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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 black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Catholic Charities Neighborhood Services Inc		D Employer identification number 11-2047151
	Doing Business As		E Telephone number (718) 722-6000
	Number and street (or P O box if mail is not delivered to street address) 191 Joralemon Street	Room/suite	G Gross receipts \$ 127,344,384
	City or town, state or country, and ZIP + 4 Brooklyn, NY 11201		
	F Name and address of principal officer Robert Siebel 191 Joralemon Street Brooklyn, NY 11201		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 ▶ 0928
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.CCBQ.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1947	M State of legal domicile NY

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CCNS Inc primary purpose is to aid Children, Adults & Families in need Our Mission encompasses creating a community of caring & sharing made up of people who seek to reach out to the poor, sick, aged & disabled		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,190
6 Total number of volunteers (estimate if necessary)	6	5,200	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	55,930,494	59,705,176
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,347,333	65,086,167
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,847	19,710
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,267,907	2,533,331
		125,548,581	127,344,384
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,074,846	12,732,516
	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)	82,172,117	84,709,867
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,926,979	31,176,276
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	126,173,942	128,618,659
	19 Revenue less expenses Subtract line 18 from line 12	-625,361	-1,274,275
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	40,333,466	46,316,113
	21 Total liabilities (Part X, line 26)	44,308,227	50,972,029
	22 Net assets or fund balances Subtract line 21 from line 20	-3,974,761	-4,655,916

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			2013-05-14 Date	
	ROBERT SIEBEL CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KPMG LLP	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 345 Park Avenue New York, NY 101540102			EIN
					Phone no (212) 758-9700

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

CREATING A COMMUNITY OF CARING AND SHARING MADE UP OF PEOPLE WHO SEEK TO REACH OUT TO THE POOR, SICK, AGED, DEVELOPMENTALLY DISABLED AND ISOLATED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 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 \$ 41,670,408 including grants of \$ 956,082) (Revenue \$ 41,328,806)

SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES - PROVIDES PHYSICALLY AND MENTALLY HANDICAPPED PERSONS WITH HABILITATION EDUCATION AND TRAINING PROGRAMS, AND RESIDENTIAL LIVING FOR MENTALLY HANDICAPPED PERSONS IMMEDIATE AND LONG-TERM ASSISTANCE WAS PROVIDED TO 650 PEOPLE

4b

(Code) (Expenses \$ 29,360,505 including grants of \$ 5,594,214) (Revenue \$ 22,933,262)

BEHAVIORAL HEALTH SERVICES - PROVIDES BEHAVIORAL HEALTH SERVICES TO APPROXIMATELY 6,300 ADULTS ANNUALLY THROUGH THERAPY, MEDICATION AND GROUPS VIA ARTICLE 31 CLINICS, PROS (PERSONALIZED RECOVERY ORIENTED PROGRAMS) OUTREACH, REHABILITATION SERVICES AND HOUSING PROGRAMS, THIS IS INCLUSIVE OF 424 UNITS OF SPECIAL NEEDS HOUSING (INCLUDING 131 HIV/AIDS BEDS) MENTAL HEALTH SUPPORT SERVICES ARE OFFERED TO AN ADDITIONAL 110 TENANTS ON SITE AT OTHER RESIDENTIAL PROGRAMS

4c

(Code) (Expenses \$ 23,488,921 including grants of \$ 1,703,659) (Revenue \$ 1,567,152)

EARLY CHILDHOOD SERVICES - PROVIDES EDUCATIONAL, HEAD START, AND CHILD CARE SERVICES FOR PRE-K AND EARLY CHILDHOOD AGED CHILDREN - FOR 2,300 CHILDREN IN 21 EARLY CHILDHOOD PROGRAMS

(Code) (Expenses \$ 14,981,888 including grants of \$ 3,288,361) (Revenue \$ 930,539)

OLDER ADULT SERVICES

(Code) (Expenses \$ 10,581,308 including grants of \$ 1,190,200) (Revenue \$ 70,869)

FAMILY SERVICES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 25,563,196 including grants of \$ 4,478,561) (Revenue \$ 1,001,408)

4e

Total program service expenses \$ 120,083,030

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		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 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	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? If "Yes," complete Schedule D, Part IV 	9		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 	10	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. 	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? If "Yes," complete Schedule D, Part VII. 	11b		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. 	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? If "Yes," complete Schedule D, Part IX. 	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	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, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part 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 ? If "Yes," complete Schedule F, Part II and IV	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 ? If "Yes," complete Schedule F, Part III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ☐		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a338
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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	2a2,190
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)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
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 or securities account)?	4aNo
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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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?	6aNo
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?	7aNo
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?	7cNo
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?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

