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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

Room/suite

741 DELAWARE AVENUE

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

BUFFALO, NY 14209

F Name and address of principal officer

DENNIS WALCZYK

741 DELAWARE AVENUE

BUFFALO, NY 14209

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

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

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

H(c) Group exemption number

D Employer identification number

16-0743251

E Telephone number

(716) 218-1400

G Gross receipts \$ 33,279,142

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: WWW.CCWNY.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1923

M State of legal domicile NY

Part I	Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE SUPPORT AND COMMUNITY CARE SERVICES THROUGHOUT WESTERN NEW YORK																																
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>18</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>18</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>602</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>2,039</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	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 2014 (Part V, line 2a)	5	602	6	Total number of volunteers (estimate if necessary)	6	2,039	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>28,330,517</td><td>30,665,377</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>1,377,342</td><td>1,129,248</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>423,555</td><td>266,037</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>956,889</td><td>1,218,480</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>31,088,303</td><td>33,279,142</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	28,330,517	30,665,377	9	Program service revenue (Part VIII, line 2g)	1,377,342	1,129,248	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,555	266,037	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	956,889	1,218,480	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,088,303	33,279,142									
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>1,237,796</td><td>1,561,551</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>19,829,185</td><td>21,216,300</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>16b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 1,303,572</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>11,076,712</td><td>11,114,712</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>32,143,693</td><td>33,892,563</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-1,055,390</td><td>-613,421</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,237,796	1,561,551	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)	19,829,185	21,216,300	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	16b	Total fundraising expenses (Part IX, column (D), line 25) 1,303,572			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,076,712	11,114,712	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,143,693	33,892,563	19	Revenue less expenses Subtract line 18 from line 12	-1,055,390	-613,421
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>42,157,355</td><td>41,443,989</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>9,870,749</td><td>10,053,581</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>32,286,606</td><td>31,390,408</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	42,157,355	41,443,989	21	Total liabilities (Part X, line 26)	9,870,749	10,053,581	22	Net assets or fund balances Subtract line 21 from line 20	32,286,606	31,390,408																	
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

DENNIS WALCZYK CEO

Type or print name and title

2016-03-15

Date

Print/Type preparer's name

DONNA M GONSER

Preparer's signature

DONNA M GONSER

Date

Check ☐ if self-employed

PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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, 92 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 \$ 14,651,374 including grants of \$ 645,516) (Revenue \$ 563,016)
	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 2015, FACS SERVED 58,950 CLIENTS AND THEIR FAMILIES SERVICE AREAS INCLUDE COUNSELING SERVICES, SPECIALIZED PROGRAMS, PREVENTIVE SERVICES AND COURT RELATED SERVICES COUNSELING SERVICESTHESE SERVICES PROVIDE COUNSELING TO INDIVIDUALS, CHILDREN AND FAMILIES IN 18 OFFICES ACROSS THE EIGHT COUNTIES OF WNY COUNSELING SERVICES WERE PROVIDED TO MORE THAN 25,940 INDIVIDUALS, COUPLES AND FAMILIES IN 2015 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 SERVICESFOUR SERVICES ARE PROVIDED WITHIN THE UMBRELLA OF COURT RELATED SERVICES IN ERIE COUNTY, INCLUDING THERAPEUTIC VISITATION, THERAPEUTIC SUPERVISED PARENT/CHILD ACCESS, AND OUR KIDS PARENT EDUCATION AND AWARENESS PROGRAM IN FY 2015, A TOTAL OF 2,726 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 SERVICESFAMILY PRESERVATION AND STABILIZATION PROGRAMS AT CATHOLIC CHARITIES INCLUDE TRADITIONAL PREVENTIVE SERVICES PROGRAMS AND MULTISYSTEMIC THERAPY PROGRAMS IN 2015, MORE THAN 8,780 CLIENTS RECEIVED HELP THROUGH PREVENTIVE SERVICES PREVENTIVE SERVICES - SERVING ERIE COUNTY WITH 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 AND CATTARAUGUS COUNTIES, AN INTENSIVE FAMILY AND COMMUNITY BASED TREATMENT PROGRAM FOCUSING ON THE ENTIRE WORLD 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 PROGRAMSSPECIALIZED PROGRAMS INCLUDE SERVICES THAT SEEK TO ADDRESS THE REQUIREMENTS OF CHILDREN AND FAMILIES IN NEED ACROSS WESTERN NEW YORK IN 2015, SPECIALIZED PROGRAMS SERVED 26,998 CLIENTS THESE PROGRAMS ARE CHILDREN'S SERVICES - SERVING ERIE COUNTY, INCLUDES FOSTER CARE AND FOSTER PARENT TRAINING, ADOPTION ALSO, PARENT EDUCATION PROGRAMS, ONE FOR YOUNG PARENTS AND THE EVIDENCE-BASED INCREDIBLE YEARS PARENT TRAINING FOR PARENTS OF YOUNG CHILDREN IN FY 2015, CHILDREN'S SERVICES PROVIDED ASSISTANCE TO 887 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, SHELTER AND STABILIZATION, CASE MANAGEMENT AND INFORMATION/REFERRAL SERVICES A TOTAL OF 17,545 CLIENTS AND THEIR FAMILIES WERE ASSISTED IN FY 2015 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 PROGRAMS 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 2015, MORE THAN 26,534 CHILDREN AND PARENTS WERE ASSISTED THROUGH WIC EACH MONTH

