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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code
BUFFALO, NY 14209

D Employer identification number
16-0743251

E Telephone number
(716) 218-1400

G Gross receipts $ 31,088,303

F Name and address of principal officer
DENNIS WALCZYK
741 DELAWARE AVENUE
BUFFALO, NY 14209

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CCWNY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile NY

Part I Summary

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)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	520
6	Total number of volunteers (estimate if necessary)	**6**	2,560
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,769,963	28,330,517
9	Program service revenue (Part VIII, line 2g)	16,478,939	1,377,342
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	231,071	423,555
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,251,745	956,889
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,731,718	31,088,303
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,469,578	1,237,796
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)	17,917,687	19,829,185
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,343,616		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,897,359	11,076,712
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,284,624	32,143,693
19	Revenue less expenses Subtract line 18 from line 12	-552,906	-1,055,390

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	41,320,656	42,157,355
21	Total liabilities (Part X, line 26)	8,723,228	9,870,749
22	Net assets or fund balances Subtract line 21 from line 20	32,597,428	32,286,606

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

****** 2015-05-13
Signature of officer Date

DENNIS WALCZYK CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONNA M GONSER				P01448922

Firm's name ▶ LUMSDEN & MCCORMICK LLP — Firm's EIN ▶ 16-0765486

Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202 — Phone no (716) 856-3300

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

CATHOLIC CHARITIES OF BUFFALO IS A CATHOLIC SPONSORED HUMAN SERVICE AGENCY, SERVING ANYONE IN NEED IN THE EIGHT COUNTIES IN WNY 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 FOUNDED IN 1923 AS THE HUMAN SERVICE ARM OF THE CATHOLIC DIOCESE OF BUFFALO, CATHOLIC CHARITIES BEGAN AS AN ORGANIZATION FOCUSED ON FEEDING AND HOUSING THE POOR AND VULNERABLE NOW, 91 YEARS LATER, THE SERVICES ARE DIVERSE THE AGENCY CREATIVELY PARTNERS WITH PARENTS, SCHOOLS, ADMINISTRATORS, PUBLIC AGENCIES, CORPORATIONS AND GOVERNMENT TO BRING NEW INITIATIVES AND CUTTING EDGE APPROACHES TO THE CHALLENGES PLACED ON INDIVIDUALS, FAMILIES AND OUR FUTURE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 15,045,131 including grants of $ 700,893) (Revenue $ 754,409)