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 made 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 made 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. RICHARD ABRAHAMSEN 191 JORALEMON STREET Brooklyn, NY 11201 (718) 722-6000

Part VII

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Fidel F Del Valle President	1 0	X						0	0	0
(2) Mary Ann Dantuono Vice President	1 0	X						0	0	0
(3) Gabriel P Caprio Treasurer	1 0	X						0	0	0
(4) Rev Msgr Alfred Lopinto Executive Vice President	1 0	X						0	12,000	0
(5) Robert Siebel CEO	1 0	X		X				0	284,558	29,760
(6) Thomas Destefano Director	1 0	X						0	0	0
(7) Martin Mcmanus Director	1 0	X						0	0	0
(8) Robert Muccigrosso Director	1 0	X						0	0	0
(9) Nora O'Brien-Sunc Director	1 0	X						0	0	0
(10) Carmen Aquilone Director, THROUGH 10/2011	1 0	X						0	0	0
(11) Sr Catherine M Crumlish Director, THROUGH 01/2012	1 0	X						0	0	0
(12) VANIA MERNIO DIRECTOR	1 0	X						0	0	0
(13) MARISSA GILLESPIE DIRECTORS	1 0	X						0	0	0
(14) MARGARET KELLEHER DIRECTOR	1 0	X						0	0	0
(15) CAROL S COHEN DIRECTOR	1 0	X						0	0	0
(16) Donna Corrado Executive Secretary	40 0			X				181,766	0	17,063
(17) Jeanne Diullo Assistant Secretary	40 0			X				114,411	0	14,325

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 (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			
(18) Thaddeus Taberski Executive Director	40 0			X				203,744	0	10,500
(19) Patricia Collins VICE PRESIDENT	40 0			X				165,438	0	10,500
(20) Gladys Rodriguez VICE PRESIDENT	40 0			X				127,595	0	28,052
(21) Judith Kleve VICE PRESIDENT	40 0			X				121,690	0	8,298
(22) Robert Marquez VICE PRESIDENT	40 0			X				118,642	0	14,854
(23) Janice Ans VICE PRESIDENT	40 0			X				159,111	0	29,509
(24) ALAN WOLINETZ FINANCIAL OFFICER	1 0			X				0	231,888	10,500
(25) Marta Nawrocka-Partyka Psychiatrist	40 0					X		174,295	0	17,062
(26) Vikhta Gurevich Psychiatrist	40 0					X		180,940	0	30,144
(27) Marianna Dogot Psychiatrist	40 0					X		132,196	0	29,037
(28) Rozsaliya Vernikov Psychiatrist	40 0					X		132,196	0	29,064
(29) ELLEN SHUMAN DEPUTY VICE PRESIDENT	40 0					X		121,409	0	8,417
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,933,433	528,446	287,085

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶18

		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>	3	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>	4	Yes
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>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SES Associates LLC 216 Lagoon Drive West LIDO BEACH, NY 11561	landlord	469,396
MERRICK GROUP LLC PO BOX 1509 RADIO CITY STATION NEW YORK, NY 10101	LANDLORD	371,364
4149 Realty LLC 4149-4155 Kings Highway BROOKLYN, NY 11234	Landlord	344,017
KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154	ACCOUNTING SERVICES	297,500
HORIZON HEALTHCARE 20 JERUSALEM AVE THIRD FLOOR HICKSVILLE, NY 11801	PRGM ASSISTANCE	162,817
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶18		

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	500,000			
	e	Government grants (contributions)	1e	57,921,092			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,284,084			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		59,705,176			
Program Service Revenue	2a	SERVICE FEES	Business Code				
	b	THIRD PARTY REIMBURSEMENT	624100	61,781,315	61,781,315		
	c	OTHER SOURCES	624100	3,304,852	3,304,852		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		65,086,167			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		18,612		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
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)		1,098			1,098
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 . .		0			
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 . .		0			
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 . .		0			
		Miscellaneous Revenue	Business Code				
11a		REVENUE FROM AFFILIATES	624100	1,124,954	63,363		1,061,591
b		INSURANCE RECOVERY	624100	82,298	78,737		3,561
c	MEDICAID RECOVERY & OTHER	900099	1,326,079	1,602,361		-276,282	
d	All other revenue						
e	Total. Add lines 11a-11d		2,533,331				
12	Total revenue. See Instructions		127,344,384	66,830,628	0	808,580	

