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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CATHOLIC CHARITIES OF BUFFALO NEW YORK

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

741 DELAWARE AVENUE

Room/suite

City or town, state or country, and ZIP + 4

BUFFALO, NY 14209

F Name and address of principal officer

DENNIS WALCZYK

741 DELAWARE AVENUE

BUFFALO, NY 14209

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

16-0743251

E Telephone number

(716) 218-1400

G Gross receipts \$ 30,613,619

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.CCWNY.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1923

M State of legal domicile NY

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities PROVIDE SUPPORT AND COMMUNITY CARE SERVICES THROUGHOUT WESTERN NEW YORK		
	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)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	541	
	6	Total number of volunteers (estimate if necessary)	700	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,700,428	12,406,539
	9	Program service revenue (Part VIII, line 2g)	17,213,950	17,140,564
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,854	231,187
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,143,855	821,905
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,234,087	30,600,195
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,412,007	1,555,219
	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)	17,752,064	17,274,349
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 1,155,265		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,443,465	11,094,889
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,607,536	29,924,457
	19	Revenue less expenses Subtract line 18 from line 12	626,551	675,738
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	35,286,626	39,593,212
	21	Total liabilities (Part X, line 26)	6,843,028	7,550,487
	22	Net assets or fund balances Subtract line 21 from line 20	28,443,598	32,042,725

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

DENNIS WALCZYK CHIEF EXECUTIVE OFFICER

Type or print name and title

2012-04-04

Date

Paid Preparer Use Only

Print/Type preparer's name

DONNA M GONSER

Preparer's signature

DONNA M GONSER

Date

Check if self-employed

☐

PTIN

Firm's name

LUMSDEN & MCCORMICK LLP

Firm's EIN

Firm's address

403 MAIN ST SUITE 430

BUFFALO, NY 14203

Phone no

(716) 856-3300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

CATHOLIC CHARITIES OF BUFFALO IS A CATHOLIC SPONSORED HUMAN SERVICE AGENCY, SERVING ANYONE IN NEED IN THE EIGHT COUNTIES IN WESTERN NEW YORK BELIEVING ALL PERSONS ARE CREATED BY GOD, WE EMPOWER INDIVIDUALS, CHILDREN AND FAMILIES TO ACHIEVE AND MAINTAIN MEANINGFUL, HEALTHY AND PRODUCTIVE LIVES WE ADVOCATE FOR THOSE IN NEED PARTICULARLY THOSE WHO ARE POOR AND MOST VULNERABLE IN 2011, CATHOLIC CHARITIES SERVED NEARLY 140,000 WESTERN NEW YORKERS WITHOUT REGARD TO AGE, RACE OR RELIGIOUS AFFILIATION

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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 8,605,087 including grants of \$ 286,558) (Revenue \$ 6,798,823)

FAMILY STABILITY AND SELF SUFFICIENCY PROGRAMS FOR THE WESTERN NEW YORK AREATHESE SERVICES PROVIDE COUNSELING TO INDIVIDUALS, CHILDREN AND FAMILIES IN EVERY CITY IN THE EIGHT COUNTIES OF WESTERN NEW YORK COUNSELING SERVICES ALONE WERE PROVIDED TO MORE THAN 3,000 INDIVIDUALS ALSO PROVIDED ARE A RANGE OF SERVICES TO HELP FAMILIES REMAIN INTACT AND PREVENT NEGLECT OR ABUSE OF CHILDREN AND ADOLESCENTS, WHICH ASSISTED MORE THAN 3,500 INDIVIDUALS, INCLUDING MARRIAGE COUNSELING, DOMESTIC VIOLENCE VICTIMS ASSISTANCE, PREVENTIVE SERVICES PROGRAMS, MULTISYSTEMIC THERAPY, PINS/DIVERSION/ EARLY INTERVENTION, KINSHIP CAREGIVER AND KINSHIP CAREGIVER PREVENTIVE PROGRAMS, CHILD PERMANENCY MEDIATION AND OTHER MEDIATION PROGRAMS, AS WELL AS VISITATION PROGRAMS INCLUDING MONITORED EXCHANGE, THERAPEUTIC SUPERVISED PARENT/CHILD ACCESS, OUR KIDS PARENT EDUCATION AND AWARENESS PROGRAM, AND DOMESTIC VIOLENCE CLASSES FOR MEN CONDUCTED THROUGHOUT THE EIGHT COUNTIES AS A PROGRAM TO HELP THE COURTS KEEP BATTERERS ACCOUNTABLE