FAMILY AND COMMUNITY SERVICES (FACS) REPRESENTS THE LARGEST DEPARTMENT OF CATHOLIC CHARITIES OF BUFFALO, IN ITS VARIETY OF SERVICES, NUMBER OF CLIENTS ASSISTED AND BROAD GEOGRAPHIC SCOPE OF SERVICE, AS WELL AS NUMBER OF STAFF IN FY 2014, FACS SERVED 61,437 CLIENTS AND THEIR FAMILIES SERVICE AREAS INCLUDE COUNSELING SERVICES, SPECIALIZED PROGRAMS, PREVENTIVE SERVICES AND COURT RELATED SERVICES COUNSELING SERVICES THESE SERVICES PROVIDE COUNSELING TO INDIVIDUALS, CHILDREN AND FAMILIES IN 19 OFFICES ACROSS THE EIGHT COUNTIES OF WNY COUNSELING SERVICES WERE PROVIDED TO MORE THAN 28,105 INDIVIDUALS, COUPLES AND FAMILIES IN 2014 COUNSELING SERVICES ALSO INCLUDE THE SCHOOL INTERVENTION SERVICE PROGRAM WHICH SERVES, THROUGH CONTRACTS WITH LOCAL ENTITIES, YOUTH IN THE TOWNS OF AMHERST AND CHEEKTOWAGA AND THE VILLAGE OF DEPEW IN ADDITION TO ADHERING TO CATHOLIC CHARITIES' MISSION, CORE VALUES STRESSED WITHIN COUNSELING SERVICES INCLUDE RECOGNITION OF INDIVIDUAL AND FAMILY STRENGTHS AND HUMAN RESILIENCE IN THE FACE OF ADVERSITY, THE CRITICAL ROLE OF THE FAMILY AND COMMUNITY IN SUPPORTING THE HEALTH AND WELL-BEING OF ITS MEMBERS AND THE NEED TO OFFER SERVICES THAT FOLLOW ACCEPTED STANDARDS OF BEST PRACTICE FACS COUNSELING SERVICES SEEK TO FILL THE EVER-WIDENING GAP BETWEEN AVAILABLE SERVICES AND CONSUMER NEED, AND INSURE THAT ALL INDIVIDUALS AND FAMILIES RECEIVE THE LEVEL AND QUALITY OF CARE REQUIRED TO THRIVE, REGARDLESS OF THEIR AVAILABLE RESOURCES AS A RESULT, MANY CLIENTS INCLUDE THOSE INDIVIDUALS WHO HAVE EXHAUSTED OTHER ALTERNATIVES OR HAVE DIFFICULTY ACCESSING OTHER SERVICES BECAUSE OF LIMITED MEANS COURT RELATED SERVICES FOUR SERVICES ARE PROVIDED WITHIN THE UMBRELLA OF COURT RELATED SERVICE IN ERIE COUNTY, INCLUDING THERAPEUTIC VISITATION, THERAPEUTIC SUPERVISED PARENT/CHILD ACCESS, AND OUR KIDS PARENT EDUCATION AND AWARENESS PROGRAM IN FY 2014, 2,788 INDIVIDUALS AND FAMILIES WERE ASSISTED THROUGH COURT RELATED SERVICES MOST FAMILIES ARE REFERRED THROUGH THE COURTS, ALTHOUGH, IN CERTAIN CIRCUMSTANCES, VOLUNTARY REFERRALS MAY BE ACCEPTED THE GOAL IS SAFE, CONFLICT-FREE ACCESS TO BOTH PARENTS WHENEVER POSSIBLE ALL SERVICES FOCUS ON THE SAFE REPAIR, REBUILDING OR RECONNECTION OF EACH CHILD WITH A PARENT WHO HAS BEEN SEPARATED FROM THEM PREVENTIVE SERVICES FAMILY PRESERVATION AND STABILIZATION PROGRAMS AT CATHOLIC CHARITIES INCLUDE TRADITIONAL PREVENTIVE SERVICES PROGRAMS AND MULTISYSTEMIC THERAPY PROGRAMS IN 2014, MORE THAN 22,789 CLIENTS RECEIVED HELP THROUGH PREVENTIVE SERVICES PREVENTIVE SERVICES SERVING ERIE COUNTY, TRADITIONAL PREVENTIVE SERVICES AND SPECIALIZED SERVICES FOR REFUGEE FAMILIES AND FAMILIES WITH TEMPORARY KINSHIP PLACEMENTS THE GOAL FOCUSES ON FAMILIES IN WHICH THERE HAS BEEN CHILD NEGLECT OR ABUSE AND CHILDREN ARE AT HIGH RISK FOR PLACEMENT OUTSIDE THE HOME THROUGH FAMILY COUNSELING, NETWORKING AND TEAMING WITH RESOURCES, THE FAMILIES ARE ASSISTED TO FOCUS ON CHILD SAFETY, TIMELY CHILD PERMANENCY AND CHILD WELL-BEING