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)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	12,732,516	12,732,516		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,468,408	1,371,913	96,495	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	65,986,936	61,707,920	4,279,016	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,527,746	2,288,666	239,080	0
9	Other employee benefits	8,646,454	7,863,131	783,323	0
10	Payroll taxes	6,080,323	5,635,096	445,227	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	7,108	7,108	0	0
c	Accounting	233,490	27,039	206,451	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,301		1,301	
g	Other	4,974,903	4,250,686	724,217	0
12	Advertising and promotion	0			
13	Office expenses	3,338,141	3,042,309	295,832	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	10,355,842	9,759,087	596,755	0
17	Travel	2,248,395	2,234,470	13,925	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	155,688	117,173	38,515	0
20	Interest	360,679	178,727	181,952	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	668,654	662,595	6,059	0
23	Insurance	1,238,941	1,161,658	77,283	0
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	REMODELING AND REPAIRS	2,518,780	2,461,125	57,655	0
b	RENTAL, LEASE & PURC, EQUIPMNT	2,053,124	1,918,233	134,891	0
c	OTHER CLIENT EXPENSES	1,077,862	1,077,862	0	0
d	POS EXPENSE	216,201		216,201	
e					
f	All other expenses	1,727,167	1,585,716	141,451	
25	Total functional expenses. Add lines 1 through 24f	128,618,659	120,083,030	8,535,629	0
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			3,195,630	1	5,897,115
	2	Savings and temporary cash investments			474,648	2	282,809
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			27,902,241	4	30,544,345
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,921,473	9	1,082,349
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,441,955	3,950,564	10c	4,487,566
	b	Less: accumulated depreciation	10b	3,954,389			
	11	Investments—publicly traded securities			0	11	594,218
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			2,888,910	15	3,427,711
16	Total assets. Add lines 1 through 15 (must equal line 34)			40,333,466	16	46,316,113	
Liabilities	17	Accounts payable and accrued expenses			22,233,114	17	31,802,140
	18	Grants payable			0	18	0
	19	Deferred revenue			4,265,655	19	932,218
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			2,003,572	23	1,567,307
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			15,805,886	25	16,670,364
	26	Total liabilities. Add lines 17 through 25			44,308,227	26	50,972,029
	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			-4,889,934	27	-6,795,368
28		Temporarily restricted net assets			915,173	28	1,639,452
29		Permanently restricted net assets			0	29	500,000
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			-3,974,761	33	-4,655,916
34	Total liabilities and net assets/fund balances			40,333,466	34	46,316,113	

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	127,344,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,618,659
3	Revenue less expenses Subtract line 2 from line 1	3	-1,274,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,974,761
5	Other changes in net assets or fund balances (explain in Schedule O)	5	593,120
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	-4,655,916

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

2011

Open to Public
Inspection

Name of the organization Catholic Chanties Neighborhood Services Inc	Employer identification number 11-2047151
---	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **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 Se**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									

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	55,049,889	57,658,658	59,084,877	55,930,494	59,705,176	287,429,094
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	55,049,889	57,658,658	59,084,877	55,930,494	59,705,176	287,429,094
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						287,429,094

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	55,049,889	57,658,658	59,084,877	55,930,494	59,705,176	287,429,094
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,073	20,970	2,363	2,847	18,612	166,865
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,121,248	1,040,892	1,179,611	1,267,907	2,533,331	7,142,989
11 Total support (Add lines 7 through 10)						294,738,948

12 Gross receipts from related activities, etc (See instructions)

12310,272,984

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 2011 (line 6 column (f) divided by line 11 column (f))	14	97.520 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97.793 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Catholic Charities Neighborhood Services Inc

Employer identification number
11-2047151

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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

	Held at the End of the 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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ 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	

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	0				
b Contributions	593,120				
c Investment earnings or losses	1,098				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	594,218				

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶
- Permanent endowment ▶ 84 144 %
- Term endowment ▶ 15 856 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,262,854	3,080,873	2,181,981
d Equipment		945,518	839,276	106,242
e Other		2,233,583	34,240	2,199,343
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				4,487,566

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	127,344,384
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	128,618,659
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,274,275
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	593,120
9	Total adjustments (net) Add lines 4 - 8	9	593,120
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-681,155