4b

(Code) (Expenses \$ 1,838,467 including grants of \$ 11,650) (Revenue \$ 1,779,938)

NEIGHBORHOOD, EDUCATION & COUNSELING SERVICESINCLUDED IS THE WORKFORCE DEVELOPMENT AND EDUCATION PROGRAM THAT IMPACTED ABOUT 243 YOUTH AGES 16 TO 21 WHO HAVE DROPPED OUT OF SCHOOL THE PROGRAM HELPS YOUTH EARN THEIR HIGH SCHOOL EQUIVALENCY, AND GAIN EMPLOYMENT SKILLS, EMPLOYMENT AND CAREER PREPARATION IN ADDITION, MORE THAN 5,000 YOUTH WERE ASSISTED THROUGH THE SCHOOL INTERVENTION SERVICE, IN-SCHOOL SOCIAL WORK PROJECT AND THE CLOSING THE GAP IN STUDENT PERFORMANCE PROGRAMS THAT COUNSELS AND REMOVES BARRIERS TO LEARNING FOR STUDENTS AT RISK OF DROPPING OUT OF SCHOOL THE PARISH OUTREACH PROGRAMS IMPACTED NEARLY 27,000 PEOPLE THROUGH LADIES OF CHARITYS POVERTY ASSISTANCE PROGRAMS, INCLUDING THOSE THAT PROVIDE GIFTS FOR CHILDREN AND YOUTH AT CHRISTMAS, BASIC HOUSEHOLD GOODS FOR FAMILIES WHO NEED TO START OVER, CLOTHING FOR THOSE IN NEED FRIENDLY VISITS AND PHONE CALLS AND MORE

4c

(Code) (Expenses \$ 5,450,208 including grants of \$ 425,760) (Revenue \$ 5,562,410)

CHILDREN'S SERVICES PROGRAMSCHILDRENS SERVICES PROGRAMS INCLUDE FOSTER CARE AND ADOPTION PROGRAMS, PARENT EDUCATION PROGRAMS FOR YOUNG PARENTS AND FOR PARENTS OF YOUNG CHILDREN, AS WELL AS ADMINISTERING THE WOMEN INFANTS AND CHILDREN (WIC) NUTRITION PROGRAM IN TWO COUNTIES IN 2011 IN TOTAL, MORE THAN 24,000 CHILDREN AND PARENTS WERE ASSISTED THROUGH WIC

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 8,212,915 including grants of \$ 831,251) (Revenue \$ 3,824,874)

4e

Total program service expenses

\$ 24,106,677

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	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? <i>If "Yes," complete Schedule C, Part II.</i>	4	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	126	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	541	
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).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JACKIE DOLE 741 DELAWARE AVENUE BUFFALO, NY 14209 (716) 218-1400