4b	(Code) (Expenses \$ 4,787,106 including grants of \$ 27,624) (Revenue \$ 751)
	CLOSING THE GAP - (SCHOOL BASED SERVICES)MORE THAN 6,381 STUDENTS WERE IMPACTED THROUGH THE FOLLOWING PROGRAMS SCHOOL BASED PREVENTIVE SERVICES - IN PARTNERSHIP WITH THE ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES AND THE BUFFALO PUBLIC SCHOOLS, THE CATHOLIC CHARITIES/SAY YES BUFFALO SCHOOL-BASED PREVENTIVE SERVICES PROGRAM IS AVAILABLE TO STUDENTS AT RISK FOR INVOLVEMENT IN CHILD WELFARE OR JUVENILE JUSTICE SYSTEMS, AND THEIR FAMILIES ALIGNED WITH GOALS TARGETING INCREASED ATTENDANCE AND REDUCED BEHAVIORAL DISCIPLINARY ACTIONS, CATHOLIC CHARITIES/SAY YES BUFFALO TEAM MEMBERS, CALLED FAMILY SUPPORT SPECIALISTS, COORDINATE COMMUNITY AND SCHOOL-BASED SERVICES AND RESOURCES (INCLUDING BASIC NEEDS, HEALTHCARE, BEHAVIORAL HEALTH SERVICES, MENTORING, AFTER SCHOOL PROGRAMS) FOR STUDENTS AND FAMILIES ENROLLED IN 28 DESIGNATED BUFFALO PUBLIC SCHOOLS TO ALLEVIATE UNDERLYING FACTORS IMPACTING STUDENT ATTENDANCE AND BEHAVIOR ROUTINE HOME VISITS ALSO ARE CONDUCTED TO BOTH ENGAGE PARENTS AND ALL CHILDREN (NOT JUST THE STUDENT), AND ASSESS THE FAMILY'S STRENGTHS, RESOURCES AND CHILD SAFETY/WEELL-BEING NEEDS FURTHER, FAMILY SUPPORT SPECIALISTS ENCOURAGE AND COACH PARENTS TO BOTH INCREASE THEIR ENGAGEMENT IN THEIR CHILD'S EDUCATION AND STRENGTHEN THEIR RELATIONSHIP WITH THE SCHOOL CLOSING THE GAP (CTG) SITE FACILITATOR PROGRAM - THIS PROGRAM BEGAN IN 2002 IN COLLABORATION WITH CATHOLIC CHARITIES, THE UNITED WAY OF BUFFALO AND ERIE COUNTY, AND THE BUFFALO PUBLIC SCHOOL DISTRICT IN ALIGNMENT WITH BUFFALO PUBLIC SCHOOL'S VISION AND PRIORITIES, THE SITE FACILITATOR PROGRAM SUPPORTS THE IMPROVEMENT OF THE ACADEMIC SUCCESS OF STUDENTS IN SIX BUFFALO PUBLIC SCHOOLS BY ADDRESSING NON-ACADEMIC BARRIERS TO LEARNING THE SITE FACILITATOR PROGRAM CONTINUES TO OPERATE FROM THE CTG MODEL, WITH THE SITE FACILITATOR FUNCTIONING AS A LIAISON BETWEEN HOME, SCHOOL AND COMMUNITY THE SITE FACILITATOR PROVIDES LEADERSHIP TO THE COLLABORATIVE PROCESS AND DEVELOPS A CONTINUUM OF SERVICES THAT IS SEAMLESS FOR CHILDREN, FAMILIES, AND COMMUNITY MEMBERS WITH A SCHOOL NEIGHBORHOOD SITE FACILITATORS LINK SCHOOL-BASED AGENCY PROVIDERS TO STUDENTS AND FAMILIES TO DELIVER SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO BASIC NEEDS FOR FAMILIES (E G CLOTHING, FOOD), TUTORING AND MENTORING, MENTAL HEALTH SERVICES, GRIEF