



Fiscal Year 2016
HUD Entitlement Grant Program
Application for Funding

PUBLIC SERVICES PROJECTS

SUMMARY INFORMATION

GENERAL INFORMATION

Applicant legal name:	
Project Name:	
Amount of funding requested:	

PROJECT INFORMATION

Location of project:					
Goal(s) of the project (be specific and succinct):					
Priority need(s) that the project will address (Consolidated Plan):					
Total number of people who will be served:		% city of Ithaca residents:		% below 80% AMI:	
Characteristics of people who will be served (ie., youth, elderly, disabled, formerly incarcerated, homeless, etc):					
Proposed use of requested funds (ie., staff salaries, materials, participant stipends, etc.)					
Total project cost:		Leverage (divide total funding from other sources by amount requested):			

CONTACT INFORMATION

Head of Agency Information					
Name:					
Title:					
Address:					
Phone Number:					
E-mail Address:					
Application Contact Information					
Name:					
Title:					
Address:					
Phone Number:					
E-mail Address:					

PROJECT DESCRIPTION

In the space below, provide a clear project summary that includes a description of the proposed project, including services and activities that will be provided. Include the census tract number within which the project will be located (see Application Instructions).

PROJECT DESCRIPTION continued

Explain how the amount of funding requested is justified, taking into account other available sources of funding for the project type. Explain how, and when, the cost estimates for the project were prepared. Provide the name, title, company name, and qualifications of the individual who prepared the cost estimates.

Does the project require coordination with, or the participation of, another entity or organization? If so, how will you ensure the project's successful, and timely, completion?

POPULATION SERVED AND PROJECT IMPACT

Describe the population the project will serve, being sure to include income levels (ie., 30% AMI, 50% AMI, 80% AMI), and any special needs characteristics (disabled, elderly, homeless, etc.). How has the project been designed to address the specific needs of this population?

Explain the project goal(s). How will each goal be measured and documented to confirm whether or not the goal has been met?

POPULATION SERVED AND PROJECT IMPACT, cont.

Will your project advance the City's goal of ending and preventing homelessness? How?

Will your project advance the City's goal of moving people out of poverty? How?

ORGANIZATIONAL CAPACITY

Describe your agency's experience in successfully implementing projects of similar scope and comparable complexity to the proposed project.

Describe your staffing plan for the proposed project. Indicate what percentage of each staff members' time will be allocated to this project and how many other projects, in addition to the one proposed, each staff member will be responsible for. If you are requesting funds to pay for staff salaries, please explain how the proposed project will be impacted if full funding is not awarded. If the project is collaborative, explain how the involved organizations will work together and who will be the lead.

PROJECT BUDGET

*****You must complete the excel form that accompanies this document.*****

If your agency received funding from the IURA for the 2014 or 2015 program year, please complete the following table(s):

2014 Project name:			
Amount of funding awarded:			
Amount expended to date:			
Total number of unduplicated clients to be served:			
Total number of unduplicated clients served to date:			

2015 Project name:			
Amount of funding awarded:			
Amount expended to date:			
Total number of unduplicated clients to be served:			
Total number of unduplicated clients served to date:			

PROJECT SCHEDULE

Month	Specify Project Milestone/Actions Completed	Cumulative Amount of CDBG Funds Expended	% of Project Budget
November 2016			
December 2016			
January 2017			
February 2017			
March 2017			
April 2017			
May 2017			
June 2017			
July 2017			
August 2017			
September 2017			
October 2017			
November 2017			
TOTAL:			

**Assume that contracts will be executed by November 1, 2016, so that funds may be drawn that month.*

CERTIFICATION AND SUBMISSION REQUIREMENTS

I certify that the statements made in this application are true and correct and that I am authorized to submit this application on behalf of my organization.

Signature

Date

Name

Title

Organization

E-mail address

Phone number

Is your organization a 501(c)(3)? Yes ☐ No ☐

Federal Tax ID _____

DUNS # _____

Required attachments:

- Excel budget page
- Resumes of key staff and/or consultants who will be responsible for this activity
- A list of your organization's current board members
- Letter(s) of commitment from any other individuals or entities (outside your own organization) whose participation is required for project completion
- Evidence of commitment for any funds indicated as "secured" in your project budget
- The most recent Form 990 or tax returns for the applicant entity

Optional attachments:

- Letters of support
- Program materials, such as brochures, program guidelines, or outreach materials

Submission requirements:

- One original of the complete application, including all attachments
- Sixteen (16) double-sided copies of the complete application, including all attachments except 990/tax return
- One electronic copy of the application, including all attachments, on a disc or a flash drive.
- Complete application packages must be received by noon on February 26, 2016 at the following address:

Ithaca Urban Renewal Agency
3rd floor, City Hall
108 E. Green Street
Ithaca, NY 14850

- Applications will be date and time stamped upon arrival. Applications received after the deadline will not be considered.

Fiscal Year 2016 HUD Entitlement Program
Application for Funding

PUBLIC SERVICES PROJECT BUDGET

SOURCES

FUNDING SOURCE TITLE		AMOUNT SECURED*	AMOUNT UNSECURED	% OF TOTAL
1.	FY 2016 Community Development Block Grant		\$7,500	13.56%
2.	Tompkins County Human Services Coalition	\$7,823		14.14%
3.	FY 2016 Community Development Block Grant Housing Projects		\$40,000	72.30%
4.				0.00%
5.				0.00%
6.				0.00%
7.				0.00%
8.				0.00%
9.				0.00%
10.				0.00%
TOTAL SECURED & UNSECURED FUNDING		\$7,823	\$47,500	100.00%
TOTAL PROJECT BUDGET		\$55,323		

LEVERAGE OF SECURED FUNDING PERCENTAGE	14.14%
---	---------------

* Supporting documentation is required for amounts listed as secured.