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REV EDWARD M GROSZ VICE CHAIRMAN	1 00	X		X				0	0	0
(2) PAUL BATTAGLIA CPA CVA TRUSTEE	1 00	X						0	0	0
(3) REV MSGR PAUL A LITWIN JCL TRUSTEE	1 00	X						0	0	0
(4) MOST REV EDWARD U KMIEC CHAIRMAN	1 00	X		X				0	0	0
(5) PATRICIA K FOGARTY ESQ TRUSTEE	1 00	X						0	0	0
(6) EILEEN KOTERAS ELIBOL TRUSTEE	1 00	X						0	0	0
(7) ALFRED F LUHR III TRUSTEE	1 00	X						0	0	0
(8) RICHARD J MORRISROE TRUSTEE	1 00	X						0	0	0
(9) PAUL SNYDER III TRUSTEE	1 00	X						0	0	0
(10) LAURA ZAEPFEL TRUSTEE	1 00	X						0	0	0
(11) DR TINA WAGLE TRUSTEE	1 00	X						0	0	0
(12) CHARLES W CHIAMPOU CPA TREASURER	1 00	X		X				0	0	0
(13) GERALD SAXE TRUSTEE	1 00	X						0	0	0
(14) REV MSGR DAVID S SLUBECKY JCLSTL TRUSTEE	1 00	X						0	0	0
(15) MARGARET DADD ESQ TRUSTEE	1 00	X						0	0	0
(16) REV MSGR DAVID M GALLIVAN TRUSTEE	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DAVID J NASCA TRUSTEE	1 00	X						0	0	0
(18) DAVID J UBA TRUSTEE	1 00	X						0	0	0
(19) DENNIS WALCZYK CHIEF EXECUTIVE OFFICER	35 00			X				98,818	0	21,884
(20) THOMAS DOKTOR CHIEF FINANCIAL OFFICER	35 00			X				23,422	0	1,302
(21) TERRENCE MCCANN PAST CHIEF FINANCIAL OFFICER	35 00			X				71,989	0	5,725
(22) SISTER MARY MCCARRICK OSF DIOCESAN DIRECTOR	35 00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								194,229	0	28,911

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶0

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CIMINELLI REAL ESTATE CORP 350 ESSJAY RD SUITE 101 WILLIAMSVILLE, NY 14221	RENT	150,738

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶1

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,406,539		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		12,406,539		
	Program Service Revenue	2a	Business Code			
		FEES FROM GOVERNMENT A	900099	16,082,849	16,082,849	
b		PROGRAM FEES	900099	1,057,715	1,057,715	
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		17,140,564		
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		227,611	
	4	Income from investment of tax-exempt bond proceeds . . .				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)			3,576	3,576
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities . . .				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	INTERAGENCY FEES	900099	821,905	821,905		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		821,905			
12	Total revenue. See Instructions		30,600,195	17,966,045	0	227,611

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,555,219	1,555,219		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	223,141	190,741	28,520	3,880
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	13,126,984	11,257,836	1,645,339	223,809
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	679,649	557,526	110,756	11,367
9	Other employee benefits	2,317,975	1,902,451	376,738	38,786
10	Payroll taxes	926,600	760,709	150,382	15,509
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	380,617	217,732	146,649	16,236
12	Advertising and promotion	429,031	71,463	126,698	230,870
13	Office expenses	1,414,377	929,137	326,418	158,822
14	Information technology	163,338	4,948	154,140	4,250
15	Royalties				
16	Occupancy	1,507,783	1,154,190	353,593	
17	Travel	65,736	22,639	40,336	2,761
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	651,613	602,536	45,223	3,854
20	Interest				
21	Payments to affiliates	3,605,184	3,605,184		
22	Depreciation, depletion, and amortization	390,007	130,693	252,683	6,631
23	Insurance	138,425	110,703	24,226	3,496
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED SERVICES	571,915	139,515	57,371	375,029
b	REPAIRS AND MAINTENANCE	570,628	315,787	253,436	1,405
c	POST RETIREMENT BENEFIT	453,309	311,766	136,497	5,046
d	BAD DEBT EXPENSE	378,911	76,448	302,463	
e	STAFF DEVELOPMENT	204,986	155,111	47,648	2,227
f	All other expenses	169,029	34,343	83,399	51,287
25	Total functional expenses. Add lines 1 through 24f	29,924,457	24,106,677	4,662,515	1,155,265
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				3,788,005	1	6,052,454
	2	Savings and temporary cash investments				3,909,963	2	
	3	Pledges and grants receivable, net				2,079,331	3	2,247,935
	4	Accounts receivable, net				5,473,423	4	5,645,574
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				14,574	9	7,041
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	10,916,211	5,610,866	10c	7,066,106	
	b	Less: accumulated depreciation	10b	3,850,105				
	11	Investments—publicly traded securities				11,878,874	11	14,106,600
	12	Investments—other securities. See Part IV, line 11					12	2,712,219
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				2,531,590	15	1,755,283
16	Total assets. Add lines 1 through 15 (must equal line 34)				35,286,626	16	39,593,212	
Liabilities	17	Accounts payable and accrued expenses				2,799,607	17	2,717,791
	18	Grants payable					18	
	19	Deferred revenue				416,949	19	309,354
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties				19,472	24	297,342
	25	Other liabilities. Complete Part X of Schedule D				3,607,000	25	4,226,000
	26	Total liabilities. Add lines 17 through 25				6,843,028	26	7,550,487
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				18,728,701	27	20,050,295
	28	Temporarily restricted net assets				9,707,736	28	11,940,769
	29	Permanently restricted net assets				7,161	29	51,661
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				28,443,598	33	32,042,725
	34	Total liabilities and net assets/fund balances				35,286,626	34	39,593,212