AND LOSS COUNSELING, PARENT SUPPORT, AFTER SCHOOL AND SUMMER PROGRAMMING, BEHAVIOR AND RE-ENTRY PLANNING, CLASSROOM STUDENT SUPPORT, PEER LEADERSHIP, LIFE SKILLS DEVELOPMENT, AND CRISIS INTERVENTIONINTENSIVE MENTORING PROGRAM - IN PARTNERSHIP WITH THE BUFFALO PUBLIC SCHOOLS, THE CATHOLIC CHARITIES/SAY YES BUFFALO SCHOOL-BASED INTENSIVE MENTORING PROGRAM IS AVAILABLE TO STUDENTS AND FAMILIES ENROLLED IN 21 DESIGNATED BUFFALO PUBLIC SCHOOLS ALIGNED WITH GOALS TARGETING INCREASED ATTENDANCE AND REDUCED BEHAVIORAL DISCIPLINARY ACTIONS, CATHOLIC CHARITIES/SAY YES BUFFALO TEAM MEMBERS CALLED FAMILY SUPPORT SPECIALISTS, COORDINATE COMMUNITY AND SCHOOL-BASED SERVICES AND RESOURCES (INCLUDING BASIC NEEDS, HEALTHCARE, BEHAVIORAL HEALTH SERVICES, MENTORING, AFTER SCHOOL PROGRAMS) FOR STUDENTS AND FAMILIES TO ALLEVIATE UNDERLYING FACTORS IMPACTING STUDENT ATTENDANCE AND BEHAVIOR STUDENTS AND FAMILIES ARE REFERRED BY THE STUDENT SUPPORT TEAM AT THE BUFFALO PUBLIC SCHOOL THEY ARE WORKING IN AS NEEDING PBIS TIER 3 SERVICES FAMILY SUPPORT SPECIALISTS ASSIST FAMILIES WITH NAVIGATING SCHOOL PROCEDURES, INCLUDING REGISTRATION AND ENROLLMENT, PARENT-TEACHER CONFERENCES, AND ADVOCACY FOR THEIR CHILD'S ACADEMIC SUPPORT OTHER SCHOOL BASED SERVICES ARE 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 PROVIDED AT THE WEST BUFFALO CHARTER SCHOOL VIA FUNDING PROVIDED DIRECTLY FROM THE SCHOOL IN FY 2015, 43 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 STUDENT SUCCESS IS ENHANCED 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 872 STUDENTS WERE ASSISTED IN FY 2015 BY THE ISSWP SCHOOL INTERVENTION SERVICE (SIS) - COUNSELORS ASSIST YOUTH AND FAMILIES WITH DAY-TO-DAY TROUBLES AND SERIOUS CONCERNS WITH THE INFUSION OF A SOLUTION-FOCUSED, STRENGTHS-BASED APPROACH THAT IS GUIDED BY THE CLIENTS THEMSELVES AND ALWAYS CONSIDERS THE FAMILY'S STRENGTHS INDIVIDUAL AND FAMILY COUNSELING IS PROVIDED TO SCHOOL-AGED YOUTH (ANY AGE/GRADE LEVEL) IDENTIFIED WITH "AT RISK" CONCERNS, INCLUDING IMMINENT RISK OF SCHOOL DROP-OUT ALL COUNSELORS HAVE EXTENSIVE TRAINING AND EXPERIENCE IN FAMILY TREATMENT AND CHILD AND ADOLESCENT TRAUMA COUNSELORS WORK CLOSELY WITH SCHOOL PERSONNEL REGARDING SCHOOL-RELATED CONCERNS AND IN STRENGTHENING THE FAMILY-SCHOOL CONNECTION THE SIS PROGRAM, FUNDED BY VARIOUS SOURCES, IS OFFERED IN AMHERST AND CHEETOWAGA A TOTAL OF 783 INDIVIDUALS AND FAMILY MEMBERS WERE SERVED