USES

PERSONNEL EXPENSES: POSITION TITLES	% OF FTE FOR CDBG PROJECT	PROPOSED CDBG AMOUNT
Samaritan Center Coordinator	37.00%	\$15,323
A-TOTAL PROPOSED CDBG PERSONNEL BUDGET		\$15,323

NON-PERSONNEL EXPENSES: LINE ITEM/TYPE	PROPOSED CDBG	% of Total Budget
Supplies		0.00%
Publications/Printing		0.00%
Rent/Lease (Project Operations)		0.00%
Insurance		0.00%
Utilities		0.00%
Communications		0.00%
Stipends		0.00%
Other Expenses (List Below)		
		0
		0
Security Deposits for 65 persons at \$500 each and 10 x \$750 each	\$40,000	72.30%
		0.00%
B-TOTAL PROPOSED CDBG NON-PERSONNEL BUDGET		\$40,000
(A+B) TOTAL PROPOSED CDBG PROJECT BUDGET		\$55,323

Virginia Ubari
400 Spencer Rd. Ithaca, NY 14850
virginiaubari@gmail.com
(623) 271-4508

PROFILE

A highly motivated, enthusiastic, and dedicated educator who believes all children to be successful learners

“Believe in the impossible”; continually research educational programs and procedures to benefit students

Committed to creating a classroom atmosphere that is stimulating and encouraging to students

Demonstrated ability to consistently individualize instruction, based on students’ needs and interests

Exceptional ability to establish cooperative, professional relationships with parents, staff, and administration

CERTIFIED PROFESSIONAL WORK EXPERIENCE

Catholic Charities, Samaritan Center Director Ithaca, NY	2015-Now
3rd, 4th, 8th and 10th Grade ESOL Teacher , BJM and LACS schools Ithaca, NY	2013-2014
1st Grade Teacher , Wildflower Elementary School Avondale, AZ	2012-2013
3rd Grade Spanish Teacher , DC Bilingual Public Charter School Washington, DC	2010-2012
5th and 6th Grade ELD Teacher/ Language Acquisition Mentor Teacher/ K-8 English Language Mentor Teacher/ 7th and 8th Grade ELD Teacher/ Surprise Elementary School Avondale, AZ	2007-2010
4th Grade Gifted Strand/5th Grade Gifted Strand , Don Mensendick Elementary School Glendale, AZ	2002-2007

RELATED EXPERIENCE: Own Business in Avondale, AZ

Spanish 1, Adult Education Classes , Apples of Gold LLC.	2008-2010
Spanish 2, Adult Education Classes , Apples of Gold LLC.	2008-2010
English 1, Adult Education Classes , Apples of Gold LLC.	2008-2010
English 2, Adult Education Classes , Apples of Gold LLC.	2008-2010

SELECTED PROFESSIONAL EXPERIENCE

- Glendale School Mentor/Professional Development SIOP: The Shelter Instruction Observation Protocol. I obtained my certification as a professional trainer for the Glendale School District. Glendale, AZ
- “Hands on Equations” K-12. Trained and Certified. Glendale, AZ
- Participated in the Glendale Math Leaders, Improving Teacher Quality competition. Avondale, AZ
- Math Science Partnership, Mathematics and Science Partnership with the Arizona Department of Education
- Cognitive Coaching: The peer-coaching model trained. Phoenix, AZ
- Response to Intervention: Helped developed a school wide plan March to Math to target the specific needs of K-8 students struggling with basic math computations. Avondale, AZ
- Failure is Not an Option: Leadership training. Avondale, AZ
- Professional Learning Communities: Leadership workshop. Avondale, AZ
- The top 7, First days of school: Leadership workshop. Avondale, AZ
- Tools for Teaching, The Fundamental Skills of Classroom Management training. Avondale, AZ

CERTIFICATIONS

Initial Teaching Certificate 1st-6th Grade, New York State Department of Education

Standard Elementary Education K-12, Arizona State Department of Education

ESL Endorsement/ Bilingual Endorsements/ Middle Grades Language Arts and Reading Endorsement, Arizona State Department of Education

EDUCATION

B.A. in Bilingual Education, Arizona State University, Glendale, AZ

- President’s Honors List
- Dean’s List
- Participated in the Technology for Teachers Project Field-Based Model for Integrating Technology into Pre-Service Teacher Education PT3

A.A in Education, Math and Science, Phoenix College, Phoenix, AZ

VOLUNTEER ACTIVITIES

Food Pantry, Salvation Army. Ithaca, NY	2014-Present
Junior’s Mentor for House of Mercy Church, Avondale, AZ	2009-2010
Youth Counselor for annual Messengers of Peace summer camps, Phoenix, AZ	1995-2010

Elizabeth A. Bargar
614 West Court St.
Ithaca NY 14850

(215) 667-9316
Liddyb27@gmail.com

Objective:

To transition out of the restaurant industry into the human services field, by obtaining a position that utilizes my strong interpersonal communication and counseling skills.

Education:

Tompkins Cortland Community College, Dryden, NY

Associate of Applied Sciences, Chemical Dependency Counseling, Dec 2013, CASAC-T (Pending)
GPA of 4.0, Phi Theta Kappa member

Employment History:

Catholic Charities, Ithaca, NY

Mar. 2015-Current

Service Navigator

- Work individually with clients to determine and address barriers to self-sufficiency
- Maintain a strong working knowledge of local resources and human service agencies
- Provide compassionate and positive experience for those seeking services
- Advocate for vulnerable community members for increased stability and access to services

Youth Employment Service, Ithaca, NY

April 2014-Oct. 2014

Eligibility Determiner

May 2013-Sept. 2013

- Determined participant eligibility in accordance with funder guidelines.
- Processed participant applications and documentation.
- Managed a caseload of teen workers.
- Developed and maintained positive relationships with partner worksites
- Kept electronic and paper records complete and up to date.

Fine Line Bistro, Ithaca, NY

Apr. 2013- May

2015

Server

- Provided a welcoming and professional dining experience for guests.
- Participated in a team oriented work environment.
- Contributed to the daily operational needs of the restaurant.

Tompkins County Drug Court, Ithaca, NY

Sept. 2013-Dec

2013

Intern

- Performed and recorded urine analysis screening.
- Completed and maintained confidential electronic client records.
- Observed court proceedings and inter-agency treatment planning meetings

Alcohol and Drug Council, Ithaca, NY

Intern

Jan. 2013-May

2013

- Assist in client case management duties.
- Compile and record group notes.
- Support clinicians and staff as needed.

Bluestone Grill, Ithaca NY

Oct. 2008-Dec-2012

Floor Manager

- Supervised and participated in all front of house daily operations.
- Trained and mentored new employees.

References available upon request.