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,600,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,924,457
3	Revenue less expenses Subtract line 2 from line 1	3	675,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,443,598
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,923,389
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,042,725

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

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 11, 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)

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 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)

10

☐

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

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,418,202	12,241,456	18,636,926	11,700,428	12,406,539	66,403,551
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	11,418,202	12,241,456	18,636,926	11,700,428	12,406,539	66,403,551
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,025,031
6 Public Support. Subtract line 5 from line 4						61,378,520

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,418,202	12,241,456	18,636,926	11,700,428	12,406,539	66,403,551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	502,090	441,103	415,345	237,311	227,611	1,823,460
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 IV)	2,261,245	3,119,929	1,663,351	1,143,855	821,905	9,010,285
11 Total support (Add lines 7 through 10)						77,237,296
12 Gross receipts from related activities, etc (See instructions)					12	66,175,253
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	79 470 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	77 820 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 16-0743251
Name: CATHOLIC CHARITIES OF BUFFALO NEW YORK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	1,774,234	including grants of \$	662,983) (Revenue \$ 2,020,549)
IMMIGRATION & REFUGEE ASSISTANCEA VAST ARRAY OF SERVICES IS OFFERED TO INDIVIDUALS AND FAMILIES FROM AROUND THE WORLD WHO HAVE BEEN FORCED TO FLEE THEIR HOMELAND BECAUSE OF PERSECUTION OR WAR AND HAVE COME TO BUFFALO TO REBUILD THEIR LIVES SERVICES INCLUDE HOUSING ASSISTANCE, TRANSLATION/ INTERPRETATION, ENGLISH AS A SECOND LANGUAGE CLASSES, CASE MANAGEMENT, JOB DEVELOPMENT, EMPLOYMENT PLACEMENT, ACCULTURATION AND ASSISTANCE WITH IMMIGRATION AND CITIZENSHIP APPLICATIONS A TOTAL OF 429 ADULTS AND CHILDREN WERE RESETTLED IN BUFFALO IN 2011 FROM SUCH COUNTRIES AS ANGOLA, BHUTAN, BYELARUS, BURMA, BURUNDI, CONGO, DEMOCRATIC REPUBLIC OF CONGO, ERITREA, ETHIOPIA, IRAN, IRAQ, LIBERIA AND SOMALIA				
(Code)	(Expenses \$	584,950	including grants of \$	13,057) (Revenue \$ 373,169)
MENTAL HEALTHTHESE SERVICES PROVIDE COUNSELING THROUGH A CHEMICAL DEPENDENCY TREATMENT PROGRAM, AND PSYCHIATRIC AND MENTAL HEALTH ASSESSMENT AND TREATMENT FOR CHILDREN AND ADULTS IN ALL, THESE PROGRAMS REACHED 4,970 PEOPLE				
(Code)	(Expenses \$	1,275,378	including grants of \$	74,955) (Revenue \$ 1,091,424)
AGING & DISABLED SERVICESTHESE PROGRAMS COMPRISE A VARIETY OF SERVICES TO ASSIST MORE THAN 1,200 SENIORS AGES 60-PLUS, MOST OF WHOM ARE LOW INCOME, INCLUDING ASSESSING AND ASSISTING 60-PLUS CLIENT NEEDS THROUGH HOUSING & SUPPORTIVE SERVICES, FAMILY FOCUS, SOCIAL MODEL SENIOR DAY CARE PROGRAM FOR FRAIL, SOCIALLY IMPAIRED OR COGNITIVELY IMPAIRED ADULTS, FRIENDLY PHONES, FOSTER GRANDPARENT PROGRAM, CHAUTAUQUA COUNTY OUTREACH TO THE AGING AND THE EASTERN WYOMING COUNTY CAREGIVERS ALSO PROVIDED ARE SERVICES FOR THOSE WITH DISABILITIES INCLUDING THE CATHOLIC GUILD FOR THE BLIND, WHICH ASSISTED 85 INDIVIDUALS				
