | 4 | 3,818,125 |
| | 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 | | 5 | |
| | 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) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 343,815 | 9 | 257,534 |
| | 10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D | 10a 30,941,855 | | |
| | b Less accumulated depreciation | 10b 15,625,655 | 13,318,550 | 10c 15,316,200 |
| | 11 Investments—publicly traded securities | 6,278,024 | 11 | 8,162,784 |
| | 12 Investments—other securities—See Part IV, line 11 | 1,208,449 | 12 | 2,291,243 |
| | 13 Investments—program-related—See Part IV, line 11 | 41,629 | 13 | 346,091 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets—See Part IV, line 11 | 3,208,818 | 15 | 3,727,866 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 44,863,776 | 16 | 54,661,268 | |
| Liabilities | 17 Accounts payable and accrued expenses | 7,753,765 | 17 | 7,642,191 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,133,970 | 19 | 1,016,347 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability—Complete Part IV of Schedule D | | 21 | |
| | 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,923,985 | 23 | 2,675,442 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 58,205 | 24 | 46,089 |
| | 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 | 5,483,688 | 25 | 6,746,826 |
| | 26 Total liabilities. Add lines 17 through 25 | 19,353,613 | 26 | 18,126,895 |
| 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 | 22,829,802 | 27 | 26,670,972 |
| | 28 Net assets with donor restrictions | 2,680,361 | 28 | 9,863,401 |
| | 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 | 25,510,163 | 32 | 36,534,373 | |
| 33 Total liabilities and net assets/fund balances | 44,863,776 | 33 | 54,661,268 | |

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 | 73,371,707 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 64,436,940 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 8,934,767 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 25,510,163 |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,818,136 |
| 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 | 271,307 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,534,373 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 | No |
|-----------|-----|----|
| 1 | | |
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 15-0532085

Name: CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE A RESIDENTIAL OPTION INCLUDING INDIVIDUAL RESIDENTIAL ALTERNATIVE FACILITIES, HALF-WAY HOUSES, GROUP HOMES AND SUPPORTIVE SERVICES FOR PERSONS IN NEED, INCLUDING HOMELESS INDIVIDUALS, INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, AND THOSE RECOVERING FROM ALCOHOL ABUSE

Form 990, Part III, Line 4b:

PROVIDES MENTAL HEALTH SERVICES, COUNSELING AND CASE MANAGEMENT TO INDIVIDUALS WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Form 990, Part III, Line 4c:

CHILD SERVICES INCLUDING ADMINISTERING NEIGHBORHOOD CENTERS WHERE PRE-SCHOOL PROGRAMS, AFTER SCHOOL PROGRAMS, AND VARIOUS OTHER PROGRAMS AND SERVICES ARE OFFERED WHICH PROMOTE FAMILY NURTURING THIS ALSO INCLUDES FAMILY REFUGEE SETTLEMENT SERVICES

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 | | | |
| MICHAEL MELARA CEO & MEMBER/TRUSTEE | 4 00 | X | | X | | | | 159,722 | 0 | 30,386 |
| SHARON WILSON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| PAUL FOSTER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| FRANCES LANIGAN CHAIR 2019-2020 | 2 00 | X | | X | | | | 0 | 0 | 0 |
| CAROL CLARKE SECRETARY 2019-2020 | 2 00 | X | | X | | | | 0 | 0 | 0 |
| CARL J SPEICHER TREASURER 2019-2020 | 2 00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL PAINO TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| ROSEMARY MIRABITO TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| STEVEN G NATOLI TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JULIAN MODESTI VICE CHAIR 2019-2020 | 2 00 | X | | 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 | | | |
| STEPHANIE DAVIS TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK LISCIA TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| KATE ALM TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| PAUL PHELPS TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| RANDOLPH GRANT TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARGARET GALLAWAY TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK PITONZO TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| RYAN MCDERMOTT TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM NICHOLSON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MOST REV ROBERT CUNNINGHAM MEMBER & TRUSTEE | 2 00 | X | | 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 | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| REV MSGRTIMOTHY ELMER MEMBER & TRUSTEE | 2 00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL CAMPBELL FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN ROESSNER FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| DENNIS WEBSTER FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARY ANN DISCENZA FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARYTHERESA BALUTIS FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| PATRICK TAYLOR FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANNMARIA MANIACI FORMER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY CONESTABILE CFO | 40 00 1 00 | | | X | | | | 100,196 | 0 | 21,465 |
| LORI ACCARDI EXEC DIR BROOME | 40 00 2 00 | | | | | X | | 169,553 | 0 | 25,573 |