Renee M. Spear
280 Eiklor Road
Candor, NY 13743
(607) 765-9609
reneespear@yahoo.com

RESUME CAPSULE

Over 30 years of professional experience working in an administrative position. Strong Management background; experience in Fiscal Management; Quality Assurance/Quality Improvement; Public Relations; Regulatory Compliance; Program Development; Human Resource Manager, Training and Community Relations.

EXPERIENCE

Executive Director
Catholic Charities Tompkins/Tioga
Over sight of all services in Tompkins and Tioga.

Oct. 2012-Present

Residential Manager
Catholic Charities, Binghamton, NY
Administrator of Residential Program that serve Mentally Ill boys and Homeless kids. Responsible for the Supervision of the managers of the homes as well as ensure that all kids are receiving appropriate and meaningful serves. Oversight of the budgets, policy writing, regulations, training, public relations, etc.

Nov. 2010-Sept. 2012

Day Habilitation Director
Achieve/ARC, Binghamton, NY
Administrator of a department that serves 120 individuals with disabilities and a staff of 30 plus. Responsible for all aspects of the department which includes services to all individuals, policy writing, training, public relations, etc.

Sept. 2008-Oct. 2010

HR/Project Manager
Exceptional Family Resources, Syracuse, NY
Temporary position; hired to start up a new program for children with disabilities as well as starting up the Human Resource Department. I also helped develop internal audits, payroll system and training and development curriculum.

Oct. 2006-Sept. 2008

Director
Community Options, Inc., Binghamton, NY
Local Director of the Binghamton region for a Nationwide Organization. Responsible for the oversight of all agency services with over 100 people with disabilities and other barriers to employment served annually. Managed services revenues in excess of 2,000,000 and more than 90 personnel; also responsible for agency development efforts, public relations activities, fund raising activities, Quality Assurance/Quality Improvements, budgeting, running the board meetings and expanding operations.

March 2005-Sept. 2006

Director of Day Habilitation

Nov. 1997-March 2005

Assistant Director of Day Habilitation
Senior Habilitation Specialist
J.M. Murray Center, Cortland, NY

April 1993-Nov. 1997
April 1991-April 1993

Primary administrative responsibilities for habilitative and clinical services for more than 100 people with severe developmental disabilities. Responsible for fiscal management of a budget greater than 2 million dollars per year, a staff of more than 50, regulatory compliance, training, policy and procedure writing.

COACHING EXPERIENCE

SUNY Cortland: Junior Varsity basketball coach
McGraw High School: Varsity Softball and Basketball coach
Saint Johns Catholic School: Modified Volleyball Coach
Broome Community College: Basketball and Softball Coach
Seton Catholic Central School-Modified Softball Coach
Many years coaching younger kids in the civic association
CYO-9th and 10th grade boy's basketball coach
Special Olympics-Coached Bowling and Adaptive Games

EDUCATION

Dec. 1991	Master of Science of Education SUNY College of Cortland, Cortland, NY
May 1986	Bachelor of Science of Education SUNY College of Cortland, Cortland, NY

Board of Directors, Catholic Charities Tompkins/Tioga
324 West Buffalo Street, Ithaca, NY 14850

CCTT Board of Directors meets on the 2nd Monday of each month from 5:00 to 6:30 pm.

Name	Address	Officer / Term	Residence Phone	Business Phone	Cell Phone	E-mail	Committee Assignment	Term ends
Joseph D'Abbracci Director of Human Resources	142 Forest Hill Road Appalachin, NY 13732	Chairperson		254-6182		Jfd78@cornell.edu	Executive; Finance Human Resources, Tioga Advisory	12/31/18 (2)
Rick Ballantyne Retired	115 Walnut Street Ithaca, NY 14850	Vice Chairperson; Chair of Development			607-277-0751	Captrick115@gmail.com	Executive; Development/ Community Engagement	12/31/17 (1)
Marney Thomas Military Projects Dir., Coll. of Human Ecol. Cornell University	137 Eastlake Rd. Ithaca, NY 14850	Secretary Chair Human Resource	273-2426	254-5241	280-0181	mgt2@cornell.edu	Executive; Human Resources	12/31/17 (3)
Dan Brown Exec Director Franziska Racker Centers	581 Lansing Station Road Lansing, NY 14882	Treasurer; Chair, Finance Committee	533-7724	272-5891 x221		danb@rackercenters.org	Finance; Executive, Human Resources	12/31/16 (2)
Michael Cannon Vice President Commercial Banking	409 West Buffalo St. Ithaca, NY 14850			274-7428		mcannon@tomkinsfinancial.com	Finance	12/31/17 (1)
Philip Cox Retired	15 Hickory Circle Ithaca, NY 14850	Chair Community Engagement	273-5170		592-5943	plc@cornell.edu	Finance; Executive; Dev/Comm Engagement CCDOR Representative	12/31/17/(3)
Paula Maguire Alumni Affairs and Development, Gift	PO Box 525 Trumansburg, NY 14886				607-279-4780	pem78@cornell.edu	Development /Community Engagement	12/31/18(1)

Board of Directors, Catholic Charities Tompkins/Tioga
324 West Buffalo Street, Ithaca, NY 14850

Officer								
Father Jeff Tunnicliff	Immaculate Conception Church 113 North Geneva Street Ithaca, NY 14850		273-6121			jtunnicliff@dor.org	Community Engagement	12/31/18(2)
Leonardo Vargas-Mendez Public Service Center Cornell University	344 Snyder Hill Road Ithaca, NY 14850		277-3886	255-0674		ljv1@cornell.edu	Dev/Comm Engagement	12/31/17 (1)
Anthony Barbaro Associate Diocesan Director Catholic Charities	Catholic Charities 215 East Church Street Elmira, NY 14901	Ex Officio Member	734-9784 X129			abarbaro@dor.org		
Renee Spear Executive Director	280 Eiklor road Candor, NY 13743	Ex Officio Member		272-5062 x13	DOR Cell 607-351-8037	rspear@dor.org		

Note: Mary Berens is a non-board member of the Fund Development Committee

Mary Berens
105 Devon Road
Ithaca, New York 14850
Home 257-6150
Cell 592-1566
mfb1@cornell.edu

SCOPE OF WORK

TCA shall perform Section 8 Housing Quality Standards Inspections for non-Section 8 applicants for security deposit assistance, in conjunction with Project #4/2014, Security Deposit Assistance Program of Catholic Charities of Tompkins/Tioga. TCA staff will coordinate directly with the Samaritan Center Coordinator at CCTT regarding units to be inspected.