(Code)	(Expenses \$	310,254	including grants of \$	66,568) (Revenue \$ 30,305)
BASIC NEEDS & EMERGENCY SERVICESIN ERIE COUNTY ALONE, MORE THAN 10,500 PEOPLE WERE ASSISTED LAST YEAR WITH EMERGENCY RELIEF INCLUDING ASSESSMENT OF NEED, INFORMATION AND LINKAGE TO AVAILABLE SERVICES AND DIRECT RELIEF WHICH CAN INCLUDE FOOD VOUCHER, PRESCRIPTION OR HEAT ASSISTANCE SIMILAR ASSISTANCE IS PROVIDED IN OTHER OFFICES IN EACH CITY THROUGHOUT THE OTHER SEVEN COUNTIES OF WESTERN NEW YORK THREE FOOD PANTRIES IN BUFFALO AND ONE IN LACKAWANNA PROVIDED EMERGENCY FOOD AND OFFERED INFORMATION AND REFERRALS TO 1,352 PEOPLE THE APOLLONIA GUILD PROVIDED EMERGENCY DENTAL ASSISTANCE TO 79 PEOPLE ON AVERAGE, IN EACH YEAR OVER THE PAST SIX YEARS, CATHOLIC CHARITIES DISTRIBUTED EMERGENCY FINANCIAL ASSISTANCE IN THE AMOUNT OF \$217,142 IN 2011				
(Code)	(Expenses \$	3,605,184	including grants of \$	) (Revenue \$)
PAYMENTS TO AFFILIATES- DIOCESE OF BUFFALO				
(Code)	(Expenses \$	662,915	including grants of \$	13,688) (Revenue \$ 309,427)
VOLUNTEER AND COMMUNITY SERVICES				

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CATHOLIC CHARITIES OF BUFFALO NEW YORK	Employer identification number 16-0743251
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 may 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" to 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 pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items
a	Revenues included in 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 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐

☐

(ii)

related organizations

3a(ii)

☐

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,279,303	1,962,781	6,316,522
c Leasehold improvements				
d Equipment		2,311,084	1,887,324	423,760
e Other		325,824		325,824
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,066,106

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,600,195
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,924,457
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	675,738
4	Net unrealized gains (losses) on investments	4	858,775
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,064,614
9	Total adjustments (net) Add lines 4 - 8	9	2,923,389
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,599,127

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	36,125,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	858,775
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	4,670,019
e	Add lines 2a through 2d	2e	5,528,794
3	Subtract line 2e from line 1	3	30,596,619
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 XIV)	4b	3,576
c	Add lines 4a and 4b	4c	3,576
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,600,195

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	35,685,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	266,528
d	Other (Describe in Part XIV)	2d	5,498,298
e	Add lines 2a through 2d	2e	5,764,826
3	Subtract line 2e from line 1	3	29,920,881
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 XIV)	4b	3,576
c	Add lines 4a and 4b	4c	3,576
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,924,457