MULTISYSTEMIC THERAPY (MST) SERVING ERIE, NIAGARA, CATTARAUGUS AND ALLEGANY COUNTIES, AN INTENSIVE FAMILY AND COMMUNITY BASED TREATMENT PROGRAM FOCUSING ON THE ENTIRE WORK OF JUVENILE OFFENDERS HOME, FAMILIES, SCHOOL AND NEIGHBORHOOD MST IS EVIDENCE BASED AND HAS BEEN SHOWN IN RIGOROUS, SCIENTIFIC, GOLD-STANDARD TESTS TO BE SUPERIOR TO OTHER INTERVENTIONS FOR ADOLESCENTS WITH SEVERE ANTI-SOCIAL AND CRIMINAL BEHAVIOR SPECIALIZED PROGRAMS SPECIALIZED PROGRAMS INCLUDE A VARIETY OF PROGRAMS THAT SEEK TO ADDRESS THE REQUIREMENTS OF CHILDREN AND FAMILIES IN NEED ACROSS WESTERN NEW YORK IN 2014, SPECIALIZED PROGRAMS SERVED 26,853 CLIENTS THESE PROGRAMS ARE CHILDREN'S SERVICES SERVING ERIE COUNTY, INCLUDES FOSTER CARE AND FOSTER PARENT TRAINING, ADOPTION, AND PARENT EDUCATION PROGRAMS, ONE FOR YOUNG PARENTS AND THE EVIDENCE-BASED INCREDIBLE YEARS PARENT TRAINING FOR PARENTS OF YOUNG CHILDREN IN FY 2014, CHILDREN'S SERVICES PROVIDED ASSISTANCE TO 856 CLIENTS DOMESTIC VIOLENCE PROGRAM FOR MEN A NEW YORK MODEL FOR BATTERERS PROGRAM AND A COURT-ORDERED GROUP SESSIONS PROGRAM OFFERED IN SEVEN OFFICES ACROSS WNY, WHICH PROVIDES A MECHANISM FOR MALE DOMESTIC VIOLENCE OFFENDER ACCOUNTABILITY IN COLLABORATION WITH POLICE, COURTS AND OTHER AGENTS OF THE COURT, AND VICTIM SERVICE PROGRAMS DOMESTIC VIOLENCE VICTIM SERVICES INDIVIDUAL AND GROUP THERAPY SESSIONS ARE PROVIDED IN SEVERAL COMMUNITIES IN ERIE COUNTY TO FAMILIES EXPERIENCING DOMESTIC VIOLENCE THESE SESSIONS PROVIDE A STEPPING STONE TOWARDS RECOVERY THROUGH THIS, FAMILIES CAN CREATE A BETTER FUTURE BY LEARNING NEW COPING SKILLS, BREAKING EXISTING PATTERNS OF BEHAVIOR, HEIGHTENING EXPECTATIONS AND SELF-CONFIDENCE AND PRACTICING AND EXPERIENCING A NON-VIOLENT HOUSEHOLD EMERGENCY RELIEF CENTRAL INTAKE OFFICE IN DOWNTOWN BUFFALO PROVIDES FOR SHORT TERM EMERGENCY ASSISTANCE INCLUDING FOOD, PRESCRIPTIONS, CLOTHING AND CASE MANAGEMENT AND INFORMATION/REFERRAL SERVICES A TOTAL OF 19,379 CLIENTS WERE ASSISTED IN FY 2014 SIMILAR ASSISTANCE IS PROVIDED IN OTHER OFFICES IN THE OTHER SEVEN COUNTIES OF WNY INTENSIVE CASE MANAGEMENT SERVING CATTARAUGUS COUNTY, A PROGRAM TO STRENGTHEN THE FAMILY AND ASSIST THE FAMILY IN AVOIDING AT-RISK PLACEMENT OF CHILDREN OR TEENS OUTSIDE THE HOME IN RESIDENTIAL PROGRAM OR PSYCHIATRIC HOSPITALIZATIONS KINSHIP CAREGIVER PROGRAM SERVING CATTARAUGUS COUNTY WITH SUPPORT FOR KINSHIP AND NON RELATIVE CAREGIVERS OF CHILDREN USING A CASE MANAGEMENT MODEL, FAMILIES ARE PROVIDED INFORMATION FOR FINANCIAL AND NON-FINANCIAL ASSISTANCE AVAILABLE IN THE COMMUNITY, SUPPORT GROUPS AND LINKAGES TO OTHER PROVIDERS IN THE COMMUNITY WIC SERVING ERIE AND NIAGARA COUNTIES WITH 15 SITES, WOMEN INFANTS AND CHILDREN (WIC) IS A FEDERAL NUTRITION PROGRAM PROVIDING NUTRITIOUS FOOD, NUTRITION COUNSELING, AND REFERRALS FOR INCOME ELIGIBLE PREGNANT, POST-PARTUM AND BREASTFEEDING WOMEN, INFANTS AND CHILDREN UP TO AGE FIVE IN FY 2014, MORE THAN 26,604 CHILDREN AND PARENTS WERE ASSISTED THROUGH WIC EACH MONTH