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 | | | |
| DENISE CAVANAUGH EXEC DIR ONEIDA/MADISON | 40 00 | | | | | X | | 108,927 | 0 | 17,011 |
| MARY DIEGERT DIR OF FINANCE BROOME | 40 00 | | | | | X | | 106,073 | 0 | 23,080 |
| THOMAS KELSO DIR OF FINANCE ONONDAGA | 2 00 40 00 | | | | | X | | 108,722 | 0 | 7,982 |
| TONYA BROWN ASSISTANT EXEC DIR BROOME | 40 00 2 00 | | | | | X | | 101,203 | 0 | 23,431 |

SCHEDULE A
(Form 990 or
990EZ)

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number

15-0532085

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 29,773,865 | 31,723,753 | 32,711,254 | 33,263,867 | 43,337,567 | 170,810,306 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 29,773,865 | 31,723,753 | 32,711,254 | 33,263,867 | 43,337,567 | 170,810,306 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 170,810,306 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------|--------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 | Amounts from line 4 | 29,773,865 | 31,723,753 | 32,711,254 | 33,263,867 | 43,337,567 | 170,810,306 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 145,571 | 159,325 | 174,716 | 195,781 | 220,273 | 895,666 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 299,189 | 253,788 | 202,085 | 231,580 | 177,052 | 1,163,694 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 172,869,666 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 137,109,771 |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|----------------------------------------------------------------------------------------|-----------|---------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.810% |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 98.700% |

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|----------------------------------------------------------------------------------------|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|----------------------------------------------------------------------------------------------------|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2019 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 |
|-------------------------------------|

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | SPECIAL EVENTS - 2015 AMOUNT \$ 299,189 2016 AMOUNT \$ 253,788 2017 AMOUNT \$ 202,085 2018 AMOUNT \$ 231,580 2019 AMOUNT \$ 177,052 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2019
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 OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number
15-0532085

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|-----------------------------------------|--------|
| 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 | 515,238 | 562,199 | 523,301 | 523,602 | 246,783 |
| b Contributions | | | | | 277,501 |
| c Net investment earnings, gains, and losses | 41,671 | -46,961 | 38,898 | -301 | -682 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 556,909 | 515,238 | 562,199 | 523,301 | 523,602 |

- 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** Temporarily restricted 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) Yes | |
| (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 | | 1,017,909 | | 1,017,909 |
| b Buildings | | 22,258,771 | 11,339,192 | 10,919,579 |
| c Leasehold improvements | | | | |
| d Equipment | | 5,477,535 | 4,286,463 | 1,191,072 |
| e Other | | 2,187,640 | | 2,187,640 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 15,316,200 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--------------------------------------------------------------------------|----------------|----------------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (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) PENSION ASSETS | 3,588,430 |
| (2) DUE FROM AFFILIATED ORGANIZATIONS | 139,436 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 3,727,866 |

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.

| (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 6,746,826 |

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 | 75,716,857 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,818,136 |
| b | Donated services and use of facilities | 2b | 492,196 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 922,308 |
| e | Add lines 2a through 2d | 2e | 3,232,640 |
| 3 | Subtract line 2e from line 1 | 3 | 72,484,217 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 887,490 |
| c | Add lines 4a and 4b | 4c | 887,490 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 73,371,707 |

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 | 64,374,986 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 492,196 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 333,340 |
| e | Add lines 2a through 2d | 2e | 825,536 |
| 3 | Subtract line 2e from line 1 | 3 | 63,549,450 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 887,490 |
| c | Add lines 4a and 4b | 4c | 887,490 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 64,436,940 |