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		THE AMOUNTS IN LINE 8 OF PART XI ARE THE ELIMINATION OF REVENUE/EXPENSE OF RELATED ENTITY MONSIGNOR CARR INSTITUTE AND CONSOLIDATION OF ASSETS HELD IN TRUST BY RELATED ENTITY DIOCESE OF BUFFALO. THE AMOUNTS IN LINE 2D OF PARTS XII AND XIII ARE THE ELIMINATION OF REVENUE/EXPENSE OF RELATED ENTITY MONSIGNOR CARR INSTITUTE. THE AMOUNT IN LINE 2C OF PART XIII IS THE BELOW THE LINE ADJUSTMENT FOR POST-RETIREMENT BENEFIT OBLIGATION. THE AMOUNT IN LINE 4B OF PART XII AND XIII IS GAIN ON SALE OF ASSETS NETTED WITH EXPENSE ON THE FINANCIAL STATEMENTS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE	140000	1,555,219			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	AS NOTED IN THE MISSION OF CATHOLIC CHARITIES, SOME 140,000 WESTERN NEW YORKERS WERE SERVED IN 2011 THROUGH PROGRAMS AND ACTIVITIES OF THE ORGANIZATION MONITORING USE OF GRANT FUNDS FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE AMOUNTS ARE PAID DIRECTLY TO PROVIDERS AND NOT TO RECIPIENTS TO ENSURE PROPER USE OF FUNDS ADDITIONALLY, GRANTS AND ASSISTANCE PAID ARE UNDER FEDERALLY FUNDED PROGRAMS THAT ARE SUBJECT TO COMPLIANCE AUDITS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CATHOLIC CHARITIES OF BUFFALO NEW YORK	Employer identification number 16-0743251
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD IS ACTIVELY INVOLVED IN THE REVIEW OF ALL FINANCIAL INFORMATION AND HAS DESIGNATED REVIEW/APPROVAL OF THE FORM 990 TO THE CHIEF EXECUTIVE AND FINANCIAL OFFICERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CATHOLIC CHARITIES HAS A CORPORATE COMPLIANCE AND CODE OF ETHICS POLICY THIS POLICY STATEMENT IS IN OUR PERSONNEL POLICY MANUAL AND IS ENFORCED BY OUR COMPLIANCE OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS. ALL OTHER PERSONNEL ARE COMPENSATED ACCORDING TO CATHOLIC CHARITIES PAY POLICY AND PAY SCALE. PERIODIC MARKET ANALYSIS ARE COMPARED TO PAY RATES AT SIMILAR ORGANIZATIONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE OR UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 858,775 NET LOSS FOR MSGR CARR INSTITUTE - 828,279 CONSOLIDATION OF ASSETS HELD IN TRUST BY RELATED ENTITY 2,892,893 TOTAL TO FORM 990, PART XI, LINE 5 2,923,389

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DIOCESE OF BUFFALO 795 MAIN ST BUFFALO, NY 14203	COORDINATION OF CATHOLIC SCHOOLS, HOSPITALS, AND RELATED GROUPS IN WNY	NY	501(C)3	1	N/A		No
(2) MONSIGNOR CARR INSTITUTE 741 DELWARE AVE BUFFALO, NY 14209 16-1115950	PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	NY	501(C)3	7	CATHOLIC CHARITIES OF BUFFALO	Yes	

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(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

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MONSIGNOR CARR INSTITUTE	P	4,088,257	FMV- CASH PAYMENT
(2) MONSIGNOR CARR INSTITUTE	B	110,262	FMV- CASH PAYMENT
(3) MONSIGNOR CARR INSTITUTE	D	1,838,791	FMV- CASH BALANCE
(4) DIOCESE OF BUFFALO	Q	3,605,184	FMV- CASH PAYMENT
(5) DIOCESE OF BUFFALO	O	222,820	FMV- CASH PAYMENT
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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