Procedures and documentation will be developed at a joint meeting with CCTT, IURA and TCA.

Upon completion of an inspection, TCA will electronically forward documentation to CCTT in a timely manner.

Note: This is the current agreement between the IURA and Tompkins Community Action to provide Housing Quality Standards (HQS) inspections for the Security Deposit Assistance Program. Catholic Charities is investigating staff training in HQS inspections. Until CCTT has the in-house capacity to conduct inspections for the program, we will seek to continue this relationship and commitment to ensure that HQS are met and units comply with program requirements.

Contract for Independent Professional Services

IURA/TCA

A G R E E M E N T

AGREEMENT, made by and between the **COUNTY OF TOMPKINS**, a municipal corporation of the State of New York, with main offices at 125 East Court Street, Ithaca, New York, 14850 hereinafter referred to as the "**COUNTY**", and **CATHOLIC CHARITIES TOMPKINS TIOGA**, with offices located at 324 West Buffalo Street, Ithaca, NY 14850 hereinafter referred to as the "**AGENCY**".

W I T N E S S E T H:

WHEREAS, the **COUNTY** wishes to enter into a contract with the **AGENCY** to assist it in partially covering its operating expenses, and

NOW, THEREFORE, in consideration of the promises, covenants and agreements contained herein, the parties agree as follows:

1. The term of this agreement is for the period January 1, 2015 through December 31, 2015.
2. The **COUNTY** agrees to pay the **AGENCY** \$78,500.00 in 2015. Payment shall be made quarterly in the amount of \$19,625.00 by the County Director of Finance based on vouchers submitted to Tompkins County Administration at 125 East Court Street, Ithaca, New York.

The funding for this contract consists of:

Target	\$71,000.00
One-time Funding	\$7,500.00
TOTAL	\$78,500.00


The **AGENCY** will review their program with the County Administrator and submit any information at the Administrator's request. The **AGENCY** agrees to provide services as outlined in its request submitted to the County's program committee.

These funds will support the **AGENCY**'s operating expenses for the Samaritan Center and the Immigrant Services Programs serving residents of Tompkins County. The Samaritan Center provides urgent, short-term assistance to low-income families and individuals in immediate financial crisis, helping hundreds of individuals and households with one-time assistance to avoid disruption of gas and /or electric service, keep their car on the road to maintain employment or get to school, purchase prescription medications, and stay in their homes when threatened with homelessness. Immigrant Services Program (ISP) provides comprehensive services for low-income immigrants in order to better facilitate their integration into our community.

As an agent of the **COUNTY**, the Human Services Coalition Expectations for 2015:

- Outcomes should be reported better in 2015. More of the large number of individuals identified as

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER		D Employer identification number 30-0553416
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (585) 328-3228
	1150 BUFFALO ROAD		
	City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14624		G Gross receipts \$ 65,498,578
F Name and address of principal officer MR JOHN BALINSKY 1150 BUFFALO ROAD ROCHESTER, NY 14624			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: <input checked="" type="checkbox"/> WWW.DOR.ORG/CHARITIES		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number <input checked="" type="checkbox"/>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/>			L Year of formation 1917
			M State of legal domicile NY

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities MOTIVATED BY THE GOSPEL MESSAGE OF JESUS CHRIST AND CATHOLIC SOCIAL TEACHING, OUR MISSION IS TO BUILD A JUST AND COMPASSIONATE SOCIETY ROOTED IN THE DIGNITY OF ALL PEOPLE THROUGH EDUCATION, ADVOCACY AND THE PROVISION OF HUMAN SERVICES		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,252
	6	Total number of volunteers (estimate if necessary)	6	7,396
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,108
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	45,248,104	45,639,037
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,931,955	17,748,276
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	617,837	581,983
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,912	663,721
			62,334,808	64,633,017
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,645,111	3,956,074
	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)	32,156,948	32,626,868
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,148,337		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,370,872	27,034,114
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,172,931	63,617,056
	19	Revenue less expenses Subtract line 18 from line 12	161,877	1,015,961
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	44,878,373	45,056,331
	21	Total liabilities (Part X, line 26)	30,265,494	30,672,172
	22	Net assets or fund balances Subtract line 21 from line 20	14,612,879	14,384,159

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	<div><div>*****</div><div>Signature of officer</div></div>	<div><div>2015-09-24</div><div>Date</div></div>			
	<div><div>ANTHONY T BARBARO ASSOCIATE DIOCESAN DIRECTOR</div><div>Type or print name and title</div></div>				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY PAILLE	Preparer's signature JEFFREY PAILLE	Date	Check <input type="checkbox"/> if self-employed	PTIN P01378272
	Firm's name <input checked="" type="checkbox"/> BONADIO & CO LLP			Firm's EIN <input checked="" type="checkbox"/> 16-1131146	
	Firm's address <input checked="" type="checkbox"/> 171 SULLYS TRAIL SUITE 201 PITTSFORD, NY 14534			Phone no (585) 381-1000	

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

Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

MOTIVATED BY THE GOSPEL MESSAGE OF JESUS CHRIST AND CATHOLIC SOCIAL TEACHING, OUR MISSION IS TO BUILD A JUST AND COMPASSIONATE SOCIETY ROOTED IN THE DIGNITY OF ALL PEOPLE THROUGH EDUCATION, ADVOCACY AND THE PROVISION OF HUMAN SERVICES

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 \$ 21,546,201 including grants of \$ 1,790,661) (Revenue \$ 5,857,369)

CATHOLIC FAMILY CENTER (CFC), A REGIONAL SUBSIDIARY OF THE CORPORATION, ADMINISTERS PROGRAMS FOR SOCIAL JUSTICE AND DEVELOPS AND ADMINISTERS VARIOUS HUMAN CARE SERVICE PROGRAMS IN THE GREATER ROCHESTER, NEW YORK AREA AND SURROUNDING COMMUNITIES CFC'S VARIOUS PROGRAMS SERVED APPROXIMATELY 32,000 INDIVIDUALS IN 2014