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

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 15-0532085

Name: CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Supplemental Information

| Return Reference | Explanation |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4 | THE ORGANIZATION HAS THREE ENDOWMENT FUNDS TWO ARE TO PROVIDE SUPPORT TO THE GENERAL OPERATIONS OF THE AGENCY AND THE THIRD IS TO OFFSET THE COST OF INNER CITY YOUTH TO ATTEND SUMMER CAMP |

Supplemental Information

| Return Reference | Explanation |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2 | THE ORGANIZATION IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF NEW YORK STATE LAW, WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISION OF NEW YORK STATE LAW, IS SUBJECT TO INCOME TAX SINCE THE ORGANIZATION IS THE SOLE MEMBER OF THE LLCs, THE LLCs ARE CONSIDERED TO BE DISREGARDED ENTITIES FOR TAX PURPOSES AND NO PROVISIONS HAVE BEEN MADE FOR FEDERAL OR STATE TAXES MANAGEMENT BELIEVES THAT SUBSTANTIALLY ALL OF THE ORGANIZATION'S INCOME WAS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE DURING THE YEARS ENDED DECEMBER 31, 2019 AND 2018 |

Supplemental Information

| Return Reference | Explanation |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | REVENUE REPORTED ON FORM 990 FOR ASSOCIATED CATHOLIC CHARITIES 1,119,487 SPECIAL EVENTS E XPENSES 71,680 CHANGE IN NET PENSION LIABILITY -268,859 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | ASSOCIATED CATHOLIC CHARITIES RENT INCOME 224,774 CONTRIBUTIONS TO ASSOCIATED CATHOLIC CHARITIES 662,716 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | EXPENSES REPORTED ON FORM 990 FOR ASSOCIATED CATHOLIC CHARITIES 261,660 SPECIAL EVENTS EXPENSES 71,680 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | RENT PAID TO ASSOCIATED CATHOLIC CHARITIES 224,774 CONTRIBUTIONS TO ASSOCIATED CATHOLIC CHARITIES 662,716 |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|-------------------------------|
| | | DINNER (event type) | HARVEST FOR HUNGER (event type) | 5 (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 170,788 | 68,380 | 71,036 | 310,204 |
| | 2 Less Contributions | 140,850 | | | 140,850 |
| | 3 Gross income (line 1 minus line 2) | 29,938 | 68,380 | 71,036 | 169,354 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | 899 | 899 |
| | 6 Rent/facility costs | | | 3,130 | 3,130 |
| | 7 Food and beverages | 33,084 | | 6,777 | 39,861 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 14,376 | 6,703 | 4,233 | 25,312 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 69,202 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 100,152 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|----------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party
- Name ▶
- Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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
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.

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number 15-0532085

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes two rows of data.

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) | | | | | |
| (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 | PRIOR TO THE DISTRIBUTION OF FUNDS, THE ORGANIZATION RESEARCHES THE PROSPECTIVE GRANTEE TO ENSURE THEY ARE A LEGITIMATE NOT FOR PROFIT OR CHURCH ORGANIZATION |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

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

2019

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number
15-0532085

Part I Questions Regarding Compensation

| | Yes | No | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <p>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.</p> | 1b | | | |
| <p>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?</p> | 2 | | | |
| <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | |
| | 4b | No | | |
| | 4c | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | |
| | 5b | No | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | |
| | 6b | No | | |
| <p>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.</p> | 7 | No | | |
| <p>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.</p> | 8 | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | |

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 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.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number