4c	(Code) (Expenses \$ 4,075,992 including grants of \$) (Revenue \$)
	PAYMENTS TO AFFILIATES - DIOCESE OF BUFFALO AND MONSIGNOR CARR INSTITUTE
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 5,848,477 including grants of \$ 888,411) (Revenue \$ 565,481)
4e	Total program service expenses 29,362,949

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
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, address, and telephone number of the person who possesses the organization's books and records
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) DAVID UBA VICE-CHAIRMAN	1 00 1 00	X		X				0	0	0
(3) CHARLES W CHIAMPOU CPA TREASURER	1 00 1 00	X		X				0	0	0
(4) PATRICIA K FOGARTY ESQ SECRETARY	1 00 1 00	X		X				0	0	0
(5) ROBERT M BENNETT TRUSTEE	1 00 1 00	X						0	0	0
(6) REV GREGORY J DOBSON TRUSTEE	1 00 1 00	X						0	0	0
(7) GRETCHEN FIERLE TRUSTEE	1 00 1 00	X						0	0	0
(8) MARIA FOTI TRUSTEE	1 00 1 00	X						0	0	0
(9) MOST REV EDWARD M GROSZ TRUSTEE	1 00 1 00	X						0	0	0
(10) REV MSGR PAUL A LITWIN JCL TRUSTEE	1 00 1 00	X						0	0	0
(11) ALFRED F LUHR III TRUSTEE	1 00 1 00	X						0	0	0
(12) DAVID J NASCA TRUSTEE	1 00 1 00	X						0	0	0
(13) CHRISTINA ORSI TRUSTEE	1 00 1 00	X						0	0	0
(14) DEACON MIGUEL SANTOS TRUSTEE	1 00 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			
(15) REV MSGR DAVID S SLUBECKY TRUSTEE	1 00 1 00	X						0	0	0
(16) PAUL SNYDER III TRUSTEE	1 00 1 00	X						0	0	0
(17) STEVEN ULRICH TRUSTEE	1 00 1 00	X						0	0	0
(18) LAURA ZAEPFEL TRUSTEE	1 00 1 00	X						0	0	0
(19) SISTER MARY MCCARRICK OSF DIOCESAN DIRECTOR SEE SCHE	35 00 1 00			X				0	0	0
(20) DENNIS WALCZYK CHIEF EXECUTIVE OFFICER	35 00 1 00			X				131,809	0	29,021
(21) KAREN MECOZZI CONTROLLER	35 00 1 00			X				60,122	0	16,138