4b

(Code) (Expenses \$ 13,416,854 including grants of \$ 197,613) (Revenue \$ 1,291,636)

FOOD BANK OF THE SOUTHERN TIER, A SPECIAL SERVICES SUBSIDIARY OF THE CORPORATION, ADMINISTERS PROGRAMS TO DISTRIBUTE FOOD TO AGENCIES IN BROOME, CHEMUNG, SCHUYLER, STEUBEN, TIOGA AND TOMPKINS COUNTIES, NEW YORK THE FOOD BANK RESPONDED TO APPROXIMATELY 1,249,000 REQUESTS FOR FOOD DURING 2014

4c

(Code) (Expenses \$ 9,132,721 including grants of \$ 773,390) (Revenue \$ 8,848,360)

CATHOLIC CHARITIES COMMUNITY SERVICES (CCCS), A SPECIAL SERVICES SUBSIDIARY OF THE CORPORATION, OPERATES TWELVE RESIDENCES WHICH OFFER A VARIETY OF SUPPORT AND SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IT ALSO PROVIDES SERVICES TO INDIVIDUALS WITH TRAUMATIC BRAIN INJURIES, AND PERSONS LIVING WITH HIV/AIDS AND OTHER CHRONIC ILLNESSES, ACROSS CCCR'S GEOGRAPHIC TERRITORY CCCS' VARIOUS PROGRAMS SERVED APPROXIMATELY 1,875 INDIVIDUALS IN 2014

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 12,786,914 including grants of \$ 1,194,410) (Revenue \$ 2,574,190)

4e


















Total program service expenses

56,882,690

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 MS LEE RANDALL 94 EXCHANGE STREET GENEVA, NY 14456 (607) 734-9784

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) REV MIKE BAUSCH BOARD MEMBER	2 00	X						0	0	0
(2) ANTHONY ADAMS BOARD MEMBER	2 00	X						0	0	0
(3) RONALD ALLISON BOARD MEMBER	2 00	X						0	0	0
(4) MARIE CASTAGNARO BOARD MEMBER	2 00	X						0	0	0
(5) REV DANIEL J CONDON BOARD MEMBER	2 00	X						0	0	0
(6) PHILLIP L COX BOARD MEMBER	2 00	X						0	0	0
(7) NATASHA RIBEIRO THOMPSON FOOD BANK PRESIDENT/CEO	40 00					X		101,158	0	11,120
(8) CATHERINE B CRANDALL BOARD MEMBER	2 00	X						0	0	0
(9) MAYNARD J FOX III BOARD MEMBER	2 00	X						0	0	0
(10) BISHOP SALVATORE MATANO BOARD MEMBER	2 00	X						0	0	0
(11) FRITZ MINGES BOARD MEMBER	2 00	X						0	0	0
(12) TED O'TOOLE BOARD MEMBER	2 00	X						0	0	0
(13) MARY ANNE PALERMO BOARD MEMBER	2 00	X						0	0	0
(14) WILLIAM POWELL BOARD MEMBER	2 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) TIMOTHY SHEEHAN CHAIR	2 00	X						0	0	0
(16) ELIZABETH TALIA BOARD MEMBER	2 00	X						0	0	0
(17) ANTHONY BARBARO ASSOCIATE DIOCESAN DIRECTOR	40 00			X				122,842	0	6,945
(18) JOHN J BALINSKY PRESIDENT/SECRETARY	40 00			X				149,296	0	12,361
(19) KATHLEEN JOHNSON REGIONAL AGENCY CFO	40 00					X		110,618	0	14,084
(20) LORI VANAUKEN EXECUTIVE DIRECTOR OF CCCS	40 00					X		105,591	0	2,339
(21) MARLENE BESSETTE REGIONAL AGENCY CEO	40 00					X		174,460	0	5,416

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	763,965	0	52,265

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization6

		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
	BONADIO & CO LLP 171 SULLYS TRAIL SUITE 201 PITTSFORD, NY 14534	AUDIT SERVICES	148,330
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 1		

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	1a1,339,560			
	b	Membership dues	1b			
	c	Fundraising events	1c518,345			
	d	Related organizations	1d188,258			
	e	Government grants (contributions)	1e30,565,519			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f13,027,355			
	g	Noncash contributions included in lines 1a-1f \$	8,688,695			
	h	Total. Add lines 1a-1f	45,639,037			
Program Service Revenue	2a	MEDICAID	Business Code 624100	11,662,920	11,662,920	
	b	CLIENT FEES	924100	3,626,474	3,626,474	
	c	OTHER PROGRAM INCOME	624100	2,458,882	2,458,882	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	17,748,276			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	145,680			145,680
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 71,306	(ii) Personal		
	b	Less rental expenses	45,198			
	c	Rental income or (loss)	26,108			
	d	Net rental income or (loss)	26,108		26,108	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 470,573	(ii) Other 511,848		
	b	Less cost or other basis and sales expenses	0	546,118		
	c	Gain or (loss)	470,573	-34,270		
	d	Net gain or (loss)	436,303			436,303
	8a	Gross income from fundraising events (not including \$ 518,345 of contributions reported on line 1c) See Part IV, line 18	a88,579			
	b	Less direct expenses	b274,245			
	c	Net income or (loss) from fundraising events	-185,666			-185,666
	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	OTHER REVENUE	900099	823,279	823,279	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	823,279			
	12	Total revenue. See Instructions	64,633,017	18,571,555	26,108	396,317