4b (Code) (Expenses $ 4,239,376 including grants of $) (Revenue $)

PAYMENTS TO AFFILIATES - DIOCESE OF BUFFALO AND MONSIGNOR CARR INSTITUTE

4c (Code) (Expenses $ 3,383,225 including grants of $ 13,385) (Revenue $ 0)

CLOSING THE GAPCLOSING THE GAP AND SAY YES BUFFALO THE SAY YES BUFFALO/CATHOLIC CHARITIES SCHOOL-BASED PREVENTIVE PROGRAM, ALONG WITH AN INTENSIVE MENTORING PROGRAM IS A PARTNERSHIP WITH THE ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES AND BUFFALO PUBLIC SCHOOLS BOTH PROGRAMS PROVIDE STUDENTS WITH POOR ATTENDANCE OR BEHAVIOR PROBLEMS THE RESOURCES TO GET BACK ON TRACK CLOSING THE GAP ADDRESSES THE NON-ACADEMIC BARRIERS OF CHILDREN AND THEIR FAMILIES SO LEARNING CAN BE ENHANCED MORE THAN 17,800 STUDENTS WERE IMPACTED THROUGH THE PROGRAM COMPREHENSIVE SCHOOL SERVICES (CSS) PROGRAM FOCUSES ON ENHANCING STUDENT SUCCESS BY PROVIDING A RANGE OF SERVICES TO SCHOOL STUDENTS, FAMILIES AND STAFF SERVICES INCLUDE INDIVIDUAL AND GROUP COUNSELING, CRISIS INTERVENTION, EMERGENCY RELIEF ASSISTANCE, CLASSROOM PRESENTATIONS AND STAFF DEVELOPMENT CURRENTLY THE CSS PROGRAM IS ONLY PROVIDED AT THE WEST BUFFALO CHARTER SCHOOL VIA FUNDING PROVIDED DIRECTLY FROM THE SCHOOL IN FY 2014, 85 STUDENTS, FAMILIES AND STAFF MEMBERS WERE IMPACTED BY THE PROGRAM IN-SCHOOL SOCIAL WORK (ISSWP) SERVING SIX CATHOLIC SCHOOLS IN ERIE AND NIAGARA COUNTIES, THROUGH GROUP WORK WITH STUDENTS AND CONSULTATION AND EDUCATIONAL SERVICES FOR TEACHERS AND PARENTS, THE ISSWP ASSISTS STUDENTS TO DEVELOP ASSETS, TOOLS AND RESOURCES NEEDED TO ENHANCE THEIR CAPACITY TO MAKE HEALTHY LIFE CHOICES THE ISSWP FOCUSES ON ENHANCING STUDENT SUCCESS BY PROVIDING COMPREHENSIVE CHARACTER DEVELOPMENT SKILL BUILDING ACTIVITIES FOR STUDENTS THROUGH SHORT-TERM INDIVIDUAL SESSIONS, SMALL GROUPS AND CLASSROOM PRESENTATIONS CONSULTATION SERVICES ALSO ARE AVAILABLE FOR PARENTS, TEACHERS AND PRINCIPALS AS WELL AS STAFF DEVELOPMENT FOR TEACHERS AND PRINCIPALS TO EXPAND STRATEGIES AND INTERVENTIONS FOR STRENGTHENING STUDENT CHARACTER BASED ON THE ASSESSMENT OF OTHER STUDENT OR PARENT NEEDS, REFERRAL TO OTHER CATHOLIC CHARITIES' PROGRAMS, INCLUDING COUNSELING, IS AVAILABLE MORE THAN 430 STUDENTS WERE ASSISTED IN FY 2014 BY THE ISSWP SCHOOL INTERVENTION SERVICE (SIS) IDENTIFIES "AT RISK" YOUTH IN SCHOOL AT ANY AGE/GRADE LEVEL FAMILY COUNSELING IS PROVIDED TO THE YOUTH AND THEIR FAMILIES AND CLOSE CONTACT IS MAINTAINED WITH SCHOOL PERSONNEL SIS ALSO OFFERS SERVICE TO YOUTH WHO ARE IN IMMEDIATE DANGER OF DROPPING OUT OR WHO HAVE DROPPED OUT OF SCHOOL SERVICES INCLUDE EDUCATIONAL AND VOCATIONAL COUNSELING, ASSISTANCE IN THE DEVELOPMENT OF JOB SEEKING SKILLS, INDIVIDUAL AND FAMILY COUNSELING, AND REFERRAL TO OTHER APPROPRIATE RESOURCES SIS IS AVAILABLE IN THE COMMUNITIES OF AMHERST, CHEEKTOWAGA, WEST SENECA, LACKAWANNA AND THE CITY OF TONAWANDA

(Code) (Expenses $ 5,579,383 including grants of $ 523,518) (Revenue $ 622,933)