15-0532085

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 6 | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY (CC) IS A MEMBERSHIP CORPORATION THE THREE MEMBERS OF CC ARE THE ORDINARY OF THE DIOCESE, THE VICAR GENERAL OF THE DIOCESE, AND THE DIOCESAN DIRECTOR VARIOUS POWERS ARE SPECIFICALLY RESERVED TO THE MEMBERS IN THE BY-LAWS OF CC ONE OF THOSE POWERS IS THE APPOINTMENT OF THE TRUSTEES OF CC, THE REBY GIVING THE ROMAN CATHOLIC DIOCESE OF SYRACUSE CONTROL OF CC |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 7A | THE THREE MEMBERS OF CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY (CC) HAVE THE POWER TO APPOINT THE TRUSTEES OF CC |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B | A DRAFT OF THE 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ONCE SATISFIED, THE AUDIT COMMITTEE RECOMMENDS APPROVAL OF THE 990 TO THE BOARD OF TRUSTEE S ONCE APPROVED BY THE BOARD OF TRUSTEES, THE 990 IS THEN FILED WITH THE IRS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT ON INTEREST STATEMENTS ARE PREPARED WHEN HIRED AND UPDATED ON AN ANNUAL BASIS THE BOARD MEMBERS ARE ALSO REQUIRED TO UPDATE THEIR CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD OF TRUSTEES REVIEWS SIMILAR NOT-FOR-PROFIT ORGANIZATIONS USING GUIDESTAR ORG AND OTHER SOURCES WHEN DETERMINING THE APPROPRIATE COMPENSATION FOR TOP MANAGEMENT THE DELIBERATIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19 | THE 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON GUIDESTAR ORG OR UPON REQUEST CURRENTLY, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES AVAILABLE TO THE PUBLIC |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XI, LINE 9 | CHANGE IN NET PENSION LIABILITY -268,859 CHANGE IN NET ASSETS - ADOPTION OF NEW ACCOUNTING PRONOUNCEMENT 540,166 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XI, LINE 2C | THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**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.

Name of the organization
CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY

Employer identification number

15-0532085

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------|---------------------------|-----------------------------------------------------------------|
| (1) ENCOMPASS HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE LEAD HEALTH HOME AGENCIES | NY | 8,825,663 | 4,332,998 | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY |
| (2) ENCOMPASS ADULT HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE AN ADULT HEALTH HOME LEAD AGENCY | NY | 4,055,978 | 1,415,404 | ENCOMPASS HEALTH HOME LLC |
| (3) ENCOMPASS FAMILY HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE A FAMILY HEALTH HOME LEAD AGENCY | NY | 4,769,685 | 3,273,529 | ENCOMPASS HEALTH HOME LLC |
| (4) DIGNITY WORKS LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 82-2854737 | TO REDUCE POVERTY BY PROVIDING TRAINING AND PAID WORK OPPORTUNITIES | NY | 329,336 | 236,324 | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY |
| (5) PROJECT JOSEPH LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 32-0558132 | TO ENABLE CLIENTS TO PARTICIPATE IN PAID EMPLOYMENT OPPORTUNITIES | NY | 311,404 | 231,406 | DIGNITY WORKS LLC |
| (6) CULINARY ARTS FOR SELF-SUFFICIENCY LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 30-1042726 | TO ENABLE CLIENTS TO TRAIN IN CULINARY ARTS | NY | 17,932 | 4,918 | DIGNITY WORKS LLC |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
| (1) TOOMEY RESIDENTIAL AND COMMUNITY SERVICES 1654 W ONONDAGA STREET SYRACUSE, NY 13204 16-1363414 | HELP CHILDREN AND PERSONS IN NEED OF SUPERVISION | NY | 501(C)(3) | 170(B)(1)(A)(VI) | | | No |
| (2) RIVERVIEW AVENUE APARTMENTS HOUSING DEV FUND COMPANY INC 990 JAMES STREET SYRACUSE, NY 13203 47-4955846 | LOW INCOME HOUSING PROJECT | NY | 501(C)(3) | 509(A)(2) | | | 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) RIVERVIEW AVENUE HOUSING LP 990 JAMES STREET SYRACUSE, NY 13203 36-4817992 | LESSOR OF LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
| | | | | | | | | Yes | No |
| (1) RIVERVIEW AVENUE APARTMENTS HOUSING INC 990 JAMES STREET SYRACUSE, NY 13203 47-4955846 | INVESTMENT OF REAL ESTATE FOR LOW INCOME HOUSING | NY | | C | -9 | -28 | 39 000 % | | 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) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | Yes | |
| e Loans or loan guarantees by related organization(s) | Yes | |
| 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) | Yes | |
| 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) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | | No |
| 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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| | | | |
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, SCHEDULE R, PART II RELATED PARTIES WITH GROUP EXEMPTIONS | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, NY (CATHOLIC CHARITIES) IS RELATED TO THREE ORGANIZATIONS THAT FALL UNDER THE SAME GROUP EXEMPTION ASSOCIATED CATHOLIC CHARITIES FOR COMMUNITY DEVELOPMENT AT BROOME COUNTY, INC AND CATHOLIC CHARITIES OF BROOME COUNTY DIVISION ARE UNDER COMMON MANAGEMENT CATHOLIC CHARITIES IS THE SOLE MEMBER OF CHRISTOPHER COMMUNITY, INC |