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	191,931	0	45,159

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TRAVERS COLLINS & CO 726 EXCHANGE ST STE 500 BUFFALO, NY 14210	PUBLIC RELATIONS	251,797
MST SERVICES 710 J DODDS BLVD SUITE 200 MT PLEASANT, SC 29464	CLINICAL CONSULTING	170,009
MCGUIRE DEVELOPMENT COMPANY LLC 560 DELAWARE AVE STE 300 BUFFALO, NY 14202	CONSTRUCTION MGT	123,692

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	18,916,399					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,748,978					
	g	Noncash contributions included in lines 1a-1f \$		205,373					
	h	Total. Add lines 1a-1f		30,665,377					
Program Service Revenue	2a	PROGRAM FEES	Business Code 900099	1,001,133	1,001,133				
	b	FEES FROM GOVERNMENT AGENCIES	900099	128,115	128,115				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		1,129,248					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		266,037		266,037		
4		Income from investment of tax-exempt bond proceeds							
5		Royalties							
6a		Gross rents	(i) Real	(ii) Personal					
			150,245						
			0						
			150,245						
d		Net rental income or (loss)		150,245	150,245				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
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					
Miscellaneous Revenue		Business Code							
11a	INTERAGENCY FEES	900099	725,818	725,818					
b	MISCELLANEOUS	900099	342,417	342,417					
c									
d	All other revenue								
e	Total. Add lines 11a-11d		1,068,235						
12	Total revenue. See Instructions		33,279,142	2,347,728	0	266,037			

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,561,551	1,561,551		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	252,113	223,599	23,225	5,289
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	15,545,410	13,795,317	1,428,968	321,125
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	944,948	829,230	98,306	17,412
9	Other employee benefits	3,375,367	2,923,698	389,421	62,248
10	Payroll taxes	1,098,462	964,538	113,636	20,288
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)	584,231	537,881	44,823	1,527
12	Advertising and promotion	576,797	23,657	123,386	429,754
13	Office expenses	892,660	688,201	132,692	71,767
14	Information technology	336,157	305,370	24,924	5,863
15	Royalties				
16	Occupancy	1,164,528	981,213	179,418	3,897
17	Travel	79,175	70,280	5,946	2,949
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	502,026	434,207	63,401	4,418
20	Interest				
21	Payments to affiliates	4,075,992	4,075,992		
22	Depreciation, depletion, and amortization	393,625	348,659	40,029	4,937
23	Insurance	188,333	151,092	30,586	6,655
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	1,045,365	662,937	97,993	284,435
b	REPAIRS AND MAINTENANCE	616,698	578,497	29,498	8,703
c	BAD DEBT EXPENSE	190,331	1,743	188,588	
d	STAFF DEVELOPMENT	158,360	124,433	32,508	1,419
e	All other expenses	310,434	80,854	178,694	50,886
25	Total functional expenses. Add lines 1 through 24e	33,892,563	29,362,949	3,226,042	1,303,572
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,273,907	1	4,423,685
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,189,000	3	2,079,806
	4	Accounts receivable, net		6,419,560	4	6,247,175
	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		39,536	9	16,111
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a11,347,082			
	b	Less accumulated depreciation	10b5,430,915	6,087,987	10c	5,916,167
	11	Investments—publicly traded securities		17,895,571	11	17,406,277
	12	Investments—other securities See Part IV, line 11		2,890,995	12	2,731,639
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,360,799	15	2,623,129
	16	Total assets. Add lines 1 through 15 (must equal line 34)		42,157,355	16	41,443,989
Liabilities	17	Accounts payable and accrued expenses		3,577,874	17	3,307,109
	18	Grants payable			18	
	19	Deferred revenue		607,765	19	483,864
	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		245,110	24	228,608
	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		5,440,000	25	6,034,000
	26	Total liabilities. Add lines 17 through 25		9,870,749	26	10,053,581
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		20,128,332	27	19,196,699
	28	Temporarily restricted net assets		12,106,613	28	12,142,048
	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		32,286,606	33	31,390,408
	34	Total liabilities and net assets/fund balances		42,157,355	34	41,443,989