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.	3,956,074	3,956,074		
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.	763,965		763,965	
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.	26,043,330	23,067,172	2,477,537	498,621
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	634,092	541,534	80,414	12,144
9	Other employee benefits.	2,196,290	1,963,847	198,744	33,699
10	Payroll taxes.	2,989,191	2,587,572	337,581	64,038
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.	46,652		46,652	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,800,573	4,401,877	321,121	77,575
12	Advertising and promotion.	203,166	182,029	13,099	8,038
13	Office expenses.	1,695,147	1,413,776	143,797	137,574
14	Information technology.				
15	Royalties.				
16	Occupancy.	4,481,667	4,053,623	421,088	6,956
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	741,156	648,638	84,724	7,794
20	Interest.	246,954	119,819	127,135	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,205,174	1,011,126	193,807	241
23	Insurance.	326,598	292,640	33,236	722
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	FOOD DISTRIBUTIONS	11,241,382	11,241,382		
b	OTHER	840,215	415,033	155,070	270,112
c	TRANSPORTATION	716,902	664,771	49,572	2,559
d	BOARD/FUND ALLOCATION	318,923	316,738	2,185	
e	All other expenses	169,605	5,039	136,302	28,264
25	Total functional expenses. Add lines 1 through 24e.	63,617,056	56,882,690	5,586,029	1,148,337
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,679,153	1	2,566,183
	2	Savings and temporary cash investments		1,023,042	2	405,565
	3	Pledges and grants receivable, net		637,527	3	339,797
	4	Accounts receivable, net		7,658,490	4	7,726,936
	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		1,155,026	8	1,439,390
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a25,003,124			
	b	Less accumulated depreciation	10b12,415,463	12,992,089	10c	12,587,661
	11	Investments—publicly traded securities		1,425,468	11	1,526,190
	12	Investments—other securities See Part IV, line 11		5,302,140	12	6,649,895
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,005,438	15	11,814,714
	16	Total assets. Add lines 1 through 15 (must equal line 34)		44,878,373	16	45,056,331
Liabilities	17	Accounts payable and accrued expenses		6,554,824	17	6,823,238
	18	Grants payable			18	
	19	Deferred revenue		5,196,374	19	5,563,636
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		10,485,459	21	10,524,207
	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		2,154,748	23	1,438,187
	24	Unsecured notes and loans payable to unrelated third parties		3,235,550	24	3,101,760
	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		2,638,539	25	3,221,144
	26	Total liabilities. Add lines 17 through 25		30,265,494	26	30,672,172
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		7,050,576	27	6,946,112
	28	Temporarily restricted net assets		3,533,721	28	3,339,205
	29	Permanently restricted net assets		4,028,582	29	4,098,842
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		14,612,879	33	14,384,159
	34	Total liabilities and net assets/fund balances		44,878,373	34	45,056,331

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	64,633,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,617,056
3	Revenue less expenses Subtract line 2 from line 1	3	1,015,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,612,879
5	Net unrealized gains (losses) on investments	5	-157,209
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	-1,087,472
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,384,159

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: 30-0553416
Name: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

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

(Code	) (Expenses \$	12,786,914	including grants of \$	1,194,410) (Revenue \$	2,574,190)
OTHER PROGRAM SERVICES ARE RELATED TO THE REMAINING OPERATING DIVISIONS OF CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER INCLUDING CATHOLIC CHARITIES OF CHEMUNG/SCHUYLER, DIOCESAN SERVICES DIVISION, CATHOLIC CHARITIES OF STEUBEN, CATHOLIC CHARITIES OF TOMPKINS/TIOGA, CATHOLIC CHARITIES OF THE FINGER LAKES, CATHOLIC CHARITIES OF LIVINGSTON, AND CATHOLIC CHARITIES OF WAYNE					

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 THE DIOCESE OF ROCHESTER	Employer identification number 30-0553416
--	--

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 ")	46,364,327	45,387,915	42,588,214	44,903,621	45,550,458	224,794,535
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	46,364,327	45,387,915	42,588,214	44,903,621	45,550,458	224,794,535
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						224,794,535

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	46,364,327	45,387,915	42,588,214	44,903,621	45,550,458	224,794,535
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	126,683	137,249	139,823	147,610	145,680	697,045
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.)	17,328,685	16,606,464	16,434,152	16,614,926	18,642,861	85,627,088
11	Total support. Add lines 7 through 10						311,118,668
12	Gross receipts from related activities, etc. (see instructions)					12	
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	72 250 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	72 570 %
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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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.			
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.			
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.			

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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.

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER	Employer identification number 30-0553416
--	--

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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	4,417,347	3,887,933	3,920,891	3,883,674	3,461,275
b Contributions	5,000	5,350	9,655	37,275	94,316
c Net investment earnings, gains, and losses	276,287	689,647	521,294	52,291	423,385
d Grants or scholarships					
e Other expenditures for facilities and programs	182,525	165,583	563,907	52,349	95,284
f Administrative expenses					
g End of year balance	4,516,109	4,417,347	3,887,933	3,920,891	3,883,674

- 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

90

800

%

c

Temporarily restricted endowment

9

200

%

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

Describe in Part 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 | | 7,710,392 | | 7,710,392 |
| b Buildings | | 10,072,292 | 9,251,165 | 821,127 |
| c Leasehold improvements | | 620,438 | 182,932 | 437,506 |
| d Equipment | | 5,228,009 | 1,982,660 | 3,245,349 |
| e Other | | 1,371,993 | 998,706 | 373,287 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 12,587,661 |
- Schedule D (Form 990) 2014

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	65,013,787
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-157,209
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	265,188
e	Add lines 2a through 2d	2e	107,979
3	Subtract line 2e from line 1	3	64,905,808
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	-272,791
c	Add lines 4a and 4b	4c	-272,791
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	64,633,017

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	65,242,507
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	1,352,660
e	Add lines 2a through 2d	2e	1,352,660
3	Subtract line 2e from line 1	3	63,889,847
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	46,652
b	Other (Describe in Part XIII)	4b	-319,443
c	Add lines 4a and 4b	4c	-272,791
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	63,617,056

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 IV, LINE 2B	CCDR PROVIDES CASE MANAGEMENT, REPRESENTATIVE PAYEE, TRUSTEE, AND GUARDIANSHIP SERVICES TO COUNTY ADULT PROTECTIVE, INTENSIVE CASE MANAGEMENT (ICM), VETERAN'S ADMINISTRATION AND PRIVATE PAY CLIENTS. THIS PROGRAM PROVIDES SHORT-TERM ASSISTANCE, ADVICE, AND CONSULTATION TO ADULTS FACING DISABILITY AND THEIR CAREGIVERS. IN CONNECTION WITH THIS PROGRAM, CCDC HAS CUSTODY OVER CERTAIN CLIENT FUNDS.
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO PROVIDE A FUTURE INCOME SOURCE AS A SAFEGUARD AGAINST FUTURE FUNDING DECREASES.
PART X, LINE 2	FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2014, THE ORGANIZATION DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION FILES RETURNS IN THE U.S. FEDERAL JURISDICTION AND NEW YORK STATE. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	FORGIVENESS OF AMOUNT DUE TO HHAC 265,188
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE -274,245. UNRELATED RENTAL INCOME EXPENSE -45,198. INVESTMENT EXPENSES 46,652.
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PENSION PLAN 1,210,689. EFFECT OF CHANGE IN INSURANCE LIABILITY 37,992. OTHER 103,979.
PART XII, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE -274,245. UNRELATED RENTAL INCOME EXPENSE -45,198.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (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 THE DIOCESE OF ROCHESTER