Schedule Form 2020

Additional Data**Software ID:****Software Version:****EIN:** 15-0532085**Name:** CATHOLIC CHARITIES OF THE ROMAN
CATHOLIC DIOCESE OF SYRACUSE NY**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1) ENCOMPASS HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE LEAD HEALTH HOME AGENCIES | NY | 8,825,663 | 4,332,998 | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY |
| (1) ENCOMPASS ADULT HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE AN ADULT HEALTH HOME LEAD AGENCY | NY | 4,055,978 | 1,415,404 | ENCOMPASS HEALTH HOME LLC |
| (2) ENCOMPASS FAMILY HEALTH HOME LLC 232 MAIN STREET BINGHAMTON, NY 13905 16-1170407 | TO OPERATE A FAMILY HEALTH HOME LEAD AGENCY | NY | 4,769,685 | 3,273,529 | ENCOMPASS HEALTH HOME LLC |
| (3) DIGNITY WORKS LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 82-2854737 | TO REDUCE POVERTY BY PROVIDING TRAINING AND PAID WORK OPPORTUNITIES | NY | 329,336 | 236,324 | CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE NY |
| (4) PROJECT JOSEPH LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 32-0558132 | TO ENABLE CLIENTS TO PARTICIPATE IN PAID EMPLOYMENT OPPORTUNITIES | NY | 311,404 | 231,406 | DIGNITY WORKS LLC |
| (5) CULINARY ARTS FOR SELF-SUFFICIENCY LLC 1654 W ONONDAGA STREET SYRACUSE, NY 13204 30-1042726 | TO ENABLE CLIENTS TO TRAIN IN CULINARY ARTS | NY | 17,932 | 4,918 | DIGNITY WORKS LLC |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) | Name of related organization | (b) | Transaction type(a-s) | (c) | Amount Involved | (d) | Method of determining amount involved |
|------------|--------------------------------------------------------------------------|------------|-----------------------|------------|-----------------|------------|---------------------------------------|
| (1) | ASSOCIATED CATHOLIC CHARITIES FOR COMMUNITY DEVELOPMENT AT BROOME COUNTY | K | | 224,774 | | | |
| (1) | CHRISTOPHER COMMUNITY INC | E | | 283,985 | | | |
| (2) | CHRISTOPHER COMMUNITY INC | L | | 85,000 | | | |
| (3) | TOOMEY RESIDENTIAL AND COMMUNITY SERVICES | J | | 201,097 | | | |
| (4) | TOOMEY RESIDENTIAL AND COMMUNITY SERVICES | D | | 162,195 | | | |
| (5) | TOOMEY RESIDENTIAL AND COMMUNITY SERVICES | L | | 645,669 | | | |
| (6) | ASSOCIATED CATHOLIC CHARITIES FOR COMMUNITY DEVELOPMENT AT BROOME COUNTY | E | | 303,945 | | | |
| (7) | ASSOCIATED CATHOLIC CHARITIES FOR COMMUNITY DEVELOPMENT AT BROOME COUNTY | D | | 139,436 | | | |
| (8) | RIVERVIEW AVENUE APARTMENTS HOUSING DEVELOPMENT FUND COMPANY INC | B | | 232,125 | | | |