PARISH OUTREACH AND ADVOCACYTHE MISSION OF PARISH OUTREACH AND ADVOCACY IS TO ASSIST IN ADDRESSING THE UNMET NEEDS OF THOSE WHO STRUGGLE WITH LOW INCOME, ARE SHUT IN, DISABLED OR SENIORS PROGRAMS INCLUDE FIVE FOOD PANTRIES AND SERVICE SITES, THE DIOCESE OF BUFFALO LADIES OF CHARITY, CATHOLIC GUILD FOR THE BLIND, WYOMING COUNTY OUTREACH, CHAUTAUQUA COUNTY OUTREACH, TELEPHONE ASSURANCE PROGRAM FOR ERIE COUNTY AND CATHOLIC CHARITIES SERVICE CORPS (CCSC) THE PANTRIES ARE LOCATED IN ERIE COUNTY (THREE IN BUFFALO AND ONE IN LACKAWANNA) AND ONE IN ALLEGANY COUNTY (WELLSVILLE) THEY PROVIDED EMERGENCY FOOD AND OFFERED INFORMATION AND REFERRALS TO 5,669 PEOPLE IN 2014 PARISH OUTREACH IMPACTED MORE THAN 14,100 PEOPLE IN 2014 THROUGH LADIES OF CHARITY'S POVERTY ASSISTANCE PROGRAMS, INCLUDING THOSE THAT PROVIDE GIFTS FOR CHILDREN AND YOUTH AT CHRISTMAS, BASIC HOUSEHOLD GOODS FOR FAMILIES WHO NEED TO START OVER AND CLOTHING FOR THOSE IN NEED WYOMING COUNTY OUTREACH, CHAUTAUQUA COUNTY OUTREACH AND THE TELEPHONE ASSURANCE PROGRAM PROVIDE FRIENDLY VISITS OR PHONE CALLS AS A SAFETY CHECK-IN FOR SHUT INS CATHOLIC GUILD FOR THE BLIND ORGANIZES ACTIVITIES FOR 43 INDIVIDUALS, SUPPORTED BY VOLUNTEERS CCSC IS A YEAR-LONG SERVICE PROGRAM FOR COLLEGE GRADUATES WHICH SUPPORTS AND CHALLENGES ITS MEMBERS TO "DISCOVER THEIR LIGHT, AND IGNITE IT IN OTHERS " EIGHT TO 12 CCSC MEMBERS OF ANY FAITH COMMIT TO DIRECT SERVICE AT FULL-TIME PLACEMENTS, SOCIAL JUSTICE, COMMUNITY LIVING, SIMPLICITY AND SPIRITUAL GROWTH EXPENSES $692,842 INCL GRANTS OF $21,466 REVENUES $98,279 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 SECOND LANGUAGE CLASSES, CASE MANAGEMENT, JOB DEVELOPMENT, EMPLOYMENT PLACEMENT, ACCULTURATION AND ASSISTANCE WITH IMMIGRATION AND CITIZENSHIP APPLICATIONS MORE THAN 1,700 ADULTS AND CHILDREN WERE RESETTLED IN BUFFALO IN 2014 FROM A RANGE OF COUNTRIES AROUND THE WORLD IN TOTAL, THE DEPARTMENT SERVES INDIVIDUALS FROM MORE THAN 30 NATIONALITIES EXPENSES $1,602,649 INCL GRANTS OF $462,207 REVENUES $21,306 EDUCATION AND WORKFORCE DEVELOPMENTTHE EDUCATION AND WORKFORCE DEVELOPMENT PROGRAM IN 2014 IMPACTED ABOUT 2,903 ELIGIBLE ERIE COUNTY YOUTH AND YOUNG ADULTS AGES 16 AND OLDER WHO MAY HAVE DROPPED OUT OF SCHOOL, OR MAY BE IN SCHOOL BUT HAVE HAD A BRUSH WITH THE JUSTICE SYSTEM THE PROGRAM, WITH SITES IN SIX LOCATIONS IN BUFFALO, HELPS YOUTH AND ADULTS EARN THEIR HIGH SCHOOL EQUIVALENCY, AND GAIN EMPLOYMENT SKILLS, EMPLOYMENT AND CAREER PREPARATION PROJECT JUMP START PROVIDES THESE SERVICES TO YOUTH AGES 14-17 WHO HAVE BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM WITHIN THE LAST YEAR AND RESIDE IN THE CITY OF BUFFALO THE WORK AND GAIN EDUCATION AND EMPLOYMENT SKILLS (WAGEES) PROGRAM PROVIDES THESE SERVICES TO YOUTH AGES 18-24 WHO HAVE ALSO BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM AND RESIDE IN THE CITY OF BUFFALO EXPENSES $891,551 INCL GRANTS OF $34,910 CLINICAL AND AGING SERVICES THE CLINICAL AND AGING SERVICES DEPARTMENT PROVIDES MENTAL HEALTH TREATMENT AND COUNSELING AND SUBSTANCE ABUSE TREATMENT THROUGH THE MONSIGNOR CARR INSTITUTE, AND SERVICES TO AGING MORE THAN 12,515 INDIVIDUALS AND THEIR FAMILIES WERE ASSISTED THROUGH MENTAL HEALTH AND AGING SERVICES IN 2014 THE MONSIGNOR CARR INSTITUTE (MCI) THE MCI CLINICS PROVIDE QUALITY, RESEARCH-BASED, BEST PRACTICE MENTAL HEALTH SERVICES, INCLUDING PSYCHIATRIC AND MENTAL HEALTH ASSESSMENT AND TREATMENT, TO RESIDENTS OF WESTERN NEW YORK MCI MAINTAINS THREE FULL-SERVICE CHILDREN'S MENTAL HEALTH CLINICS IN NIAGARA COUNTY IN ERIE COUNTY, TWO OFFICES ARE LOCATED IN BUFFALO AND FIVE SATELLITE OFFICES ARE LOCATED IN CATHOLIC CHARITIES' FACS OFFICES IN BUFFALO, CHEEKTOWAGA, KENMORE AND LACKAWANNA THE ERIE COUNTY CLINICS SERVE ADULTS AS WELL AS CHILDREN AN OUTREACH TREATMENT TEAM OF THERAPISTS REACHES OUT TO SERVE THOSE ADULTS WHO ARE HOMEBOUND AN OUTPATIENT CHEMICAL DEPENDENCY TREATMENT PROGRAM OFFERS COUNSELING SERVICES ON AN INDIVIDUAL AND GROUP BASIS, AS WELL AS OFFERS INTEGRATED TREATMENT FOR CO-OCCURRING SUBSTANCE ABUSE AND PSYCHIATRIC DISORDERS ADDITIONALLY, IT PROVIDES SUBOXONE TREATMENT TO ELIGIBLE INDIVIDUALS VERIFIED AS OPIATE DEPENDENT, AND FOLLOWING AN ASSESSMENT BY A PROGRAM COUNSELOR AND A PHYSICIAN EVALUATION A DEDICATED MARRIAGE COUNSELING CENTER, WITH LOCATIONS IN AMHERST AND WEST SENECA, ADDRESSES THE COMMUNITY NEED FOR EXPERT, SPECIALIZED TREATMENT FOR DISTRESSED COUPLES SERVICES TO OLDER ADULTS - COMPRISE A VARIETY OF SERVICES TO ASSIST NEARLY 1,312 ADULTS AGES 60-PLUS, MOST OF WHOM ARE LOW INCOME SERVICES INCLUDE ASSESSING AND ASSISTING ADULT CLIENT NEEDS THROUGH PROJECT HOPE AND THE COMPREHENSIVE CARE PROGRAM, TO REMAIN INDEPENDENT AND IN THEIR HOMES IN ADDITION, A GATHERING PLACE, A SOCIAL ADULT DAY PROGRAM IN BUFFALO, IS OFFERED FOR FRAIL, SOCIALLY IMPAIRED OR COGNITIVELY IMPAIRED ADULTS THE FOSTER GRANDPARENT PROGRAM PROVIDES A STIPEND AND MEALS FOR LOW INCOME SENIORS WHO WORK SIDE BY SIDE WITH EXCEPTIONAL OR SPECIAL CHILDREN IN SCHOOLS, DAY CARE CENTERS AND HOSPITALS THE HOME VISITATION PROGRAM PROVIDES WEEKLY IN-HOME VISITS TO THOSE WHO ARE HOMEBOUND IN GENESEE AND ORLEANS COUNTIES, AND A PROGRAM OFFERING WEEKLY OR MORE FREQUENT REASSURANCE PHONE CALLS IN CHAUTAUQUA, ERIE, GENESEE AND ORLEANS COUNTY EXPENSES $2,392,341 INCL GRANTS OF $4,935 REVENUES $503,348 TOTAL