Employer identification number
30-0553416

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>CFC GALA</u> (event type)	<u>CFC GOLF TOURNAMENT</u> (event type)	<u>10</u> (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	250,731	82,962	273,231	606,924	
	2	Less Contributions . . .	196,106	64,962	257,277	518,345	
	3	Gross income (line 1 minus line 2)	54,625	18,000	15,954	88,579	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .	4,668	3,400	320	8,388	
	6	Rent/facility costs . . .	2,000		16,316	18,316	
	7	Food and beverages .	58,023	6,600	11,823	76,446	
	8	Entertainment	2,750		2,595	5,345	
	9	Other direct expenses .	45,371	22,902	97,477	165,750	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(274,245)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					-185,666

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

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
30-0553416

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) SHORT-TERM EMERGENCY ASSISTANCE TO INDIVIDUALS		3,956,074		CASH	

Part IV

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

Return Reference	Explanation
PART I, LINE 2	ALL APPLICANTS FOR EMERGENCY SHORT-TERM ASSISTANCE ARE SCREENED FOR SPECIFIC INCOME-BASED ELIGIBILITY. OFTEN ASSISTANCE TO AN INDIVIDUAL IS REMITTED DIRECTLY TO A THIRD-PARTY, SUCH AS A LANDLORD OR A UTILITY PROVIDER. IN SUCH CASES, PAYEES ARE ALSO SCREENED TO ENSURE THEY ARE VALID PAYEES AND PROVIDERS OF HOUSING OR OTHER SERVICES TO THE INDIVIDUAL BEING ASSISTED.

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 THE DIOCESE OF ROCHESTER

Employer identification number

30-0553416

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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 JOHN J BALINSKY, PRESIDENT/SECRETARY	(i)	149,296	0	0	7,659	4,702	161,657	0
	(ii)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
2 MARLENE BESSETTE, REGIONAL AGENCY CEO	(i)	174,460	0	0	2,625	2,791	179,876	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
------------------	-------------

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 THE DIOCESE OF ROCHESTER

Employer identification number
30-0553416

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				
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	X		8,688,695	\$1.69/LB PER 2ND HARVEST
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?

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?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493271000185	
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 THE DIOCESE OF ROCHESTER	Employer identification number 30-0553416
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE CORPORATION APPROVE FOR ELECTION BY THE BOARD OF DIRECTORS NAMES OF NOMINEES, RECEIVED FROM THE NOMINATING COMMITTEE (WITH REGARD TO AT-LARGE DIRECTORS) AND THE REGIONAL OPERATING DIVISION BOARDS (WITH REGARD TO DIRECTORS FROM THE REGIONAL BOARDS), TO THE CORPORATION'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE CORPORATION ALSO APPROVE AMENDING THE BYLAWS, AMENDING THE CORPORATION'S CERTIFICATE OF INCORPORATION, APPROVING ANY CHANGE IN THE PHILOSOPHY, DIRECTION AND VALUES OF THE CORPORATION AS AN AGENCY OPERATING UNDER THE AUSPICES OF THE ROMAN CATHOLIC DIOCESE OF ROCHESTER, LEASING REAL PROPERTY TO THIRD PARTIES WHEN THE LEASE IS FOR A TERM OF ONE YEAR OR MORE AND THE VALUE OF THE PROPERTY IS \$500,000 OR MORE, THE PURCHASE OF REAL PROPERTY WHEN THE VALUE OF THE PROPERTY CONSIDERED FOR PURCHASE IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE AVERAGE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS, THE SALE OF REAL PROPERTY WHEN THE VALUE OF THE PROPERTY CONSIDERED FOR SALE IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE AVERAGE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS, WHICHEVER IS LESS, BORROWING, WHEN THE AGGREGATE VALUE OF INDEBTEDNESS IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS, WHICHEVER IS LESS, APPROVING THE SALE OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION, APPROVING THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER NOT-FOR-PROFIT CORPORATION, AND APPROVING THE DISSOLUTION OF THE CORPORATION
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING FEDERAL FORM 990 A DRAFT FORM WAS PROVIDED TO THE BOARD MEMBERS FOR THEIR REVIEW, QUESTIONS AND COMMENTS THE 990 IS DISCUSSED AND APPROVED AT A MEETING OF THE AUDIT COMMITTEE PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE ORGANIZATION'S OFFICERS, BOARD MEMBERS, AND KEY MANAGEMENT EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST STATEMENT THESE STATEMENTS ARE THEN REVIEWED BY THE CHAIRPERSON OF THE BOARD AND FOLLOW UP ACTION IS TAKEN IF REQUIRED
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD MEMBERS THE PRESIDENT DETERMINES THE COMPENSATION OF OTHER KEY EMPLOYEES AND THEN IT IS APPROVED AND REVIEWED BY THE BOARD THROUGH THE BUDGET APPROVAL PROCESS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ALL REQUIRED PUBLIC DISCLOSURE DOCUMENTS AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS AT 94 EXCHANGE STREET, GENEVA NY, 14453
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PENSION PLAN -1,210,689 OTHER -103,979 EFFECT OF CHANGE IN INSURANCE LIABILITY -37,992 FORGIVENESS OF AMOUNT DUE TO HHAC 265,188
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THEIR OVERSIGHT PROCESS OR SELECTION PROCESS 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 THE DIOCESE OF ROCHESTER

Employer identification number
30-0553416

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) PROVIDENCE LYONS HOUSING DEVELOPMENT FUND COMPANY INC 1150 BUFFALO RD ROCHESTER, NY 14624 20-3405303	LOW-INCOME HOUSING FOR DEVELOPMENTALLY DISABLED	NY	501(C)(3)	LINE 7			No
(2) PROVIDENCE YATES HOUSING DEVELOPMENT FUND CORPORATION INC 1150 BUFFALO RD ROCHESTER, NY 14624 20-1166339	LOW-INCOME HOUSING FOR DEVELOPMENTALLY DISABLED	NY	501(C)(3)	LINE 7			No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Part VII