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	131,228,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	3,291,983
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	593,120
e	Add lines 2a through 2d	2e	3,885,103
3	Subtract line 2e from line 1	3	127,343,083
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,301
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,301
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	127,344,384

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	131,909,341
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,291,983
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	3,291,983
3	Subtract line 2e from line 1	3	128,617,358
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,301
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,301
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	128,618,659

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
FORM SCH D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS	THE ORGANIZATION'S ENDOWMENT FUND CONSISTS OF TWO INDIVIDUAL DONOR-RESTRICTED FUNDS. THE INCOME FROM THE FUNDS IS DESIGNATED FOR GENERAL OPERATIONS.
Form 990, SCH D, Part X	Tax Status	CCNS IS QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS A NOT-FOR-PROFIT CORPORATION, CCNS IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY INCOME AND SALES TAXES. CCNS RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. CCNS HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM TAXES.
FORM 990 PART XII LINE 4B	OTHER CHANGES IN NET ASSET	\$593,120 TRANSFER OF ENDOWMENT FUNDS FROM RELATED ORGANIZATION.

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

2011

Open to Public
Inspection

Name of the organization
Catholic Charities Neighborhood Services Inc

Employer identification number
11-2047151

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

3

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

Part IIIGrants 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) Older adults services	7600	14,055	3,274,306	FMV	Food/Goods
(2) Family services	7007	868,968	321,232	FMV	Food/Goods
(3) Sycs for people with D D	650	13,495	942,587	FMV	Food/Goods
(4) Behavioral health services	6351	5,235,542	358,672	FMV	Food/Goods
(5) Early childhood services	2300	1,644	1,702,015	FMV	Food/Goods

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

Identifier	Return Reference	Explanation
Form 990, SCH I, Part I, Line 2	ORGANIZATIONS PROCEDURES FOR MONITORING GRANTS	CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) IS A NOT FOR PROFIT CORPORATION THAT PROVIDES A VARIETY OF SOCIAL SERVICES THROUGHOUT THE BOROUGHES OF BROOKLYN AND QUEENS GRANTS ARE GIVEN DIRECTLY TO CCNS INDIVIDUAL CONSUMERS AND/OR OTHER THIRD PARTIES ON THEIR BEHALF, IN FURTHERANCE OF THE MISSION BASED ON CONSUMER IN-TAKE DOCUMENTS, OUR FIELD PROGRAM PERSONNEL MONITOR THE NEEDS OF ACCEPTABLE CONSUMERS, AND DETERMINE THAT SUCH CONSUMERS MEET THE CRITERIA AND GOALS AND OBJECTIVES OF THE PROGRAM, AS PRESCRIBED BY FUNDING SOURCE AGREEMENTS GRANTS ARE SUBSEQUENTLY PROVIDED TO THE CONSUMER, BASED ON THE ABOVE PROGRAM PERSONNEL KEEP RECORDS OF SUCH GRANTS TO CONSUMERS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Catholic Charities Neighborhood Services Inc

Employer identification number
11-2047151

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Robert Siebel	(i)	0	0	0	0	0	0	0
	(ii)	283,945	0	613	10,500	19,812	314,870	0
(2) Donna Corrado	(i)	181,606	0	160	10,500	6,803	199,069	0
	(ii)	0	0	0	0	0	0	0
(3) Thaddeus Taberski	(i)	201,032	0	2,712	10,500	0	214,244	0
	(ii)	0	0	0	0	0	0	0
(4) Patricia Collins	(i)	165,310	0	128	10,500	0	175,938	0
	(ii)	0	0	0	0	0	0	0
(5) Gladys Rodriguez	(i)	127,012	0	583	8,792	19,260	155,647	0
	(ii)	0	0	0	0	0	0	0
(6) Janice Aris	(i)	159,111	0	0	9,818	19,691	188,620	0
	(ii)	0	0	0	0	0	0	0
(7) Marta Nawrocka-Partyka	(i)	174,295	0	0	10,500	6,562	191,357	0
	(ii)	0	0	0	0	0	0	0
(8) Vikhta Gurevich	(i)	180,940	0	0	10,453	19,691	211,084	0
	(ii)	0	0	0	0	0	0	0
(9) Marianna Dogot	(i)	132,196	0	0	9,346	19,691	161,233	0
	(ii)	0	0	0	0	0	0	0
(10) Rozsaliya Vernikov	(i)	132,196	0	0	9,373	19,691	161,260	0
	(ii)	0	0	0	0	0	0	0
(11) ALAN WOLINETZ	(i)	0	0	0	0	0	0	0
	(ii)	230,106	0	1,782	10,500	0	242,388	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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