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,279,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,892,563
3	Revenue less expenses Subtract line 2 from line 1	3	-613,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,286,606
5	Net unrealized gains (losses) on investments	5	-112,056
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	-170,721
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,390,408

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

Additional Data

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

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

(Code	(Expenses \$	5,848,477	including grants of \$	888,411) (Revenue \$	565,481)
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 (FOUR IN BUFFALO, ONE IN GETZVILLE AND ONE IN LACKAWANNA) AND ONE IN ALLEGANY COUNTY (WELLSVILLE) THEY PROVIDED EMERGENCY FOOD AND OFFERED INFORMATION AND REFERRALS TO 6,258 PEOPLE IN 2015 PARISH OUTREACH IMPACTED MORE THAN 14,098 PEOPLE IN 2015 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 ORGANIZED ACTIVITIES FOR 204 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 " ABOUT EIGHT INDIVIDUALS OF ANY FAITH COMMIT TO DIRECT SERVICE AT FULL-TIME PLACEMENTS, SOCIAL JUSTICE, COMMUNITY LIVING, SIMPLICITY AND SPIRITUAL GROWTH EXPENSES \$675,226 INCL GRANTS OF \$34,464 REVENUES \$29,818 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 ABOUT 600 ADULTS AND CHILDREN WERE RESETTLED IN BUFFALO IN 2015 FROM A RANGE OF COUNTRIES AROUND THE WORLD IN TOTAL, THE DEPARTMENT IMPACTED THE LIVES OF 3,061 INDIVIDUALS REPRESENTING MORE THAN 30 NATIONALITIES EXPENSES \$1,914,809 INCL GRANTS OF \$693,703 REVENUES \$24,069 EDUCATION AND WORKFORCE DEVELOPMENTTHE EDUCATION AND WORKFORCE DEVELOPMENT DEPARTMENT IN 2015 IMPACTED ABOUT 1,084 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 PROVIDED 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 \$1,101,746 INCL GRANTS OF \$133,437 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 OLDER ADULTS MORE THAN 20,139 INDIVIDUALS AND THEIR FAMILIES WERE ASSISTED THROUGH MENTAL HEALTH AND AGING SERVICES IN FY2015 SERVICES TO OLDER ADULTS - COMPRISE A VARIETY OF SERVICES TO ASSIST NEARLY 2,220 ADULTS AGES 60 YEARS AND OLDER, MOST OF WHOM ARE LOW INCOME SERVICES INCLUDE ASSESSING AND ASSISTING ADULT CLIENT NEEDS THROUGH PROJECT HOPE (HELPING OLDER PEOPLE EXCEL) 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 \$2,156,696 INCL GRANTS OF \$26,807 REVENUES \$511,594 TOTAL					

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,406,539	12,392,893	11,769,963	28,330,517	30,665,377	95,565,289
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	12,406,539	12,392,893	11,769,963	28,330,517	30,665,377	95,565,289
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						95,565,289

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	12,406,539	12,392,893	11,769,963	28,330,517	30,665,377	95,565,289
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	227,611	415,995	229,071	423,555	266,037	1,562,269
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	821,905	885,612	1,251,745	815,498	1,068,235	4,842,995
11	Total support Add lines 7 through 10						101,970,553
12	Gross receipts from related activities, etc (see instructions)					12	52,331,949
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93 720 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	92 230 %
16a	33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF BUFFALO NEW YORK	Employer identification number 16-0743251
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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		8,771,292	3,206,701	5,564,591
c Leasehold improvements				
d Equipment		2,408,104	2,224,214	183,890
e Other		161,831		161,831
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,916,167