Supplemental Information

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

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



SAMARITAN CENTER SECURITY DEPOSITS PROCEDURES

TENANT MAY NOT MOVE INTO PROSPECTIVE RESIDENCE UNTIL ALL FORMS HAVE BEEN RETURNED
AND FINAL APPROVAL HAS BEEN ISSUED TO THE LANDLORD

1. First Meeting:
SC Director will review process and explain the different forms involved. Client will be given a packet of all the documents and additional paperwork that she/he must complete. Client will be told that he/she must have every requirement met, every form signed and documented, before the packet can be returned. All questions will be answered before the client leaves.
2. NOTE: SC Director must have client sign the release of information. This document, along with the Agreement between Tenant and CCTT, the Annual Income Determination form and the Income Attestation form, will be left in the new file created for this client.(do not fill these out at this time.)
3. In the case of Section 8 clients, SC Director will let client know that he/she needs to obtain 3 forms from Ithaca Housing Authority or Tompkins Community Action. Section 8 clients will sign a release of information during first meeting so we can obtain information from IHA or TCA.
4. Unit will be inspected by agency.
5. When the entire packet is done, SC Director will once again meet with client and review all documents. SC Director will have client sign the Tenant CCTT Agreement at this time.
6. Once this is done, and all the forms and documents are received, SC Director will review all work, re-confirm that all is done and correct, and if so, write and send/fax the approval letter to the landlord.
7. Create the voucher to send to IURA.
8. Before submitting packet to IURA, SC Director will once again review the entire packet, using the check list attached to this form to confirm that all is done.
9. Then, and only then, can the SC Director submit the packet to IURA for approval.

STEPS TO OBTAINING SECURITY DEPOSIT – NON SECTION 8

This packet contains:

1. Agreement between landlord and Catholic Charities
2. Lease amendment
3. Verification of employment, if needed

Documents you must add to this packet include:

1. A copy of the future lease – that is you must include the lease (does not need to be signed). The terms of the lease should be one year.
2. Photo ID. Please bring in some form of photo ID for us to confirm your identity. We will make a copy of this proof.

What you need to do:

1. Income – Income means any money you receive on a regular basis, and/or what you expect to receive in the next 12 months. Income can be wages earned, unemployment, child support, alimony, SSI, SSD, Public Assistance or any other monies you receive on a regular basis.

PLEASE NOTE – you must bring proof of income for every adult member who is part of your household and is working as follows:

- a. You MUST have 8 weeks proof of income. You can:
 - Bring in paychecks equaling 8 weeks of pay,
 - Bring in bank statements that indicate a monthly deposit for SSI, SSD and/or Public Assistance. If you have no bank account, get a letter from your case worker confirming your last 8 weeks of payments.

If you have recently started your job, bring in as many paychecks as you've received, as well as the Verification of Employment, filled out by your employer.

2. If you receive SNAP/food stamps, bring in proof of the amount you receive each month by award letter or DSS budget sheet.
3. Agreement Between Landlord and Catholic Charities – This document must be filled out and signed by your landlord.
4. Lease Amendment. This must be filled out and signed by you and your landlord.

Once your packet is complete you can call and make an appointment to come back in and finish the Security Deposit process.

STEPS TO OBTAINING SECURITY DEPOSIT – SECTION 8

This packet contains:

1. Agreement between Landlord and Catholic Charities
2. Lease terms (given to Landlord)
3. Verification of Employment, if needed

Documents you must add to this packet include:

1. A copy of the future lease – that is you must include the lease (does not need to be signed). The terms of the lease should be one year.
2. Photo ID. Please bring in some form of photo ID for us to confirm your identity.

Forms you must get (or have faxed or emailed) **from your Section 8 provider:**

Fax: 607-272-4427 or vubari@dor.org

1. Inspection Form for New Apartment
2. Relocation Budget
3. HAP Contract

What you need to do:

1. Income – Income means any money you receive on a regular basis, and/or what you expect to receive in the next 12 months. Income can be wages earned, unemployment, child support, alimony, SSI, SSD, Public Assistance or any other monies you receive on a regular basis.

PLEASE NOTE – you must bring proof of income for every adult member who is part of your household and is working, as follows:

- a. You MUST have 8 weeks proof of income. You can:
 - i. Bring in paychecks equaling 8 weeks of pay,
 - ii. Bring in bank statements that indicate a deposit for monies received on a monthly basis. If you have no bank account, get a letter from your case worker confirming your last 8 weeks of payments.
 - iii. If you have recently started your job, bring in as many paychecks as you've received, as well as a note from your employer indicating that you will be earning this amount in the future.
2. If you receive SNAP/food stamps, bring in proof of the amount you receive each month.
3. Agreement Between Landlord and Catholic Charities – This document must be filled out and signed by your landlord.

Once your packet is complete you can call and make an appointment to come back in and finish the Security Deposit process.

How to Make an Effective Complaint for Rental Issues

- **IDENTIFY THE PROBLEM.** It is important to be very clear about the nature of the complaint. For example, security deposit, heat, or property maintenance.
- **ORGANIZE THE DETAILS.** Be specific on when, where, and time that the problem occurred. If possible, take pictures of the problem.
- **KEEP A FILE** of all your efforts to resolve the problem. It should include the names of the individuals you speak with, and the date, time and outcome of the conversation.
- **CONTACT THE OWNER OF THE PROPERTY.** Call or write the owner and state the problem and ask for a time from for the corrections to be made.
- **BE PERSISTENT.** Call owner back if the problem hasn't been taken care in the time frame that was given.
- **IF THE OWNER HAS NOT RESPONDED,** call the local Building Department or Code Enforcement Officer and make a formal complaint. The inspector will follow through with the complaint and if valid, will contact the owner to ensure all necessary repairs are made.

In the City of Ithaca, the Building Department can be reached at 274-6508.

For properties outside the City of Ithaca, contact Carole Fisher, Consumer Outreach Educator at Cornell Cooperative Extension, 272-2292 x144,