2011

Open to Public
Inspection

Name of the organization Catholic Charities Neighborhood Services Inc	Employer identification number 11-2047151
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Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	CATHOLIC CHARITIES' PRIMARY PURPOSE IS TO AID CHILDREN, ADULTS AND FAMILIES IN NEED OUR MISSION ENCOMPASSES CREATING A COMMUNITY OF CARING AND SHARING MADE UP OF PEOPLE WHO SEEK TO REACH OUT TO THE POOR, SICK, AGED, DEVELOPMENTALLY DISABLED AND ISOLATED

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS	OLDER ADULT SERVICES - PROVIDES NUTRITIONAL, EDUCATIONAL, RECREATIONAL, HEALTH PROMOTIONAL, SOCIAL SERVICE AND INTERGENERATIONAL PROGRAMS CASE MANAGEMENT SERVICES TO THE HOMEBOUND ELDERLY INCLUDE CASE ASSISTANCE, INFORMATION AND REFERRAL, ASSESSMENT FOR HOMECARE, MEALS ON WHEELS, SUPPORTIVE COUNSELING, AND OTHER ASSISTANCE COMPREHENSIVE SERVICES WERE GIVEN TO 7,600 ADULTS AT 18 NEIGHBORHOOD SENIOR CENTERS FAMILY SERVICES - PROVIDES PREVENTION PROGRAMS TAILORED FOR AT-RISK FAMILIES, HOMELESS PREVENTION PROGRAMS, YOUTH SERVICES, AND REFUGEE RESETTLEMENT PROGRAMS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 6 & 7	ORGANIZATION MEMBERS	CATHOLIC CHARITIES, DIOCESE OF BROOKLYN (CC) IS THE SOLE MEMBER OF CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC (CCNS) PURSUANT TO THE BY-LAWS OF CCNS, CC HAS CERTAIN RIGHTS INCLUDING, BUT NOT LIMITED TO 1 AMEND THE BY-LAWS OF THE CORPORATION, 2 CHANGE THE PURPOSE OF THE CORPORATION, 3 DISSOLVE THE CORPORATION, 4 ELECT DIRECTORS, 5 FILL VACANT DIRECTOR POSITIONS, AND 6 REMOVE DIRECTORS WITH OR WITHOUT CAUSE

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW	FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, THE EXECUTIVE DIRECTOR, THE CHIEF OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER BEFORE THE RETURN IS FILED. THE RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15 A/B	OFFICER COMPENSATION REVIEW	THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE PERFORMANCE OF EXECUTIVE OFFICERS, AND ESTABLISHES THE COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, AND OTHER SENIOR EXECUTIVE POSITIONS. THIS COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. COMPARISON OF ACTUAL PERFORMANCE AGAINST PRE-ESTABLISHED GOALS, COMPARABILITY OF COMPENSATION PAID TO EXECUTIVE OFFICERS BY OTHER NOT-FOR-PROFIT ORGANIZATIONS OF LIKE SIZE AND GEOGRAPHIC LOCATION, AND VARIOUS OTHER OPERATIONAL DATA ARE CONSIDERED IN THE COMPENSATION EVALUATION PROCESS. ANY COMPENSATION DETERMINATIONS ARE THEN DOCUMENTED IN THE MINUTES OF THE COMMITTEE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	DOCUMENT REVIEW POLICY	INTERESTED PARTIES MAY REQUEST COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BY EITHER UTILIZING THE ORGANIZATION'S WEBSITE OR BY WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	\$593,120 TRANSFER OF ENDOWMENT FUNDS FROM RELATED ORGANIZATION

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Rev Msgr Alfred Lopinto TITLE Executive Vice President HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Robert Siebel TITLE CEO HOURS 42

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Destefano TITLE Director HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gladys Rodriguez TITLE VICE PRESIDENT HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALAN WOLINETZ TITLE FINANCIAL OFFICER HOURS 41

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

2011

Open to Public Inspection

Name of the organization
Catholic Charities Neighborhood Services Inc

Employer identification number
11-2047151

Part I

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

(a) Name, address, and EIN 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
See Additional Data Table							

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	

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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