4d Other program services (Describe in Schedule O)

(Expenses $ 5,579,383 including grants of $ 523,518) (Revenue $ 622,933)

4e **Total program service expenses** ▶ 28,247,115

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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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	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? *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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		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 through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	110		
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	520		
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions? . . .	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		Yes	
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 or note to any line 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	**1a** 18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 18		
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**	Yes	
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	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶KAREN MECOZZI 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 or note to any line in this Part VII . . . . . ☑

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REV RICHARD J MALONE THD CHAIRMAN	1 00 1 00	X		X				0	0	0
(2) MOST REV EDWARD M GROSZ TRUSTEE	1 00 1 00	X						0	0	0
(3) ROBERT M BENNETT TRUSTEE	1 00	X						0	0	0
(4) CHARLES W CHIAMPOU CPA TREASURER	1 00	X		X				0	0	0
(5) MARGARET DADD ESQ TRUSTEE	1 00	X						0	0	0
(6) GRETCHEN FIERLE TRUSTEE	1 00	X						0	0	0
(7) MARIA FOTI TRUSTEE	1 00	X						0	0	0
(8) PATRICIA K FOGARTY ESQ SECRETARY	1 00	X		X				0	0	0
(9) REV MSGR DAVID M GALLIVAN TRUSTEE	1 00	X						0	0	0
(10) REV MSGR PAUL A LITWIN JCL TRUSTEE	1 00	X						0	0	0
(11) ALFRED F LUHR III TRUSTEE	1 00	X						0	0	0
(12) RICHARD J MORRISROE ESQ TRUSTEE	1 00	X						0	0	0
(13) DAVID J NASCA TRUSTEE	1 00	X						0	0	0
(14) REV MSGR DAVID S SLUBECKY TRUSTEE	1 00	X						0	0	0
(15) PAUL SNYDER III TRUSTEE	1 00	X						0	0	0
(16) DAVID UBA VICE-CHAIRMAN	1 00	X		X				0	0	0
(17) TINA WAGLE PHD 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA ZAEPFEL TRUSTEE	1 00	X						0	0	0
(19) DENNIS WALCZYK CHIEF EXECUTIVE OFFICER	35 00 1 00			X				127,257	0	18,887
(20) KAREN MECOZZI CONTROLLER	35 00 1 00			X				56,110	0	1,846
(21) SISTER MARY MCCARRICK OSF DIOCESAN DIRECTOR SEE SCHEDULE O	35 00 1 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)								183,367	0	20,733