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 (losses) 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.
SCHED D PART X	THE POST RETIREMENT HEALTH BENEFITS IS AN ACTUARIALLY DETERMINED ESTIMATE OF THE EXPECTED COSTS FOR RETIREES HEALTH INSURANCE PROVIDED BY THE ORGANIZATION. AS PROMULGATED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THIS LIABILITY IS ACCRUED AS SERVICES ARE RENDERED, AND GENERALLY AN EXPENSE IS RECOGNIZED TO RECORD THIS LIABILITY ANNUALLY. DURING 2015, THE EXPENSE RECOGNIZED ON THE STATEMENT OF ACTIVITIES (INCLUDED IN 990 PART IX STATEMENT OF FUNCTIONAL EXPENSES) WAS APPROXIMATELY \$594,000.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

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.

OMB No 1545-0047

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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 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 Domestic Individuals. 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	131169	1,561,551			

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 2015 THROUGH PROGRAMS AND ACTIVITIES OF THE ORGANIZATION MONITORING USE OF GRANT FUNDS FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE AMOUNTS ARE PAID DIRECTLY TO PROVIDERS AND NOT TO RECIPIENTS TO ENSURE PROPER USE OF FUNDS ADDITIONALLY, GRANTS AND ASSISTANCE PAID ARE UNDER FEDERALLY FUNDED PROGRAMS THAT ARE SUBJECT TO COMPLIANCE AUDITS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DENNIS WALCZYK, CHIEF EXECUTIVE OFFICER	(i)	131,809	0	0	10,949	18,072	160,830	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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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

2014

Open to Public Inspection

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	29	205,373	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

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

Yes

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

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

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

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 990-EZ 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

2014

**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 DESIGNATED REVIEW/APPROVAL OF THE FORM 990 TO THE CHIEF EXECUTIVE OFFICER AND KEY FINANCIAL EMPLOYEES
FORM 990, PART VI, SECTION B, LINE 12C	CATHOLIC CHARITIES HAS A CORPORATE COMPLIANCE AND CODE OF ETHICS POLICY. THIS POLICY STATEMENT IS IN OUR PERSONNEL POLICY MANUAL AND IS ENFORCED BY OUR COMPLIANCE OFFICER.
FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS. ALL OTHER PERSONNEL ARE COMPENSATED ACCORDING TO CATHOLIC CHARITIES PAY POLICY AND PAY SCALE. PERIODIC MARKET ANALYSES ARE COMPARSED TO PAY RATES AT SIMILAR ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE OR UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A	COMPENSATION OF OFFICERS: COMPENSATION OF \$34,000 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 -170,721
FORM 990 PART XII LINE 2C	PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF BUFFALO NEW YORK

Employer identification number
16-0743251

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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	No
(1) DIOCESE OF BUFFALO 795 MAIN ST BUFFALO, NY 14203	COORDINATION OF CATHOLIC SCHOOLS, HOSPITALS, AND RELATED GROUPS IN WNY	NY	501(C)3	1	N/A		No
(2) MONSIGNOR CARR INSTITUTE 741 DELWARE AVE BUFFALO, NY 14209 16-1115950	PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	NY	501(C)3	7	CATHOLIC CHARITIES OF BUFFALO	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIOCESE OF BUFFALO	P		FMV- CASH PAYMENT
(2) MONSIGNOR CARR INSTITUTE	B		FMV- CASH PAYMENT
(3) MONSIGNOR CARR INSTITUTE	D		FMV- CASH BALANCE
(4) MONSIGNOR CARR INSTITUTE	Q		FMV- CASH PAYMENT
(5) DIOCESE OF BUFFALO	R		FMV- CASH PAYMENT

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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