Yes

Yes

Yes

No

Yes

No

Yes

No

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) J Jerome Reddy Foundation	J	109,000	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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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Software ID:
Software Version:
EIN: 11-2047151
Name: Catholic Charities Neighborhood Services Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
CATHOLIC CHARITIES DIOCESE OF BROOKLYN 191 JORALEMON STREET BROOKLYN, NY 11201 11-1633548	RELIGIOUS	NY	501(c)(3)	1	NA		No
Flowers with Care of the Diocese of BKLN 191 JORALEMON STREET BROOKLYN, NY 11201 11-2544550	SUPPORT YOUTH	NY	501(c)(3)	7	Cath Char		No
CYO of the Diocese of Brooklyn 191 JORALEMON STREET BROOKLYN, NY 11201 11-6002668	SUPPORT YOUTH	NY	501(c)(3)	1	Cath Char		No
J JEROME REDDY FOUNDATION INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-2693497	SOCIAL SERVC	NY	501(c)(2)		Cath Char		No
POP DEVELOPMENT CORP 191 JORALEMON STREET BROOKLYN, NY 11201 11-2431586	LOW HOUSING	NY	501(c)(3)	9	Cath Char		No
POP MANAGEMENT CORP 191 JORALEMON STREET BROOKLYN, NY 11201 11-2555060	MANAGEMENT	NY	501(c)(3)	9	Cath Char		No
MARY'S HALL INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-1835881	SOCIAL SERVC	NY	501(c)(3)	1	Cath Char		No
CASA BETSAIDA INC 191 JORALEMON STREET BROOKLYN, NY 11201 11-3435768	SOCIAL PROGRM	NY	501(c)(3)	1	Cath Char		No

Additional Data

Software ID:

Software Version:

EIN: 11-2047151

Name: Catholic Charities Neighborhood Services Inc

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

4d. Other program services						
(Code)	(Expenses \$	14,981,888	including grants of \$	3,288,361)	(Revenue \$	930,539)
OLDER ADULT SERVICES						
(Code)	(Expenses \$	10,581,308	including grants of \$	1,190,200)	(Revenue \$	70,869)
FAMILY 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	(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			
Fidel F Del Valle President	1 0	X						0	0	0
Mary Ann Dantuono Vice President	1 0	X						0	0	0
Gabriel P Caprio Treasurer	1 0	X						0	0	0
Rev Msgr Alfred Lopinto Executive Vice President	1 0	X						0	12,000	0
Robert Siebel CEO	1 0	X		X				0	284,558	29,760
Thomas Destefano Director	1 0	X						0	0	0
Martin Mcmanus Director	1 0	X						0	0	0
Robert Muccigrosso Director	1 0	X						0	0	0
Nora O'Brien-Suric Director	1 0	X						0	0	0
Carmen Aquilone Director, THROUGH 10/2011	1 0	X						0	0	0
Sr Catherine M Crumlish Director, THROUGH 01/2012	1 0	X						0	0	0
VANIA MERNIO DIRECTOR	1 0	X						0	0	0
MARISSA GILLESPIE DIRECTORS	1 0	X						0	0	0
MARGARET KELLEHER DIRECTOR	1 0	X						0	0	0
CAROL S COHEN DIRECTOR	1 0	X						0	0	0
Donna Corrado Executive Secretary	40 0			X				181,766	0	17,063
Jeanne Diulio Assistant Secretary	40 0			X				114,411	0	14,325
Thaddeus Taberski Executive Director	40 0			X				203,744	0	10,500
Patricia Collins VICE PRESIDENT	40 0			X				165,438	0	10,500
Gladys Rodriguez VICE PRESIDENT	40 0			X				127,595	0	28,052
Judith Kleve VICE PRESIDENT	40 0			X				121,690	0	8,298
Robert Marquez VICE PRESIDENT	40 0			X				118,642	0	14,854
Janice Aris VICE PRESIDENT	40 0			X				159,111	0	29,509
ALAN WOLINETZ FINANCIAL OFFICER	1 0			X				0	231,888	10,500
Marta Nawrocka-Partyka Psychiatrist	40 0					X		174,295	0	17,062

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	(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			
Vikhta Gurevich Psychiatrist	400					X		180,940	0	30,144
Marianna Dogot Psychiatrist	400					X		132,196	0	29,037
Rozsaliya Vernikov Psychiatrist	400					X		132,196	0	29,064
ELLEN SHUMAN DEPUTY VICE PRESIDENT	400					X		121,409	0	8,417