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**		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? *If "Yes," complete Schedule J for such person*	**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
MCGUIRE DEVELOPMENT COMPANY LLC 560 DELAWARE AVE STE 300 BUFFALO NY 14202	CONSTRUCTION MGT	120,461
BRISBANE CONSULTING LLC 369 FRANKLIN ST CYCLORAMA BLDG BUFFALO NY 14202	CONSULTING	118,050
MST SERVICES 710 J DODDS BLVD SUITE 200 MT PLEASANT SC 29464	CLINICAL CONSULTING	108,618

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 ▶ 3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	16,350,155			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,980,362			
	g	Noncash contributions included in lines 1a-1f $		147,640			
	h	**Total.** Add lines 1a-1f . . . . . ▶		28,330,517			
Program Service Revenue			Business Code				
	2a	PROGRAM FEES	900099	1,023,268	1,023,268		
	b	FEES FROM GOVERNMENT AGENCIES	900099	354,074	354,074		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,377,342			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		423,555			423,555
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	141,391				
	b	Less rental expenses	0				
	c	Rental income or (loss)	141,391				
	d	Net rental income or (loss) . . . . . ▶			141,391	141,391	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	INTERAGENCY FEES	900099	625,577	625,577		
	b	MISCELLANEOUS	900099	189,921	189,921		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		815,498			
	12	**Total revenue.** See Instructions . . . . . ▶		31,088,303	2,334,231	0	423,555

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,237,796	1,237,796		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	228,117	206,256	16,296	5,565
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	14,544,632	13,175,011	1,021,074	348,547
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	881,227	773,396	90,160	17,671
9 Other employee benefits	3,126,155	2,743,843	319,587	62,725
10 Payroll taxes	1,049,054	921,051	106,907	21,096
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	576,808	442,671	131,957	2,180
12 Advertising and promotion	486,516	8,737	64,731	413,048
13 Office expenses	956,668	747,022	142,960	66,686
14 Information technology	272,878	250,126	15,134	7,618
15 Royalties . .				
16 Occupancy	1,244,118	1,041,199	198,437	4,482
17 Travel	86,552	77,177	3,737	5,638
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	550,042	455,344	87,380	7,318
20 Interest				
21 Payments to affiliates	4,239,376	4,239,376		
22 Depreciation, depletion, and amortization	410,494	387,062	17,467	5,965
23 Insurance	170,323	138,627	27,675	4,021
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES	747,065	416,985	39,796	290,284
b REPAIRS AND MAINTENANCE	546,433	516,682	20,667	9,084
c BAD DEBT EXPENSE	433,779	278,508	155,271	
d STAFF DEVELOPMENT	114,803	91,036	22,720	1,047
e All other expenses	240,857	99,210	71,006	70,641
25 **Total functional expenses.** Add lines 1 through 24e	32,143,693	28,247,115	2,552,962	1,343,616
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,255,050	1	4,273,907
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,203,552	3	2,189,000
	4	Accounts receivable, net		6,184,809	4	6,419,560
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,086	9	39,536
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,129,663			
	b	Less accumulated depreciation	10b 5,041,676	6,414,324	10c	6,087,987
	11	Investments—publicly traded securities		15,832,186	11	17,895,571
	12	Investments—other securities See Part IV, line 11		2,693,427	12	2,890,995
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,726,222	15	2,360,799
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,320,656	16	42,157,355
Liabilities	17	Accounts payable and accrued expenses		2,617,469	17	3,577,874
	18	Grants payable			18	
	19	Deferred revenue		764,889	19	607,765
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		260,870	24	245,110
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,080,000	25	5,440,000
	26	**Total liabilities.** Add lines 17 through 25		8,723,228	26	9,870,749
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,614,466	27	20,128,332
	28	Temporarily restricted net assets		11,931,301	28	12,106,613
	29	Permanently restricted net assets		51,661	29	51,661
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,597,428	33	32,286,606
	34	Total liabilities and net assets/fund balances		41,320,656	34	42,157,355

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,088,303
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,143,693
3	Revenue less expenses Subtract line 2 from line 1	3	-1,055,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,597,428
5	Net unrealized gains (losses) on investments	5	693,867
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	50,701
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,286,606

Part XII Financial Statements and Reporting

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

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

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

OMB No 1545-0047

2013

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 - Non-functionally integrated

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?

	Yes	No
(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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,700,428	12,406,539	12,392,893	11,769,963	28,330,517	76,600,340
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	11,700,428	12,406,539	12,392,893	11,769,963	28,330,517	76,600,340
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						76,600,340

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	11,700,428	12,406,539	12,392,893	11,769,963	28,330,517	76,600,340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237,311	227,611	415,995	229,071	423,555	1,533,543
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)	1,143,855	821,905	885,612	1,251,745	815,498	4,918,615
11 **Total support** (Add lines 7 through 10)						83,052,498

12 Gross receipts from related activities, etc (see instructions)	12	68,416,651

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 2013 (line 6, column (f) divided by line 11, column (f))	14	92 230 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	83 240 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	51,661	51,661	51,661	51,661	51,661
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	51,661	51,661	51,661	51,661	51,661

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,855		5,855
b Buildings		8,701,413	2,876,315	5,825,098
c Leasehold improvements				
d Equipment		2,332,369	2,165,361	167,008
e Other		90,026		90,026
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,087,987

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) POOLED ASSETS HELD IN TRUST BY THE FOUNDATION OF THE DIOCESE	2,890,995	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	2,890,995	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) PREPAID BISHOP'S FUND	2,360,799
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,360,799

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
POST RETIREMENT HEALTH BENEFITS	5,440,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,440,000

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	THE PERMANENT ENDOWMENT IS TO BE HELD IN PERPETUITY, WITH THE INTEREST EARNINGS TO BE USED TO AWARD SCHOLARSHIPS THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF BUFFALO, WHO ADMINISTERS THE ENDOWMENT ON BEHALF OF CATHOLIC CHARITIES, ANNUALLY APPROPRIATES AND DISBURSES INTEREST EARNINGS ON THE ENDOWMENT

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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**

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

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2013

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE	137566	1,237,796			

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2, PART III, COLUMN (B)	AS NOTED IN THE MISSION OF CATHOLIC CHARITIES, SOME 142,000 WESTERN NEW YORKERS WERE SERVED IN 2014 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

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Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	21	147,640	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD IS ACTIVELY INVOLVED IN THE REVIEW OF ALL FINANCIAL INFORMATION AND HAS DESIGNAT ED REVIEW/APPROVAL OF THE FORM 990 TO THE CHIEF EXECUTIVE OFFICER AND KEY FINANCIAL EMPLOY EES
FORM 990, PART VI, SECTION B, LINE 12C	CATHOLIC CHARITIES HAS A CORPORATE COMPLIANCE AND CODE OF ETHICS POLICY THIS POLICY STATE MENT IS IN OUR PERSONNEL POLICY MANUAL AND IS ENFORCED BY OUR COMPLIANCE OFFICER
FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS ALL OTHER PERSONNEL ARE COMPENSATED ACC ORDING TO CATHOLIC CHARITIES PAY POLICY AND PAY SCALE PERIODIC MARKET ANALYSES ARE COMPAR ED TO PAY RATES AT SIMILAR ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE OR UPON REQUEST
FORM 990, PART VII, SECTION A	COMPENSATION OF OFFICERS COMPENSATION FOR SERVICES PERFORMED BY SR MARY MCCARRICK, OSF, IS PAID DIRECTLY TO HER RELIGIOUS ORDER
FORM 990, PART XI, LINE 9	BELOW THE LINE ADJUSTMENT FOR POSTRETIREMENT HEALTH BENEFITS 50,701
FORM 990, PART XII, LINE 2C	PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIOCESE OF BUFFALO	P	956,935	FMV- CASH PAYMENT
(2) MONSIGNOR CARR INSTITUTE	B	435,985	FMV- CASH PAYMENT
(3) MONSIGNOR CARR INSTITUTE	D	226,911	FMV- CASH BALANCE
(4) MONSIGNOR CARR INSTITUTE	Q	631,148	FMV- CASH PAYMENT
(5) DIOCESE OF BUFFALO	R	3,805,788	FMV- CASH PAYMENT

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation