## Form **990**

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service

Inspection A For the 2023 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change CATHOLIC CHARITIES OF LONG ISLAND Doing business as 11-1843801 Inilial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 90 CHERRY LN 516-733-7000 termii ated City or town, state or province, country, and ZIP or foreign postal code 37,075,040. G Gross receipts \$ Amende return HICKSVILLE, NY 11801-6299 H(a) Is this a group return |Applica-F Name and address of principal officer: MICHAEL E. for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) \_\_\_\_ 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CATHOLICCHARITIES.CC J Website: H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation; 1957 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE Governance if the organization discontinued its operations or disposed a 2 Check this box more than 25% of its net assets. Number of voting members of the governing body (Part VI, Ilne 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 512 6 Total number of volunteers (estimate if necessary) 394 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 16,979,330. 15,976,525. Program service revenue (Part VIII, line 2g) 20,065,676. 20,211,036. 10 Investment income (Part Vill, column (A), lines 3, 4, and 7d) 294,419.319,551. 11 Other revenue (Part VIII, column (A), lines 5, 6d, &c, ,356,643. 417,240. 11e) 12 Total revenue - add lines 8 through 11 (must qual Ram **&II.** column (A), line 12) 38,721,200. 36,899,220.13 Grants and similar amounts paid (Part IX, coloma (A), lines 1-3) 330,880. 2<u>3</u>6,3<u>20</u>. 14 Benefits paid to or for members (Part IX, column (A), fine 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
 Professional fundraising fees (Part ix column (A), line 11e) <u>27,8</u>58,378. 804,676. 120,000. 90,000. b Total fundraising expenses (Fart IX, collars (D), line 25) 17 Other expenses (Part IX, column (A), thes 11a-11d, 11f-24e) 10,302,393 10,939,373. 18 Total expenses, Add lines 13 12 (must equal Part IX, column (A), line 25) 38,611,651 37,070,369. 19 Revenue less expenses. Subtract line 18 from line 12 109,549 <u>-1</u>71,149. 5 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 31,018,832. 32,447,746. 21 Total liabilities (Part X, line 26) 10,557,544. 9,865,375. Net assets or fund balances. Subtract line 21 from line 20 890.202. 21,153,457. 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. Signature of officer 202 Sign MICHAEL E. SMITH, CHIEF EXECUTIVE OFFICER Here Type or print name and title Print/Type preparer's name PTIN Paid ELLEN M. LABITA, CPA P00140777 self-amployed BAKER TILLY ADVISORY Preparer GROUP Firm's name 39-0859910 Firm's EIN 1500 RXR PLAZA, WEST Use Only TOWER Firm's address UNIONDALE, NY 11556 Phone no, 631.752.7400

X Yes

	n 990 (2023) CATHOLIC CHARITIES OF LONG ISLAND	11-1843801 Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	To do to the second of the sec	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
_		
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 m	neasured 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 \$ 12,092,262. including grants of \$) (Revenue	12,497,922.
	OPWDD RESIDENTIAL SERVICES - CATHOLIC CHARITIES HAS OPERA	TED COMMUNITY
	RESIDENCES TO HELP DEVELOPMENTALLY DISABLED INDIVIDUALS A	CHIEVE THETE
	HIGHEST LEVEL OF FUNCTIONING AND TO PARTICIPATE AS JULLY	AS POSSIBLE IN
	THE SURROUNDING COMMUNITY.	TID YOUGHE IN
		<del></del> -
		<u>.</u>
	manufacture and the second sec	<u></u>
		<u> </u>
4b	(Gode: ) (Expenses \$ 5,744,997. including sents of \$ ) (Revenue	a\$
	SENIOR SERVICES - CATHOLIC CHARITIES AIMS TO ENSURE THAT	SENIORS CAN
	LIVE INDEPENDENTLY IN COMFORT AND SAFETY WHILE MAINTAININ	G PHYSICAL AND
	EMOTIONAL HEALTH. SOCIAL ACTIVITIES HELP SENIORS REMAIN	CONNECTED WITH
	THE COMMUNITY AS WELL. CATHOLIC CHARITIES PROVIDES CASE	MANAGEMENT
	SERVICES WHICH INCLUDE HOME CARE, MEALS ON WHERLS PROGRAM	TINGS SEGUT
	COMMUNITY SERVICE CENTERS AND FOUR CONGREGATE MEAL SITES.	TIMES SENTOR
	THE PARTY OF THE P	<del></del>
		<del></del>
4c	(Code: ) (Expenses \$ 3,988,208. including grants of \$ ) (Revenue	3,433,354.)
	MENTAL HEALTH CLINICS - CATHOLIC CHARITIES OPERATES TWO O	UTPATIENT
	CLINICS WHICH PROVIDE SERVICES TO CHILDREN, ADOLESCENTS,	AND ADULTS.
		· · · · · · · · · · · · · · · · · · ·
		·
		<del></del>
	The state of the s	<del></del>
4d		
		79,760.)
4e	20.061.100	
		Form <b>990</b> (2023)
		rom 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X.	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	
	public office? If "Yes," complete Schedule C, Part I	3	i	X
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? // "Yes," complete Schedule C, Part //	4	ــــــ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
c	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_5_	<del> </del> _	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part i	6	<u> </u>	X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part II	7		<u> </u>
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ſ		
9	Schedule D, Part III	8		X
3	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?		l 1	
10	If "Yes," complete Schedule D, Part IV	. 9	<u> </u>	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V		,,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX, or X,	10	X	28-11
•	as applicable.			*
а	Did the organization report an amount for land, buildings, and equipment in Sex, like 102 if "Yes," complete Schedule D,	W 4. Z	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-		١.,	 	
h	Part VI  Did the organization report an amount for investments - other securities in leart X, ligs 12, that is 5% or more of its total	11a	X	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D. Fart VII		<b></b>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	X	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х
d	Did the organization report an amount for other assets in Part A line 15, that is 5% or more of its total assets reported in	11c	_	
	Port V line 162 ways at the control of the control	11d	х	
е	Did the organization report an amount for other liabilities in Next X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated manufal statements for the tax year include a footnote that addresses	116	^	
	the organization's liability for uncertain tax positions and FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent address financial statements for the tax year? If "Yes," complete	<del>  '''</del> ~	-24	
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-22	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- <u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del></del>	$\neg \neg$	<u></u> .
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		<del>-</del>	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		$\neg \neg$	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? if "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? ## "Yes,"			
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		$\neg$	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	12-21-23	Form	990 //	2023)

Pe	t V Checklist of Required Schedules (continued)	3801	F	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
24 :	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23	X	
246	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. if "No," go to line 25a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	<del> </del>	Α
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If Yes, " complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any content		i	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3.2%			İ
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Yes (II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director trustee, key employee,	]		
	creator or founder, substantial contributor or employee thereof, a grant selection cammittee hember, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons.	ĺ		,,,
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27	432 C	X
	instructions for applicable filing thresholds, conditions, and exceptions):			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	8 E F888	\$. <b>\$</b> .	*
	"Yes," complete Schedule L. Part IV	28a		X
b	A family member of any individual described in line 28a? If thes, " complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organisations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 is moncash contributions? If "Yes," complete Schedule M	29	X	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Ì	
	contributions? If "Yes," complete Schedule I/r	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispuse of, or transfer more than 25% of its net assets? If "Yes," complete			
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	11		
34	sections 301.7701-2 and 301.770 32 if Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
٠.	Part V, line 1	_,	., l	
35 a	Did the examination have a sentralled settle with within the control of the second settlement of the second sec	34	<u> </u>	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>3</u> 5a		-≏-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If *Yes, " complete Schedule R, Part V, line 2	36	- 1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule 0	38	X	
. di	Statements regarding Other Ind Fillings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		
4.~	Enter the number reported in hex 2 of Form 1000 Enter 3 if and application.	. <u>1885</u> - 1885	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26  Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
v	(gambling) winnings to prize winners?	<b>80</b> 32		
32004	12-21-23	1c     Form	9 <u>90</u> /	3000
		LOUD)	22 <b>4</b> ()	4UZ3)

		<u>'</u>	_	Yes	No					
2a	the state of the s	1 1	1		i 3					
	filed for the calendar year ending with or within the year covered by this return	2a 512	2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	x	.:_2886:					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	i	X					
b	. The termine of provide an explanation on scriedule of									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			Γ-					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		х					
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 A	ccounts (FBAR).	1							
5a	the second of th	**************	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?	······	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	2.								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vice provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·	7 <u>b</u>	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for water it was	us required								
	to file Form 8282?	I I	7c	880 0.5	Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d								
e 1	Did the organization receive any funds, directly or indirectly, to pay premiums are a personal benefit or		7e		X					
g	Did the organization, during the year, pay premiums, directly or indirectly, in a personal benefit contri-		7f_		X					
h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes or other venices, did the organiza-		7 <u>g</u>							
8	Sponsoring organizations maintaining donor advised funds. Disa donor advised fund maintained		7h	1.33	1885.7.51					
_	sponsoring organization have excess business holdings at any time during the year?	by the		100	₿ú.					
9	Sponsoring organizations maintaining donor advised funds.	b	8	0 <b>%</b> 04.7	Ø 1					
а	Did the sponsoring organization make any tayable digital of the sponsoring ages		7		1					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a	<u> </u>						
10	Section 501(c)(7) organizations, Enter:		9b	100	29.2					
a	Initiation fees and capital contributions included on tart all, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		į.					
11	Section 501(c)(12) organizations. Enter									
а	Gross income from members or mareholdes	11a								
b	Gross income from other sources. (Do notinet amounts due or paid to other sources against									
	amounts due or received from there.	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	D5382712-128	4+ : XXXXXXXXX					
b	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.			ir X						
b	Enter the amount of reserves the organization is required to maintain by the states in which the				<b>.</b>					
	organization is licensed to issue qualified health plans	13b	Ś							
C		130	, Q							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?	*****************************	15		X					
٠.	If "Yes," see the instructions and file Form 4720, Schedule N.									
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.			أبية.	-É					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivitíes	l J							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<del></del>					
	If "Yes," complete Form 6069.		影响赛							

CATHOLIC CHARITIES OF LONG ISLAND 11-1843801 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management 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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, no cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures soverning the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the grants are to review this Form 990. 12a Did the organization have a written conflict of interest policy. If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees repaired to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently profiter and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .... X Did the organization have a written whisteblower policy? 12c Did the organization have a written document arention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b 計 "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Form 990 (2023)

11801-6299

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Own website

Another's website

statements available to the public during the tax year.

RICHARD BALCOM - 516-733-7000 90 CHERRY LN, HICKSVILLE, NY

Other (explain on Schedule O)

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	(B)	T			C)			(D)	· <del>- 1</del>	·
Name and title	Average	1		Pos	sition	1		Reportable	(E)	(F)
, rains uno ano	hours per	(de bos	o not c	check	more	than d Is both	one Lan	Compensation 6	Reportable compensation	Estimated
	week	off	icer ar	nd a d	irecto	or/trus	tee)	from the	from related	amount of other
	(list any	ig G					ļ	the	organizations	compensation
	hours for	1 din	<b>a</b>			ted.		orga nzadon	(W-2/1099-MISC/	from the
	refated	Teles (	traste			pensa	[ ]	(W-2 (099-MSC/	1099-NEC)	organization
	organizations below	,  ਛੂ	ignali		S S S	t com	[ ]	1090 (fEC)		and related
	line)	Individual trustee or diractor	Institutional trustee	Officer	Кеу етрюуев	Highest compensated employee	Former	11		organizations
(1) PAUL F. ENGBLHART	54.00	サ <u>ਁ</u>	╁	ٿ	<u> </u>	= ==			·	
SECRBTARY/CHIEF OPERATING OFFICER	1.00	1		x			1	253,949.	o.	<u>58</u> ,070
(2) RICHARD BALCOM	54.00	Π		Ĺ			<b></b>	]		. 55,070
TREASURER/CHIEF FINANCIAL OFFICER	1.00	1		R			-	223,214.	0.	70,375
(3) MICHAEL B. SMITH	54.00	Π				$\Box$				
TRUSTEE/CHIEF EXECUTIVE OFFICER	1.00	X		X		L		260,945.	0.	19,328
(4) JAY T. KORTH	45.00				•		$\Box$			
DIRECTOR OF HOUSING & LEGAL AFFAIRS	0.06					x		180,436.	0.	7,880
(5) FRANCIS DOOLEY JR	40.00	1			¯					
NURSE PRACTITIONER	1.00			Щ	$\sqcup$	х		140,638.	0.	32,876
(6) ERIN SHIRVELL	40.00			رً إ		$ \overline{} $	1	"		-
DIRECTOR OF FINANCE	100	<u> </u>	Ш		Ш	X	<u>'</u>	110,153.	0.	47,019
(7) ELIZABETH CURRAN	40.00				l i		1			
NURSE PRACTITIONER	0.00	$\vdash$	$\vdash$	$\vdash$	igwdapsilon	X	<u>'</u>	137,679.	0.	19,289
(8) ROBERT MANFREDI DIRECTOR OF INFORMATION & TECHNOLOG	0.00					,	¹	145 25	_	
(9) LAURA A. CASSELL	54.00	<del> -</del> -	$\vdash$	Щ	$\vdash \vdash$	X	<b>'—</b>	146,061.	0.	7,449
TRUSTEE/CEO TO 1/2023	1.00	x		١.,		1	¹	0.4		
(10) THOMAS W. ALEXANDERSON	5.00	1	$\vdash \vdash$	Х	<b></b>	$\vdash$	igcup	94,558.	0.	3,243
BOARD CHAIR	0.00	x		х	1	1	¹			
(11) MSGR. JAMES VLAUN	1.00	ᢡ	$\vdash \vdash$	<u> </u>	<b>  </b>	$\dashv$	$\vdash$	0.	0.	0
TRUSTEE/VICE CHAIR	0.00	x.	ļ ļ	x	۱ <u>۱</u>	!	' I	0.		_
(12) THERESA AHLSTROM	1.00	4,7	$\vdash \vdash$		$\vdash \vdash$	$\vdash$	$\dashv$	<u> </u>	0.	0
TRUSTEE	0.00	$ _{\mathbf{x}} $		1 }	! J	1	`	0.	0.	^
(13) WILLIAM AYERS	1.00			$\dashv$	$\dashv$	<del></del>		U+	<u></u>	0
TRUSTEE	0.00	$ \mathbf{x} $			1	1	1	0.	0.	0
(14) GERALDINE R. BRENNAN	1.00	1	$\sqcap$	$\dashv$		$\longrightarrow$	$\dashv$			
TRUSTRE	0.00	x	<u> </u>			'		0.	0.	_ 0
(15) CATHERINE A. CREIGHTON	1.00	П	$\Box$		$\neg$	$\Box$	$\neg$	<del></del>		
PRUSTEE	0.00	х	_	_	_	<u>'</u>	_	0.	0.	0
(16) ROBERT CROKE, JR	1.00		1	$\dashv$	$\neg$	$\Box$				
TRUSTEE TO 6/2023	0.00	х		╝	_			0.	0.	0
(17) DEACON RAYMOND P. D'ALESSIO	1.00	' ]		$\exists$	$\neg$	'	$\neg$	- · · · ·		
PRUSTEE	0.00	x	۱ ا	- 1	- 1	'	- 1	0.	0.	0

332007 12-21-23

Form 990 (2023)

Part VII Section A Officers Directors True	tees Kay Em	nlov				-lv-		ammanata d Functions	TT-T042	OUI Page o	
(A) (B) (C) (D) (E) (F)											
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) BRO. TIMOTHY DRISCOLL, S.M. TRUSTEE	1.00	x						0.	0.	0.	
(19) DAVID T, KLAUM TRUSTEE		x						0.	0.	0.	
(20) REGINA MCCARTHY WARREN TRUSTEE	$\begin{array}{c c} 1.00 \\ \hline 0.00 \end{array}$	х						0.	0.	0.	
(21) CHRISTOPHER PALMER TRUSTEE	1.00	X						4.	0.	0	
(22) LISA A. SAVINO FITZGERALD TRUSTEE	1.00	х						4	0.	0.	
(23) JOSEPH TEDESCO TRUSTEE	1.00	X						0.	0.	0.	
(24) GLENN W. TYRANSKI TRUSTEE	1.00 0.00	X						0.	0.	0.	
(25) FRANCESCA KURRE TRUSTEE TO 7/2023	1.00	Х					•	0.	0.	0.	
1b Subtotal c Total from continuation sheets to Part VI	l, Section A							1,547,633.	0.	265,529. 0.	
d Total (add lines 1b and 1c)											
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st								nest compensated empl	· P	Yes No 3 X	

4 For any individual listed on line 1a, is the cum of reportable compensation and other compensation from the organization If "Yes," complete Schedule J for such individual ..... and related organizations greater than \$150

Did any person listed on line 1al eceive or accrue compensation from any unrelated organization or Individual for services rendered to the organization? If Section B. Independent Contractors

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
HOMECARE THERAPIES, INC.	TEMPORARY STAFFING	
20 JERUSALEM AVE, HICKSVILLE, NY 11801	AGENCY	500,165.
CARSAN SERVICES, INC.		
1502 GARDEN PLACE, BALDWIN, NY 11510 GETIXHEALTH, LLC	JANITORIAL SERVICES	253,445.
PO BOX 676339, DALLAS, TX 75267	MEDICAL BILLING SERVICES	
EMPLOYER SOLUTIONS RESOURCES LLC DBA AXION	TEMPORARY STAFFING	228,718.
PO BOX 789087, PHILADELPHIA, PA 19178	AGENCY	155,696.
BAKER TILLY US, LLP		
PO BOX 78975, MILWAUKEE, WI 53278	ACCOUNTING	139,440.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 6	d above) who received more than	

Form 990 (2023)

Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Total revenue Unrelated Revenue excluded function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns 29,244 Membership dues c Fundraising events ..... 340,971 10 d Related organizations 957,000 11,340,183 e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above ... 3,309,127 51,568 g Noncash contributions included in lines 1a-1f Total, Add lines 1a-1f 15,976,525 Business Code 2 a MEDICAID/MEDICARE 624100 15,347,441 15347441 Program Service PARTICIPANT FEES 624100 2,328,859 2,328,859 GOVERNMENT CONTRACTS 624100 1,404,945 945 1,404 THIRD-PARTY REINBURSEMENTS 624100 687.895. 895 OTHER PROGRAM REVENUE 624100 313,694 313 624100 All other program service revenue 128,202 128 202 Total. Add lines 2a-2f 20,211,036 Investment income (including dividends, interest, and other similar amounts) 243,419. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 136,352 6 a Gross rents 26,659. b Less: rental expenses ... 109,693 c Rental income or (loss) 109,693 d Net rental income or (loss) 109,693. (i) Securities 7 a Gross amount from sales of 000 assets other than inventory 7a b Less: cost or other basis Revenue and sales expenses c Gain or (loss) ..... 51,000 d Net gain or (loss) ...... 51,000 51 000 Other 8 a Gross income from fundraisig including \$ contributions reported on Part IV, line 18 148,401 148,401 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 19,500 Part IV, fine 19 b Less: direct expenses ..... 760. 9b c Net income or (loss) from gaming activities 18,740 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory 87.97 **Business Code** Miscellaneous 11 a MISCELLANBOUS INCOME 900099 132,951 132,951 INS CLAIM PAYMENTS 900099 104,571 104,571. HEALTH INS PREM DISCOUNTS 900099 41,549. 41,549, All other revenue 900099 9,736. 9,736 Total. Add lines 11a-11d 288,807. Total revenue. See instructions 36,899,220, 20211036 711,659.

332009 12-21-23

	tion 501(c)(3) and 501(c)(4) organizations must comp Check If Schedule O contains a respor			THE TOTAL COLUMN 1 TO V.	
	not include amounts reported on lines 6b, 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	216,320.	216,320.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to foreign			4	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	<del></del>	ļ <u></u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 644			
_	trustees, and key employees	983,611.	31,202.	952,409.	<u>.                                    </u>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			4	
_	persons described in section 4958(c)(3)(B)	10 161 540	1.6 520 541	400 565	
7	Other salaries and wages	18,161,540.	16,539,741	1,488,565.	133,234.
8	Pension plan accruals and contributions (include	979,336.	0.05	C1 100	40.40-
	section 401(k) and 403(b) employer contributions)	4,690,556.	805,426. 4,295,393.	161,482.	12,428.
9	Other employee benefits	989,633.		368,891.	26,272.
10 11	Payroll taxes	203,033.	849,635	159,927.	10,071.
	Management				
a b		40,467.	6,399.	34,068.	η.
	Legal Accounting	138,036.	128,185.	19,851.	<del></del>
d		±50,050.	1,00,100.	13,031.	<del></del> ,
u a	Professional fundraising services. See Part IV, Ilne 17	90,000.			90 000
ť	Investment management fees	4		********** <u>*</u>	90,000.
	Other. (If line 11g amount exceeds 10% of line 25,	- W			
9	column (A), amount, list line 11g expenses on Sch Q.)	1,201,000	1,158,124.	101,092.	1,784.
12	Advertising and promotion		<u></u>		<u> </u>
13	Office expenses	780,218.	719,187.	42,686.	18,345.
14	Information technology				
15	Royalties			. ,,	
16	Оссиралсу	3,288,715.	2,992,320.	281,891.	14,504.
17	Travel	299,803.	286,257.	13,194.	352.
18	Payments of travel or entertainment expenses		· <del></del>	·•	<del>'</del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,363.	19,313.	10,050.	
20	Interest	42,699.	42,699.		<u> </u>
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	413,851.	357,181.	56,670.	
23	Insurance	1,015,698.	1,011,025.	4,673.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
a	FOOD & KITCHEN SUPPLIES	1,865,115.	1,865,115.		
b	EQUIPMENT	978,414.	911,272.	64,018.	3,124.
C	OTHER EXPENSES	502,407.	420,166.	31,285.	50,956.
d	EMERGENCY RELIEF & CLIE	204,733.	204,733.		
	All other expenses	78,854.	24,409.	43,377.	11,068.
25_	Total functional expenses. Add lines 1 through 24e	37,070,369.	32,864,102.	3,834,129.	<u>372,1</u> 38.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising sollcitation.  Check here if following SOP 88-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2022)

332010 12-21-23

Check if Schedule O contains a response or note to any line in this Part X   Caph - non-interest-bearing   Sendings and temporary cash investments   Sendings and temporary cash investments   2, 3, 853, 216, 1   5, 574, 449, 29, 955, 3   Pledges and grants receivable, not   2, 119, 884, 3   1, 428, 541, 4   Account receivable, not   2, 119, 884, 3   1, 428, 541, 541, 4   Account receivable, not   3, 959, 248, 4   7, 7648, 263, 5   Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 36%, controlled entity or family member of any of these persons   6   Loans and other receivables from their disqualified persons (as defined under section 46580(s)), and persons described in section 46580(s)(s)(s)   7   Notes and loans receivable, net   1, 662, 562, 7   171, 587, 8   Prevaled expenses and deferred charges   461, 070, 8   691, 078, 8   Prevaled expenses and deferred charges   461, 070, 8   691, 078, 8   Prevaled expenses and deferred charges   461, 070, 8   691, 078, 8   Prevaled expenses and deferred charges   461, 070, 8   691, 078, 8   Prevaled expenses and deferred charges   461, 070, 9   691, 078, 10   10   10   11, 538, 226, 11   11, 538, 226, 11   11, 538, 226, 11   11, 538, 226, 11   11, 538, 226, 11   11, 538, 226, 11   11, 538, 226, 11   11, 538, 236, 236, 236, 236, 236, 236, 236, 236	Ра	m X	Balance Sheet		
1   Cash - non-interest-bearing   3,853,216. 1   5,574,449   2   Saivings and temporary cash investments   979. 2   995. 3   Pledges and grants receivable, net   2,119,884. 3   1,428,541.   4   Accounts receivable, net   8,959,248. 4   7,648,263.   5   Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founding, substantial contributor, or 35% controlled entity or family member of any of these persons   6   Loans and other receivables from other disqualified persons (as defined under section 4958(ft)), and persons described in section 4958(c)(5)(5)   7   Notes and loans receivables, net   1,662,562. 7   171,587.   8   Inventories for sale or use   9   Prepaid expenses and deferred charges   461,070. 9   691,078.   10a Land, holidings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   11,538,226.   10b Lass: accumulated depreciation   10a   11,538,226.   11b Intermetrs: publicly vaded securities   198,000,000,000,000,000,000,000,000,000,0			Check If Schedule O contains a response or note to any line in this Part X		
Cash - non-interest-bearing					(B)
Pledges and grants receivable, net		1			
2,119,884. 3		1			5,574,449.
A   Accounts receivable, not   S   S   S   S   S   S   S   S   S			Savings and temporary cash investments	979. 2	
Secured mortgages and notes payable to secured to former officer, director, trustee, key employee, creator or foundar, substantial contributor, or 35% controlled entity or family imember of any of those persons		1			
trustee. key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  6 Loans and other receivables from other disqualitied persons (as defined under section 4958(pt)), and persons described in section 4958(pt)(pt)   7 Notes and loans receivable, net		1		8,959,248. 4	7,648,263.
Controlled entity or family member of any of these persons   6		5			
Section   Company   Comp		1			
Under section 4958(h(1)), and persons described in section 4958(c)(3)(8)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepald expenses and deferred charges  10a Land, buildings, and ecujoment: cost or other basis. Complete Part Vi of Schedule D  10b Less: accumulated depreciation  10c Land, buildings, and ecujoment: cost or other basis. Complete Part Vi of Schedule D  11 Investments - publicly traded securities  12 Investments - postly bly traded securities  13 Investments - program-related. See Part IV, line 11  14 Intragible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Tax assets. See Part IV, line 11  18 Total assets. See Part IV, line 11  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Loans and other payables to any current or former officer director, tustes, key employee, creator or founder, substants of the parties. and other payables to any surface persons  22 Loans and other payables to any current or former officer director, tustes, key employee, creator or founder, substants of the payable to spelled third parties  23 Controlled entity or family member of any optimes persons  24 Unsecured notes and loans payable to spelled third parties  25 Other liabilities (including federal income third payables to any current or former officer director, tustes, key employee, creator or founder, substants of the parties  26 Total liabilities. Add line 17 throcigh 26  27 Total liabilities. Add line 17 throcigh 26  28 Total liabilities. Add line 17 throcigh 26  29 Capital stock or trust principal, or current funds  30 Paich in capital surphs, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total interaction or fund buildings or equipment fund  33 Paich in capital surphs, or land, building, or equipment fund  34 Retained earnings, endowment, accumulated income, or other funds  35 Total interactions or fund buildings or equipment fund  36 Retained earnings, endowment, accumulated in		١.			
7 Notes and loans receivable, net   1,662,562. 7   171,587.		6			
Solution		١ ـ			<u> </u>
10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D	ets St		Notes and loans receivable, net	1,662,562. 7	171,587.
10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D	4SS	1	Description of the second of t		
b Less: accumulated depreciation   10a   11,538,226.	~	1 -		461,070. 9	691,078.
b Less: accumulated depreciation   10b   7,918,165.   3,743,499.   10c   3,620,061.		102			
11   Investments - publicly traded securities		١.			
12   investments - other securities, See Part IV, line 11   13   13   14   13   13   14   14		1		· 3 /44, 499 · 10c	3,620,061.
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   15   Other assets. See Part IV, line 11   16   Total assets. Add lines 1 through 15 (must equal line 33)   2,447,746   16   31,018,832   2,447,746   16   31,018,832   2,447,746   17   5,038,401   18   Intangible part Intended and accrued expenses   4,937,736   17   5,038,401   18   Intangible part Intended and accrued expenses   4,937,736   17   5,038,401   18   Intangible part Intended and accrued expenses   19   Intangible part Intended and accrued expenses   18   Intangible part Intended and accrued expenses   19   Intangible part Intended and accrued expenses   18   Intangible part Intended and accrued expenses   19   Intended expenses   19   Intangible part Intended expenses   19   I		1	investments - publicly traded securities		
14			Improving and the community of the control of the c		
15 Other assets. See Part IV, line 11		l			<del> </del>
18		1	***************************************	4 929 213	<del></del>
17		l			
18   Grants payable   18				4 000 000	51,018,832.
19   Deferred revenue   1,178,967.   19   992,009.   13   13   14   1,438.   15   1,178,967.   19   992,009.   13   1,178,967.   19   992,009.   13   1,178,967.   19   992,009.   13   1,178,967.   19   992,009.   13   1,178,967.   19   992,009.   13   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   15   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   992,009.   10   1,178,967.   19   10   1,178,967.   19   10   1,178,967.   10   1,178,967.   19   10   1,178,967.   19   10   1,178,967.   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10   1,178,967.   10		l		"	
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tax-exempt bond liability. Complete Part IV of Scheölie D  Loans and other payables to any current or former officer director, trustee, key employee, creator or founder, substantal constantor, or 35% controlled entity or family member of any of fices perfects.  Secured mortgages and notes payable to barelated third parties  Unsecured notes and loans payable to barelated third parties  Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on fines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow MSB/ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  21,890,202, 32, 21,153,457.			Deferred revenue		
Escrow or custodial account liability. Complete Part Not Schedule D  Loans and other payables to any current or former office) director, trustee, key employee, creator or founder, substantial constitution, or 35% controlled entity or family member of any offices perhans  Secured mortgages and notes payable to surplated third parties  Unsecured notes and loans payable to surplated third parties  Other liabilities (including federal income tax payables to related third parties, and other liabilities not insueded on lines 17:24). Complete Part X of Schedule D  Total llabilities, Add lines 17 through 25  Organizations that follow ASB SC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  21,890,202, 32  21,153,457.			Tax-exempt bond liabilities		732,009. 111 120
Loans and other payables to any current or former officers director, trustee, key employee, creator or founder, substantial constitutor, or 35% controlled entity or family member of any otherse persons  Secured mortgages and notes payable to aprelated third parties  Unsecured notes and loans payable to aprelated third parties  Unsecured notes and loans payable to aprelated third parties  Unsecured notes and loans payable to aprelated third parties  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  Total liabilities, Add lines 17 through 25  Organizations that follow MSB-SC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Total liabilities and tonor follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  22  23  281, 745.  24  25  27  28  29  29  29  20  21, 890, 202.  22  28  28  21, 7,589.  22  28  28  21, 7,589.  23  28  28, 7,45.  24  25  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  25  3, 141, 782.  3, 668, 189.  26  9, 865, 375.  31  17, 827, 994.  27  17, 377, 023.  4, 062, 208.  28  3, 776, 434.  30  30  31  31  32  31  31  32  31  31  31  31		21			411,430.
trustee, key employee, creator or founder, substantial considerator, or 35% controlled entity or family member of any of finese persons  23 Secured mortgages and notes payable to barelated third parties  24 Unsecured notes and loans payable to barelated third parties  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  26 Total llabilities, Add lines 17 through 25  Organizations that follows ASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  21 7, 589. 23 281, 745.  24 00, 557, 544. 26 9, 865, 375.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  3, 668, 189. 25 3, 141, 782.  4, 0, 557, 544. 26 9, 865, 375.  17, 827, 994. 27 17, 377, 023.  4, 0, 62, 208. 28 3, 776, 434.  29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Ø	22			
Unsecured notes and loans payable to earelated third parties  24 Unsecured notes and loans payable to earelated third parties  Other liabilities (including federal income tax payables to related third parties, and other liabilities not instuded on lines 17-24). Complete Part X of Schedule D  26 Total liabilities, Add lines 17 through 25  Organizations that follow ASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  217,389. 23  281,745.  24  25 3,141,782.  3,668,189. 25 3,141,782.  3,668,189. 25 3,141,782.  40,557,544. 26 9,865,375.  17,827,994. 27 17,377,023.  4,062,208. 28 3,776,434.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  21,890,202. 32 21,153,457.	<u>#</u>	İ			
Unsecured notes and loans payable to explaned third parties  24 Unsecured notes and loans payable to explaned third parties  25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not instuded on lines 17-24). Complete Part X of Schedule D  26 Total liabilities, Add lines 17 through 25  Organizations that follow ASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets without donor restrictions  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances  217,589. 23  228 17,589. 23  229 23  221,745.  24  25 Other liabilities (including federal income tax payables to related third parties  24  25 Other liabilities (including federal income tax payables to related third parties  26 Total liabilities (including federal income tax payables to related third parties, and other liabilities (including federal income tax payables to related third parties, and other liabilities (including federal income tax payables to related third parties 29  3,668,189. 25  3,141,782.  3,668,189. 25  3,141,782.  3,775,544. 26  9,865,375.  17,827,994. 27  17,377,023.  4,062,208. 28  3,776,434.  29 29  20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	abil		positival and autility on familia manufacture of a constitution of	92	
Unsecured notes and loans payable to barelated third parties  Other liabilities (including federal income tax payables to related third parties, and other liabilities not intended on lines 17-24). Complete Part X of Schedule D  Total llabilities, Add lines 17 through 25  Organizations that follow MSB SC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  24  24  25  Christians (including federal income tax payables to related third parties  3, 668, 189. 25  3, 141, 782.  10, 557, 544. 26  9, 865, 375.  17, 827, 994. 27  17, 377, 023.  4, 062, 208. 28  3, 776, 434.  29  Capital stock or trust principal, or current funds  30  Retained earnings, endowment, accumulated income, or other funds  31  Total net assets or fund balances  21, 890, 202. 32  21, 153, 457.	ٿ	23			281 745
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  26 Total liabilities. Add lines 17 through 25  Organizations that follow MSB &SC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  25 3, 141, 782.  3 , 668, 189. 25 3, 141, 782.  10, 557, 544. 26 9, 865, 375.  17, 827, 994. 27 17, 377, 023.  17, 827, 994. 27 17, 377, 023.  4, 062, 208. 28 3, 776, 434.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  21, 890, 202. 32 21, 153, 457.		24	Unsecured notes and loans poughts to hard of their neutron		
Of Schedule D   3,668,189   25   3,141,782   26   Total llabilities, Add lines 17 through 26   10,557,544   26   9,865,375   Organizations that follow ASB SC 958, check here   X   and complete lines 27, 28, 32, and 33   27   Net assets without donor restrictions   17,827,994   27   17,377,023   28   Net assets with donor restrictions   4,062,208   28   3,776,434   29   Capital stock or trust principal, or current funds   29   Paid-in or capital surplus, or land, building, or equipment fund   30   Retained earnings, endowment, accumulated income, or other funds   21,890,202   32   21,153,457   3.		25	Other liabilities (including federal income tax payables to related third		<del></del>
Total llabilities, Add line 17 through 25  Organizations that follow ASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  10,557,544. 26 9,865,375.  17,827,994. 27 17,377,023.  4,062,208. 28 3,776,434.  29  Capital stock or trust principal, or current funds  29  Total net assets or fund balances  21,890,202. 32 21,153,457.			parties, and other liabilities not instuded on lines 17-24). Complete Part X		
Total llabilities, Add line 17 through 25  Organizations that follow ASB SC 958, check here			of Schedule D	3,668,189. 25	3,141,782.
Organizations that follow ASB SC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions 17,827,994. 27 17,377,023.  Net assets with donor restrictions 4,062,208. 28 3,776,434.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds 29  Paid-in or capital surplus, or land, building, or equipment fund 30  Retained earnings, endowment, accumulated income, or other funds 31  Total net assets or fund balances 21,890,202. 32 21,153,457.		26		10,557,544. 26	
	,			22.1	
	ě	!			
	檀				17,377,023.
	m	28	Net assets with donor restrictions	4,062,208. 28	3,776,434.
	<u> </u>				
	ᇤ				
	ध			29	
	SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		
	¥			31	
	ž	32	total net assets or fund balances	21,890,202. 32	21,153,457.
33 Total liabilities and net assets/fund balances 32,447,746. 33 31,018,832.		33	Total liabilities and het assets/fund balances	32,447,746. 33	

Forn	n 990 (2023) CATHOLIC CHARITIES OF LONG ISLAND	11-3	<u>184</u> 3801	Page 12
Pa	rt 💥 Reconciliation of Net Assets			· ugo ·-
	Check if Schedule O contains a response or note to any line in this Part XI	>		[X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,899	
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,070	,369.
3	Revenue less expenses. Subtract line 2 from line 1	3	-171	,149.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,890	
5	Net unrealized gains (losses) on investments	5		,859.
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 on Schedule O)	9	-838	,455.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			<u>,                                     </u>
	column (B))	10	21,153	,457.
Pa	TixII Financial Statements and Reporting			-
	Check if Schedule O contains a response or note to any line in this Part XII			[7
	······································		,	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent account at?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate asis			
b	Were the organization's financial statements audited by an independent accountage?		2b	Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate	basis.		
	consolidated basis, or both:			1
	Separate basis X Consolidated basis Both consolidated and separate basis			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	φ. 385	200000000000000000000000000000000000000
	review, or compilation of its financial statements and selection of a independent accountant?		2c	х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.		7272
За	As a result of a federal award, was the organization required to andergo an audit or audits as set forth in the		Samo xamo x   ,	Chinasa (C. P. Walio)
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x
				90 (2023)

### **SCHEDULE A**

(Form 990)

Complete if the organization is a section 501(c)(3) organization or a section Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust. Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

	CAT	HOLIC CHAR	ITIES OF LONG	ISLA	ND		1	1-18438	01	
Part	Reason for Public	Charity Status	· (All organizations must	complete t	his part.) 9	See instructions.				
The org	anization is not a private foun	ndation because it is	: (For lines 1 through 12, c	check only	one box.)			<del></del>		
1	A church, convention of d									
2	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990),)									
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organi						i. Enter	the hospital's i	name	
	city, and state:					··· ·· -(-)(-)(-)(-)(-)(-)	,	ins mospital si	iuiio,	
5	An organization operated	for the benefit of a d	college or university owner	d or opera	ted by a ge	overnmental unit	describ	ed in		
	section 170(b)(1)(A)(iv).		•							
6 🗀	A federal, state, or local ge	overnment or govern	nmental unit described in	section 1	70(b)(1)(A	lív).				
7 X							reneral i	nublic describa	act in	
	section 170(b)(1)(A)(vi), (		,				<b>30110101</b>	pasiic describe	u m	
8 <u> </u>	A community trust describ		b)(1)(A)(vi), (Complete Par	et II.)		_ 1				
9	An agricultural research or				ed in casi	metion with a lan	id-arant	college		
	or university or a non-land	-grant college of agr	iculture (see instructions)	Enter the	name city	and state of the	ra grann S coilean	College		
	university:	<b>2</b>		Linoi mo		and state of the	Conege	5 QI		
10 🗆	An organization that norm	ally receives (1) mor	e than 33 1/3% of its sum	ourt from	orthe business	ns membership t	foor an	d groop resciets	o franc	
	activities related to its exe	empt functions, subje	ect to certain exceptions:	and (2) no	mare than	33, membership i	upport f	tors are as level	s irom	
	income and unrelated bus	iness taxable incom	e (less section 511 tay) fr	diff of the	ceasaranii	red by the organi	ization e	offer lime 20 d	stment	
	See section 509(a)(2). (Co		is hose economical transfer	A.	3SC MICQUI	red by the organi	ization a	alter June 30, 1	975.	
11 🗆	An organization organized		sively to test for public	fety Sea	saction Fi	00(5)(4)				
12	An organization organized	and operated exclu	sively for the benefit of to	neworm t	he functio	ne of orto carne	out the	burbanas of an		
	more publicly supported o	organizations describ	ped in section \$99(a)(1) o	rsection	509(a)(2)	See section 500	พอหลา เ	Check the boy	on.	
	lines 12a through 12d that	t describes the type	of supportion organization	n and com	nlete lines	12e 12f and 12	ranon \ 'a	Direck tile box (	ווכ	
a	Type I. A supporting org	anization operated.	supervised, ox controlled	by its sun	ported ora	anization(s) typic	eally by	alvina		
	the supported organizati	ion(s) the power to r	equial V appeal for elect a	maiority o	of the direc	tors or trustage	of the ci	yrving Innortina		
	organization. You must	complete Part IV	sections A and B.	. подотку с	)	nora or musices (	or the at	apporting		
ь			edar controlled in connec	tion with it	s sunnorte	ed organization(e)	huha	ina		
_	control or management	of the supporting or	genization vested in the s	ame nerso	ne that co	ntrol or manage t	he curv	nig ported		
	organization(s). You mus			anno poroc	110 11101 00	mioro, manage (	are supp	Sorteu		
c [			ng organization operated	in connec	tion with a	and functionally in	ntearata	ad with		
_	its supported organization	oras) (see instruction	is). You must complete	Part IV Se	ections A	D and F	negrate	AT AND I		
d [	Type III non-functional	integrated. A sur	porting organization oper	rated in co	nnection v	of the its supported	Lordania	zation(e)		
	that is not functionally in	iteerated The organ	ization generally must sat	istv a distr	ibution rec	uirement and an	ottenti:	tenese		
	requirement (see instruct	tions). You must co	emplete Part IV, Sections	.o.y a dibii s A and □	and Dart	v	aucini	te11022		
еΓ	Check this box if the ora	anization received a	written determination fro	m the IRS	that it is a	Type I Type II T	ime III			
	functionally integrated, o	or Type III non-functi	onally integrated supporti	na oraaniz	ation	Type i, Type ii, i	λhe III			
f En	ter the number of supported									
	ovide the following informatio		ted organization(s).			*				
<del></del>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the org	anization listed ing document?	(v) Amount of mo	netary	(vi) Amount o	f other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see instru	ictions)	support (see inst		
	· · · · · · · · · · · · · · · · · · ·	<u>"</u>	assets (See the discholis)		<del>  ''`</del>	<u></u>		·		
			1							
		<u> </u>	<del></del>		ļ	·		<del>-</del>		
				1	Ì					
				`		······				
	<u></u>		<u>"</u>	T				7		
					]	!				
									<del></del> -	
		<b>₩</b> 1088 469 03 11 3 16	1 (4) (3) (3) (3)	- George 1 11, 408	68831 1 6631 B					

Schedule A (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND 11-1843

[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.)

Se	ction A. Public Support	<del> </del>	,						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and			1.7	1.50	(0) = 0	ti) Total		
	membership fees received. (Do not								
	include any "unusual grants.")	16666057.	16253694.	22485386.	16979330.	15976525	88360992.		
2	Tax revenues levied for the organ-					<u> </u>	003003321		
	Ization's benefit and either paid to	1							
	or expended on its behalf								
3	The value of services or facilities		<del></del> .	-L			<del> </del>		
•	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	16666057	16253694	22485386.	16070330	15076525	000000		
	The portion of total contributions		2. 3.5.5		100/9000.	13370323.	00300994.		
٠	by each person (other than a				,				
	governmental unit or publicly				4				
	supported organization) included				<b>I</b>				
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
				* •					
	column (f)								
	Public support, Subtract line 5 from line 4, ction B. Total Support	24-2 SELEC					88360992.		
		(-) 2010	#\ 0000		<b>)</b>				
	กซลr year (or fiscal year beginning in) Amounts from line 4	(a) 2019 16666057.	(b) 2020	2011	(d) 2022	(e) 2023	(f) Total		
	Gross income from Interest.	+000000711	10233034.	22485386.	109/9330.	159/6525.	88360992.		
8		]							
	dividends, payments received on								
	securities loans, rents, royalties,	102 067	170 0	104 106	040 064	200 004			
_	and income from similar sources	182,967.	172,263	194,186.	243,361.	379,771.	<u> 1172550.</u>		
9	Net income from unrelated business								
	activities, whether or not the	AP		ĺ					
	business is regularly carried on		<i>_</i>	,			<u> </u>		
10	Other income. Do not include gain		<b>_</b>						
	or loss from the sale of capital	100							
	assets (Explain in Part VI.)	432,086.	347,531.	1118712.	1380117.	<u>456,708.</u>	3735154.		
	Total support. Add lines 7 through 10		A 100 May 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A 200 A				93268696.		
	Gross receipts from related activities,					12 99	,187,461.		
13	First 5 years. If the Form 990 is for th		st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
800	organization, check this box and story								
	tion C. Computation of Publi								
	Public support percentage for 2023 (li					14	94.74 %		
10	Public support percentage from 2022	Schedule A, Part J	i, line 14	B 40		15	95.05 %		
104	33 1/3% support test - 2023. If the c						_		
h	stop here. The organization qualifies						X		
D	33 1/3% support test - 2022. If the cand stop here. The organization quality								
175					40 40 40				
ı, d	7a 10% -facts-and-circumstances test - 2023. 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 te	randronoumstance et. The organization	a rear, crieck this i	oux and stop her					
h	10% -facts-and-circumstances took	a. The organization	r quarines as a pur mization did = -+ -+	mory supported or	ganization				
U	b 10% -facts-and-circumstances test - 2022. 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-circu	imetanese tost. The	oranization and	k unspox and sto	op nere. Explain in				
18	Private foundation if the organization	n did not check a t	organization qual	mes as a publicly :	supported organiz	ation			
	Private foundation. If the organization	n did not check a b	<u>юл опінне 13, 16а</u>	<u>100, 17a, 07 17b,</u>	cneck this box an				
						Schedule A (	Form 990) 2023		

Schedule A (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	ocion, picuae com	piete i art ii.j		<u> </u>	<del></del>	
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and			1		(6) 2025	L, (I) TOTAL
	membership fees received. (Do not				1		
	include any "unusual grants,")						
2	Gross receipts from admissions,			<u> </u>	···		<del> </del>
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						ļ
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that			<u> </u>	-	-	<del> </del>
	are not an unrelated trade or bus-	1					
	iness under section 513			1			
4	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf				1 1		•
5	The value of services or facilities		<u> </u>	1		<del> -</del>	<del></del>
	furnished by a governmental unit to			}			
	the organization without charge						
6	Total. Add lines 1 through 5	·		· · · · · · · · · · · · · · · · · · ·		<del></del>	
	Amounts included on lines 1, 2, and						·
	3 received from disqualified persons	1					ļ
t	Amounts included on lines 2 and 3 received				<del>//                                   </del>	<del>                                     </del>	
	from other than disqualified persons that		1		7		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b				<del></del>		
	Public support. (Subtract line 7c from line 6,)				E		
Sec	ction B. Total Support		1		**************************************	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) \$920	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		1-7				
10a	Gross income from interest, dividends, payments received on					,	
	securities loans, rents, royalties.		<b>*</b>				
	and income from similar sources				<u> </u>		
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 on line 10b, whether or not the business is			ļ			
	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.)						
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	in .
	check this box and stop here	-			, • • • • • • • • • • • • • • • • • • •	o (lo)(o) or garitzatio	"' <b>,</b>
Sec	tion C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2023 (iii	ne 8, column (f), di	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part I	II, line 15			16	<u></u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20.	23 (line 10c, colum	n (f), divided by lin	ne 13, column (f))	· · · · · ·	17	%
18	Investment Income percentage from 2	2022 Schedule A, F	N			18	
19a	33 1/3% support tests - 2023. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualit	ies as a publiciv s	upported organizat	tlon	
b	33 1/3% support tests - 2022. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3% a	
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions	
	3 12-21-23		<del>-</del>				(Form 990) 2023

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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.
- 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 lines 3b and 3c 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 17(tc)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such see
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have as IRS attermination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what contrats the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported a gasizations during the tax year? if "Yes," answer lines 5b and 5c below (if applicable). Also, provide deail in Para 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 algoument).
- 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?
- Did the organization provide support (weather in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
  If "Yes," complete Part I 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.)

	Yes	No
		<b>**</b>
1	<u> </u>	
-		
2 3a		
3b	1,8	
3c		<u>.</u>
4a % 4b		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
<b>2</b>		
4c		
<u>5a</u> 6b		II.
50		
6 1		
8	,	
8 9a		
		1
1-80%(3000:12)		
9c 10a		
100		
10b	rammiidd (*	mile v
e A (Form	990)	2023

Р	artiv Supporting Organizations (continued)	, ugo o
		Yes No
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 on lines 11b and	
	11c below, the governing body of a supported organization?	11a
	A family member of a person described on line 11a above?	11b
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
	detail in Part VI.	11c
Se	ction B. Type I Supporting Organizations	
		_ Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	
	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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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.	2
Se	ction 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 author directors	A 120
	or trustees of each of the organization's supported organization(s)? If "No," describe in Page Vincow control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
50	ction 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, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the tate of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees effect an appointed or elected by the supported	
	organization(s) or (ii) serving on the governing book 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).	_ 2
3	By reason of the relationship described on lines, above, and the organization's supported organizations have a	
	significant voice in the organization's investment solicies and in directing the use of the organization's	
	income or assets at all times during the ax year? If "Yes," describe in Part VI the role the organization's	
Sec	supported organizations played in this regard. Etion E. Type III Functionally Integrated Supporting Organizations	
<b>1</b> a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test, Complete line 2 below.	s).
b	The organization is the parent of each of its currented executations.	
C	S I was been a supported or gain additional. Complete wife a Delow.	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see a Activities Test. Answer lines 2a and 2b below.	
- a		Yes No
	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 on line 2a, above, constitute activities that, but for the organization's involvement,	2a
_	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	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b
a	Production of the contract of	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b
	The top water by the order than the treater.	<u> </u>

332025 12-21-23

V	edule A (Form 990) 2023 CATHOLIC CHARITIES OF	LONG	ISLAND 1	.1-1843801 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a quali- All other Type III non-functionally integrated supporting organizations m	fying trust or just complet	n Nov. 20, 1970( <i>explain in</i> less Sections A through E	Part VI). See instructions.
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	<u>.</u>	<del></del>
_2_	Recoveries of prior-year distributions	2	*	<del>""</del>
3	Other gross income (see instructions)	3	·	
4	Add lines 1 through 3.	4		<del> </del>
5	Depreciation and depletion	5	···	<del>-</del>
6	Portion of operating expenses paid or incurred for production or			<u> </u>
	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	<u>.</u>	<del></del>
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
1	Acquired fair market value of all value of a	- AN 181	**************************************	(optional)
'	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b	<u> </u>	
	Fair market value of other non-exempt-use assets	1c	<b>Y</b>	
	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,		•	<u> </u>
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	" "	
_6_	Multiply line 5 by 0,035.	6	<del></del>	
_ 7	Recoverles of prior-year distributions	7	<del>-</del>	·
_8_	Minimum Asset Amount (add line 7 to line 6)	8	- //-	
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A line 8, column A)			
2	Enter 0.85 of line 1.	1 2		
_3	Minimum asset amount for prior year (from earling B, line 8, column A)	3		<del></del>
4	Enter greater of line 2 or line 3,	4		
5	Income tax imposed in prior year	5		<del></del>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			·

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

CATHOLIC CHARITIES OF LONG ISLAND Schedule A (Form 990) 2023 11-1843801 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of Income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required · provide details in Part VI) 5 Other distributions (describe in Part VI). See Instructions. 6 Total annual distributions, Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions, Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (1) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see Instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4 Remaining underdistributions for years for to 202 any. Subtract lines 3g and 4a from line 2, P instructions than zero, explain in Part VI. See Remaining underdistributions for 1923. btract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3i and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 Excess from 2023

Schedule A (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND 11-1843801 Page 8 [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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2019 AMOUNT: \$ 175,226.

2020 AMOUNT: \$ 59,809.

2021 AMOUNT: 206,615.

2022 AMOUNT: 236,324.

2023 AMOUNT: \$ 132,951.

REALIZED SPECIAL NEEDS HOUSING INCOME

2021 AMOUNT: \$ 713,483.

2022 AMOUNT: \$ 831,555.

DISABILITY REFUND PAYMENTS

2019 AMOUNT: 15,831

202<u>0 AMOUNT</u>: 11, 212

2021 AMOUNT: 9,035

2022 AMOUNT:

2023 AMOUNT: \$

INS CLAIM PAYMENTS

2019 AMOUNT: \$ <u>5</u>4,917.

2020 AMOUNT: \$ 46,317.

2021 AMOUNT: \$ 71,002.

2022 AMOUNT: \$ 49,614.

2023 AMOUNT: \$ 104,571.

HEALTH INS PREM DISCOUNTS

332028 12-21-23

NYSIF ADJUSTMENT

2022 AMOUNT: \$ 30,485.

332028 12-21-23

332028 12-21-23

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

Pa	Organizations Maintaining Donor Advised	1 Funds or Other Similar Funds	or Assour	11-1843801
: 3	organization answered "Yes" on Form 990, Part IV, line	e 6.	or Accoun	us. Complete if the
		(a) Donor advised funds	(h) Fun	ds and other accounts
1	Total number at end of year	(e) some devices relied	(a) r (a)	do and other accounts
2	Aggregate value of contributions to (during year)			<del></del>
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 v	witing that the assets held in donor advis-	ad funda	
•	are the organization's property, subject to the organization's	evolusive legat control?	eu iunus	
6	Did the organization inform all grantees, donors, and donor ad	lyisars in writing that grant funds can be	ueed anly	Yes L. No
_	for charitable purposes and not for the benefit of the donor or			
		constantion, or for any other purpose t		□ v <sub>20</sub> □ u <sub>2</sub>
Pa	Till Conservation Easements. Complete if the org	anization answered "Yes" on Form 990.	tart IV. line 7	Yes No
1	Purpose(s) of conservation easements held by the organization		artty, mio 7.	···
	Preservation of land for public use (for example, recreat		Metorically	important land area
	Protection of natural habitat	Preservation of	a certified bid	torio etructuro
	Preservation of open space		a corunea me	sone structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution as to form	of a conserved	ion consment on the last
	day of the tax year.	od odnoci vation comabational metorini	Di a consciva	Held at the End of the Tax Year
а	Total number of conservation easements		2a	THOSE ET ALL CHARLES AND THE TEXT TEXT
b			·····	
c	Number of conservation easements on a certified historic stru	cture includes on line as		
d	A CONTRACTOR OF THE CONTRACTOR			<del>"</del> ,
-	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			duting the toy
	year	assoc, extragalistics, or terminated by the	Organization	during the tax
4	Number of states where property subject to conservation east	age his located		
5	Does the organization have a written policy regarding the peti-			
-	violations, and enforcement of the conservation vasements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation ease	Yes No
		and differential and differential delice	D. VIII. OIL OIL OIL OIL OIL OIL OIL OIL OIL OIL	monts during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	ion easement	s during the year
		To the second se	, or , date in , circ	o daming the your
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)	(4)(B)(i)	
	and a stranger of the stranger			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense :	statement and	
	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.			
Par	tilli Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar	Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sh	eet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fur	rtherance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of pub	lic service.
	provide the following amounts relating to these items.			
	(f) Revenue included on Form 990, Part VIII, fine 1		9	S.
				<u> </u>
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide	
	the following amounts required to be reported under FASB AS		Gard brotide	
а	Revenue included on Form 990, Part VIII, line 1			3
b	Assets included in Form 990, Part X		\$	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

Sch De	edule D (Form 990) 2023 CATHOLI	C CHARITIES	OF LONG	ISLAND		11-18	4380	1 Page 2
	ort III Organizations Maintaining C	ollections of An	t, Historical Tre	asures, or Oth	ier Simila	ır Asset	s <sub>(contii</sub>	
3	Using the organization's acquisition, accessi	on, and other record:	s, check any of the f	following that make	e signifi <b>cant</b>	use of its		
	collection items (check all that apply).							
a	=	d		hange program				
b		e	Other	<del></del>				
٥								
4	Provide a description of the organization's or	ollections and explain	how they further th	e organization's ex	kempt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simi	lar assets		_	
Da	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal	gernents Complet	te if the organization	answered "Yes" o	on Form 990	), Part IV, I	ine 9, or	
ıa	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets n	ot included		_	
	on Form 990, Part X?	******************************				L <u>X</u>	Yes	☐ No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
_	Designation is a few and				<u> </u>		Amoun	
G	Beginning balance				<u>1c</u>	<u> </u>		7,075.
0	Additions during the year		***************************************		, <u>1d</u>	<u> </u>		3,475.
e			************************			<u> </u>		8,629.
70	Ending balance	000 5			11	L	<u>6</u> 2	<u>1,921.</u>
∠ai	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	stodial account lia	llty?	L	Yes	X No
Pa	If "Yes," explain the arrangement in Part XIII.  The Endowment Funds Complete if	Check here if the exp	planation has been p	<u>provided in Part XII</u>	<u> </u>			
- 40077	Endowment Funds Complete if	(a) Current year						
1a	Beginning of year balance	1,732,839.		(c) two years back	<del></del>	years back		years back
b		1,732,833.	2,241,35	,993,816	1,	189,693.	1,	530,412.
C	Contributions  Net investment earnings, gains, and losses	195,718.	-08,518	212.511	<del> </del>		<u> </u>	<del>_</del>
d	Grants or scholarships	133,710.	-900,514	247,541	+	204,123.		259,281.
e	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·	<del> </del>			
_	and programs							
f	Administrative expenses				<del>  -</del>	<del></del>		<del></del>
g	End of year balance	1,928,557	1,732,839.	2,241,357				
2	Provide the estimated percentage of the curre				•} +,3	93,816.	1,	789,693,
a	Board designated or quasi-endowment	000	npere ig, columni(a)) nov	neid as:				
b	Permanent endowment 100	94	_/0					
С	Term endowment .0000							
	The percentages on lines 2a, 2b, and 2c shou	ld Assual 100%						
За	Are there endowment funds not in the passes	sion of the organizati	ion that are held on	d administered for	م ملا			
	organization by:	To briganizati	on that are neid dik	a administered to:	uie		г	V 1 N-
	(i) Unrelated organizations?						_	Yes No
			***************************************				3a(i)	
b	If "Yes" on line 3a(ii), are the related organizat	lons listed as require	d on Schedule B2	***************************************			3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds			************	_3b	
Par	t VI Land, Buildings, and Equipme	ent	Traine (a)					<del></del>
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	e Form 990, Part	C. Une 10.			
	Description of property	(a) Cost or oth			Accumulate	<u>_</u>	(all Dool	
	, , , ,	basis (investme	V-7	, , ,	Accumulate lepreciation		(d) Book	. value
1a	Land	<del></del>	, , , , , , , ,	2,795.			972	705
	Buildings				001,2	2007 1 1/21		795.
С	Leasehold improvements	·		·	910,6			3,705.
d	Equipment	-			308,3			,208.
	Other			2,674.	697,89			782.
Total.	Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Part V	line 10c column //	211	<i>v.,,</i> u.			0.061.
		The second of th	mad root committee	481 3-11-14-20-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4			<u>-,,040</u>	, O O T +

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

Schedule D (Form 990) 2023

3,141,782.

(8) (9)

Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))

332054 09-28-23

Schedule D (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND  Part XIII Supplemental Information (continued)	11-1843801 Page 5
PART X, LINE 2:	
MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AN	D CONCLUDED
THAT THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITI	ONS THAT
REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WIT	н тне
PROVISIONS OF ASC 740.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS - DIRECT EXPENSES	149,161.
RENTAL EXPENSES	26,659.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	175,820.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY SUBSIDIES	216,320.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS - DIRECT EXPENSES	149,161.
RENTAL EXPENSES	26,659.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	175,820.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY SUBSIDIES	216,320.
	<del></del>
	<u> </u>
	Ψ

### SCHEDULE G (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

ntered more than \$15,000 on Form 990-EZ, line ( Attach to Form 990 or Form 990-EZ. 2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number CATHOLIC CHARITIES OF LONG ISLAND 11-1843801 Fundraising Activities. Complete if the organization answered "Yes" on 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 X Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events d X In-person solicitations 2 a 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? X Yes □ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (iii) Oid fundraiser have oustody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross acceip to (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) fundraiser tivity organization listed in col. (I) COMMUNITY COUNSELING SERVICE No CO, LLC - PO BOX 824885, MAJOR GIFTS SOLICITATION 90,000. -90,000. 90,000. -90,000. 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.

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

SEE PART IV FOR CONTINUATIONS

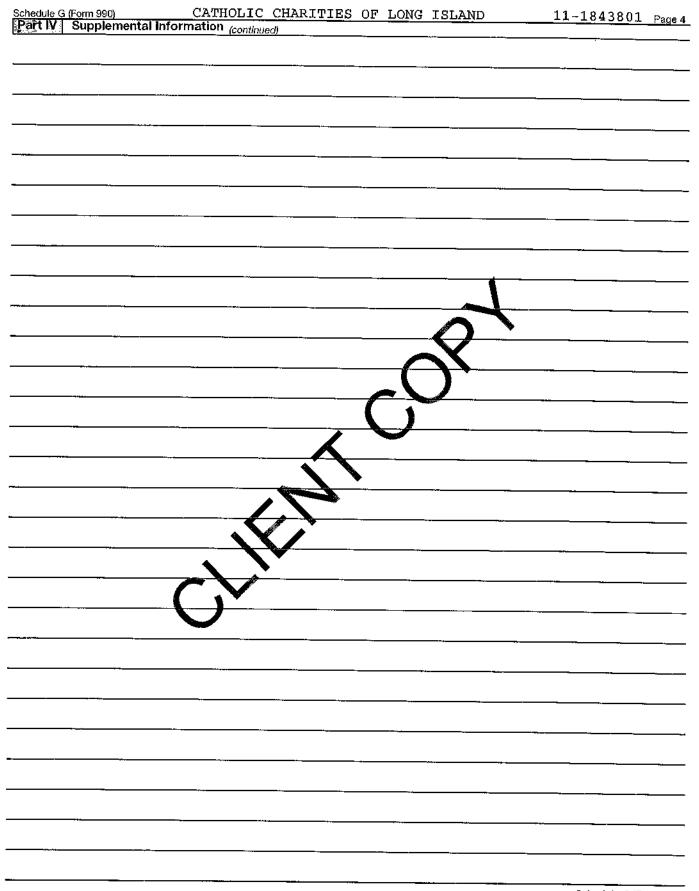
Schedule G (Form 990) 2023

LHA 332081 09-13-23

_		Fundraising Events. Complete if the of fundraising event contributions and grant of fundraising events.	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receip	more than \$15,000 ts greater than \$5,000.
			(a) Event #1	(b) Event #2 CARITAS	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING	DINER	- <u>-</u>	col. (c))
eg.			(event type)	(event type)	(total number)	COI. (G))
Revenue	1	Gross receipts	265,174.	211,667.		476,841.
	2	Less: Contributions	160,205.	168,235.		328,440.
	3	Gross Income (line 1 minus line 2)	104,969.	43,432.		148,401.
	4	Cash prizes		· · · · · · · · · · · · · · · · · · ·		
γį	5	Noncash prizes	20,724.	12,500.		33,224.
Direct Expenses	6	Rent/facility costs			1	
irect E	7	Food and beverages	71,420.	19,032		90,452.
	8	Entertainment				
- 1		Other direct expenses		1,000		24,725.
		Direct expense summary. Add lines 4 through				148,401.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			0.
Pai	1		inswered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
<del></del>		\$15,000 on Form 990-EZ, line 6a.				· · · · · · · · · · · · · · · · · · ·
Revenue			(a) Binge	(b) dil tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- A	1	Gross revenue			19,500.	<u>19,500.</u>
8	2	Cash prizes			<u></u>	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses		<u> </u>	760. X Yes 100 %	760.
	6	Volunteer labor	Yes % No	Yes %	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			760.
$\perp$	8	Net gaming income summary. Subtract line 7 t	from line 1, column (d)		<u></u>	18,740.
9 E	nte	er the state(s) in which the organization conduc	ts gaming activities: N	Y		
al	s th	e organization licensed to conduct gaming act o," explain:	ivities in each of these s	tates?		X Yes No
-	Vere	e any of the organization's gaming licenses rev	oked, suspended, or ten	minated during the tax ye	ear?	Yes X No
iua /		and the control of th				
ld d	Υ'	es," explain:				·

Schedule G (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND 11-1843801 Page 15 CATHOLIC CHARITIES OF LONG ISLAND 11-1843801	ie 3
11 Does the organization conduct gaming activities with nonmembers?	_
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?	No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	%
b An outside facility  13b 100.00  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u>%</u>
the title traine and address of the person who prepares the organization's gaming/special events books and records:	
Name MAREN HENDERSON	
Address 90 CHERRY LANE - HICKSVILLE, NY 11801	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	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 :	
Name	
Address	
16 Gaming manager information:	
Name MAREN HENDERSON	
Gaming manager compensation \$ 12,820.	
Description of services provided OVERSIGHT OF CAMING ACTIVITES	
Director/officer	
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?	Nο
b Enter the amount of distributions equired understate law to be 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, 10	٥,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
The state of the s	—
(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO, LLC	
(I) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182	
(1) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182	_
	—
	_
	—
332083 09-13-28 Schedule G (Form 990) 2	322

10210620 144198 83837



SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

2 [] Employer identification number SUBSIDY FOR THE OPERATING SUBSIDY FOR THE OPERATING Schedule I (Form 990) 2023 11 - 1843801Inspection (h) Purpose of grant X Yes inswered "Yes" on Form 990, Part IV, line 21, for any REFICITS. BFICITS 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 (g) Description of noncash assistance (Book MV, appraisal, other) (f) Met od Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Go to www.irs.gov/Form990 for the latest information, 0 Ġ. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 199,408 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CATHOLIC CHARITIES OF LONG ISLAND (c) IRC section (if applicable) 11-3260120 501(C)(3) 51-0228905 501(C)(3) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part ... General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CATHOLIC CHARITIES HEALTH SYSTEMS CENTRE, INC. - 90 CHERRY LANE -CORPORATION - 90 CHERRY LANE OF THE DIOCESE OF ROCKVILLE REGINA MATERNITY SERVICES or government HICKSVILLE, NY 11801 HICKSVILLE, NY 11801 Name of the organization Part II

LHA

Schedule | (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND

Part III

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

Page 2

11-1843801

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) EOPLE FOR THE PROVISION OF FOOD AND column (b); and any other additional information. SS THROUGH FEDERAL FUNDS TO HELP (d) Amount of non-cash assistance · 20,000, (c) Amount of cash grant Part W. Supplemental Information. Provide the information required in Part Mine (b) Number of recipients 1684 EMERGENCY FOOD AND SHELTER PROGRAMMERE ELES HUNGRY AND HO (a) Type of grant or assistance EMERGENCY FOOD AND SHELTER PROGRAM MEET THE NEEDS OF PART I, LINE 2:

~... j

PART II, LINE 1

SHELTER.

CATHOLIC CHARITIES SUBSIDIZED THE OPERATING DEFICITS OF DURING 2023,

REGINA MATERNITY SERVICES CORPORATION AND CATHOLIC CHARITIES HEALTH

SYSTEMS OF THE DIOCESE OF ROCKVILLE CENTRE, INC.

332102 11-01-23

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

CATHOLIC CHARITIES OF LONG ISLAND 11-1843801
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 on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		3.00 3.00 3.00	
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	î		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on 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,	2		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b	B 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	2
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 162			9 - S
	additions, and officers, including the OEO/Executive Director, regarding the items checked on line	2		192 - aut
3	Indicate which, if any, of the following the organization used to establish the compensation of the frequenciation's			
•	CEO/Executive Director. Check all that apply Do not check any have a few as the decident and the arganization's			ý
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the GEO/Executive Director, but explain in Part III.			
	▼			
				* 4
	Form 990 of other organizations  X Appraval by the board or compensation committee			
4	During the year did pay payen listed on Faur 000 Part VII C. II & II .	3.5		1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
_	organization or a related organization:			
di h	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c	Sexe.	X
	If "Yes" to any of lines 4a-c, list the persons and previde the applicable amounts for each item in Part III.			
	Only continue Fortision Fortision and Fortision and		7	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(2), organizations must complete lines 5-9,			
5	For persons listed on Form 990, Part VII. Section A line*1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	\$	2005 2005	
	The organization?	_5a		X
E)	Any related organization?	5b	3 - 3 - 134	_X_
_	If "Yes" on line 5a or 5b, describe it Part III.		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			K
_	contingent on the net earnings of: The expeniention 2			
	The organization?	6a		<u> </u>
W	Any related organization?	6b	- ANY XXII.	X
7	If "Yes" on line 6a or 6b, describe in Part III.			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			######################################
0	not described on lines 5 and 6? If "Yes," describe in Part {}	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	<u></u> 9 ∣		

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

Page 2

Schedule J (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND 11-1843801

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(0-(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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL F. ENGELHART	ε	250,832.	0.	3,117.	32,461.	25,609.	312,019.	
	(ii)	0	0.	0	1	0	-I	0
(2) RICHARD BALCOM	ε	222,564.	0.	650.	.008	38,575.	293,589.	0
TREASURER/CHIEF FINANCIAL OFFICER	€	0.	0.	0.	0	0		0
(3) MICHAEL E. SMITH	8	252,290.	0.	8,655.	.167.	10,161.	280,273.	0
	1	0	0.	0	0	0		0
	<b>=</b>	179,753.	0.	683.	7,147.	733.	188,316.	0
SCTOR OF HOUSING & LEGAL AFFAIRS	₿	0.	0	٥.	0.	0	0	0.
(5) FRANCIS DOOLEY JR	ε	140,638.	0	0.	4,501.	28,375.	173,514.	0
띴	Ξ	0	0.	0	0.	0	0	0
(6) ERIN SHIRVELL	€	110,060.	0.	93.	5,004.	42,015.	157,172.	0
DIRECTOR OF FINANCE	₿	0.	0	0.	0.	0	0	0.
(7) ELIZABETH CURRAN	8	137,679.	0	0.	5,548.	13,741.	156,968.	0
81	₿	0.		0.0	0	0	·	0
(8) ROBERT MANFREDI	ε	146,061.		0.	5,741.	1,708.	153,510.	0
DIRECTOR OF INFORMATION & TECHNOLOGY		0	0	0.	0	0	-1	0.
	€		\ \ *					
	⊞							
	€							
	Ξ							
	€	*	>					
	8							
	<b>E</b>							
	€							
	ε							
	€							
	<b>=</b>	-						
	≣							
	€							
	▣							
	ε							

Schedule J (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND

Faralle 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.

2023 Open to Public Inspection Schedule K (Form 990) 2023 (i) Pooled financing Yes No × Employer identification number OMB No. 1545-0047 운 (g) Defeased (h) On behalf Yes No 11 - 1843801M of issuer ۵ Yes ŝ × Yes ŝ (f) Description of purpose O Yes REFINANCE OF Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. 1,779,000. ESIDENCES Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information ŝ щ Supplemental Information on Tax-Exempt Bonds χes. (e) Issue price **g**00. 1,743,420. 1,779,000 35,580 × × Š 2015 (d) Date issued 06/17/15 Yes × OF LONG ISLAND (c) CUSIP# NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if For Paperwork Reduction Act Notice, see the Instructions for Form 990, 27-4291221 (b) Issuer EIN CHARITIES issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds NASSAU COUNTY OF LOCAL A ECONOMIC ASSISTANCE CO CATHOLIC Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name final allocation of proceeds? Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part m ល φ ø ç 5 웨 4 5 옏

42

Ψ

Schedule K (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISI	ISLAND		11-1	11-1843801				Page 2
1 Was the person parties a contract in a marketocking on a manufacture of and 170	∢ ;		2			· ·		
	Yes	S ×	Yes	ON N	kes	ž	Yes	No N
Are there any lease arrangements that may result in private business use of bond-financed property?		*						
3a Are there any management or service contracts that may result in private this inserting the of hond-financed contracts.	į	: Þ						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other curtains		4	•					
reements that may result in private bus			1					
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreement polytics to the former of the former			\					
4 Enter the hernentage of financial property used in a private business use by entities								
J		% 00	•	%		%		8
5 Enter the percentage of financed property used in a private business use as a		)			į	2	i.	Ŗ.
result of unrelated trade or business activity carried on by your organization,	_	_						
another section 501(c)(3) organization, or a state or local government		% 0,8		%		%		%
6 Total of lines 4 and 5		% 00.		%		3%		8 %
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
- 1		×			į			
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1.141-12 and 1.145-2?								
۱Ã								
nonqualified bonds of the issue are remediated in accordance with the						•		
requirements under Regulations sections 1.141-12 and 1.145-27		X				-		
PartilV Arbitrage		:						
	۲ :		<b>6</b>				<b>아</b>	
Described in the form Subsective Repairs, Yeld Reduction and	Yes	2 0	Yes	ž	Yes	2	Yes	Ŷ
		4						
2 If "No" to line 1, did the following apply?						3	•	
a Rebate not due yet?	×						_	
b Exception to rebate?		X						
c No rebate due?		×	-1.	_				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?	-	×					-	
ដ	i	<b> </b>				Sche	Schedule K (Form 990) 2023	5000 1000
						;	and the same	ممدر دمدت

Ì

Schedule K (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND  Partilly: Arbitrage (continued)	AND		111-	-1843801				Page 3	
4a Has the organization or the governmental issuer entered into a gualified	Yes	2	Š	8	,	<u>ا</u>		]  -	
hedge with respect to the bond issue?		×	651	INC	8	Ž	88	ON.	
b Name of provider	İ								
c lerm of nedge	_								
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×	<b> </b>				 		
b Name of provider	]								
c Term of GIC			1						
ᆔ				<u> </u>		-			
6 Were any gross proceeds invested beyond an available temporary period?		×			_				į
7 Has the organization established written procedures to monitor the									
requirements of section 148?		×	•						
Pare V. Procedures To Undertake Corrective Action									
			ļ	<u></u>		0			
ries die olganization established witten procedures to ensure that violations	Ye	No.	Yes	2	Yes	£	Yes	No	
of rederal tax requirements are timely identified and corrected through the	)	•					<b></b>		
Voluntary closing agreement program if self-remediation isn't available under		1						·—·	
applicable regulations?  Part M. Subblemental Information. Provide additional information for reconnece to missions.		A distriction							
The state of the s	<u>.</u>	oce instru	Stions.						
		į							
				1					
					i				
			ļ						
								1	
				•					)
TATE TOWNS									
1907									
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									
							!		
	i							<u> </u>	
							<b>!</b>		
332123 09-15-23						Sci	Schedule K (Form 990) 2023	m 990) 2023	

## 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number 11-1843801

		(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		T.,,,		-
2	Art - Historical treasures			<u>"</u>	7-
3	Art • Fractional Interests				
4	Books and publications			<u> </u>	
5	Clothing and household goods				
3	Cars and other vehicles				
7	Boats and planes				<u> </u>
3	Intellectual property		**		
)	Securities - Publicly traded	X	1	15 344.	FAIR MARKET VALUE
•	Securities - Closely held stock				
	Securities - Partnership, LLC, or				· -
	trust interests		}		
2	Securities · Miscellaneous				
ļ	Qualified conservation contribution -				
	Historic structures	1		~ \	
	Qualified conservation contribution - Other				
,	Real estate - Residential				
	Real estate - Commercial				
	Real estate - Other				
;	Collectibles		•		
•	Food inventory				
,	Drugs and medical supplies	7			
	Taxidermy				
	Historical artifacts				
	Scientific specimens				
	Archeological artifacts			, P.W.	· · · · · · · · · · · · · · · · · · ·
	Other (SPECIAL EVEN'T)	$\mathbf{x}$	112	33,224.	SALE OF COMPARABLE
	Other (HYGIENE KITS	X	300		SALE OF COMPARABLE
	Other (	1		···	
	Other (				
	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions	
	for which the organization completed Form 82				0
		,, =			Yes
а	During the year, did the organization receive by	v contribution	n anv property rend	orted in Part I lines 1 through	
	must hold for at least 3 years from the date of	the initial cor	atribution, and which	ch isn't required to be used f	Or .
	exempt purposes for the entire holding period	ח			W.M. (1997)
6	If "Yes," describe the arrangement in Part II.		***************************************		
	Does the organization have a gift acceptance	oolicy that rec	nuires the review o	f any nonetandard contributi	
	Does the organization hire or use third parties				ons? 31
-					_
h	contributions?  If "Yes," describe in Part II.		e		32a
	If the organization didn't report an amount in c	ntumn (a) 4	a has af access to	formulately a character of the co	
	describe in Part II.	oranin (c) 107	a type of property	ior writen column (a) is chec	кеа,
	Geschide in Mart II.				T 0, 2 3, 6 6 1 3 5 5 7 5 7 1 1

LHA 332141 09-11-23

art II	Supplemental Information. Provide the information required by Part Libres 30b, 32b, and 3	11-1843801	_Pag
	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	ം, and whether the organization nbination of both, Also compl	on ete
CHEDU	LE M, PART I, COLUMN (B):		
	· · · · · · · · · · · · · · · · · · ·		
ae nu	MBER IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CON	TRIBUTIONS.	
		-	
		<del></del>	
_			
		<del>-</del>	
		· · · · · · · · · · · · · · · · · · ·	
101			
		· · · · · · · · · · · · · · · · · · ·	
	- Company of the Comp		
		<del>"" ""</del>	

Schedule M (Form 990) 2023

## SCHEDULE O (Form 990)

## 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 Form 990-EZ.

Go to www.irs.goy/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CATHOLIC CHARITIES OF LONG ISLAND	<u> 11-1</u> 843801
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CATHOLIC CHARITIES OF LONG ISLAND SHARES THE LOVE OF JESUS	BY OFFERING
DIGNIFIED AND COMPASSIONATE CARE TO POOR AND VULNERABLE NE	GHBORS OF
EVERY FAITH AND BACKGROUND. AS A MINISTRY OF THE ROMAN CATH	HOLIC CHURCH,
OUR WORK IS INSPIRED BY THE GOSPEL MESSAGE THAT EVERY HUMAN	V LIFE IS
SACRED.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
CATHOLIC CHARITIES OF LONG ISLAND SHARES THE LOVE OF JESUS	BY OFFERING
DIGNIFIED AND COMPASSIONATE CARE TO POOR AND VULNERABLE NEI	GHBORS OF
EVERY FAITH AND BACKGROUND. AS A MINISTRY OF THE ROMAN CATH	OLIC CHURCH,
OUR WORK IS INSPIRED BY THE GOSPEL MESSAGE THAT EVERY HUMAN	LIFE IS
SACRED.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION A, LINE 6:	
THE MEMBER OF THE CORPORATION IS THE MOST REVEREND BISHOP O	F THE DIOCESE OF
ROCKVILLE CENTRE, WHO SHALL BE THE PRESIDING MEMBER. THE F	<del></del>
MAY APPOINT ADDITIONAL MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	_
THE MEMBER OF THE CORPORATION IS THE MOST REVEREND BISHOP C	F THE DIOCESE OF
	RESIDING MEMBER
MAY APPOINT ADDITIONAL MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBER'S RIGHTS ARE OUTLINED WITHIN THE BY-LAWS OF THE	ORGANIZATION.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Employer identification number 11-1843801

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES TO READ AND PROVIDE

COMMENTS WHERE NECESSARY. THE 990 IS REVIEWED INTERNALLY BY THE CHIEF

EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER AND EXTERNALLY BY OUR

INDEPENDENT AUDITORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, THE INTERNAL AUDITOR PREPARES A REPORT FOR THE CHIEF EXECUTIVE OFFICER ("CEO") LISTING ALL POTENTIAL CONFLICTS & INTEREST REPORTED ON THE ANNUAL DECLARATIONS COMPLETED BY ALL FULL AN PAR TIME EMPLOYEES, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS. SHOULD AN ACTUAL OR POTENTIAL CONFLICT BE DISCLOSED, IT IS REVIEWED BY THE GEO AND BOARD OF TRUSTEES. IF, AFTER REVIEW IT IS DETERMINED A CONFLICT EXICTS THE INTERESTED PARTY MAY MAKE A PRESENTATION TO THE CEO AND BOAND TRUSTEES. AFTER THE PRESENTATION, THEY SHALL LEAVE THE MEETING FOR A DISC OSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS THE CONFLICT OF INTEREST. IM

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNANCE AND LEADERSHIP COMMITTEE OF THE BOARD OF TRUSTEES, ON AN ANNUAL BASIS REVIEWS SALARIES OF EXECUTIVE MEMBERS OF THE AGENCY, WHICH INCLUDE THE CEO, COO AND CFO, BASED ON NON-PROFIT SALARY SURVEYS. THE COMMITTEE MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR COMPENSATION OF THESE MEMBERS. DURING THE EXECUTIVE SESSION OF THE FULL BOARD, THE COMPENSATION ADJUSTMENTS ARE APPROVED. ONCE APPROVED, THE BOARD CHAIR WRITES A FORMAL LETTER APPROVING THE COMPENSATIONS OF THE OFFICERS WHICH IS THEN PROCESSED BY HR.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Attach to Form 990.

2023

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number 11-1843801 CATHOLIC CHARITIES OF LONG ISLAND

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

Direct controlling swered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Ξ End-of-year assets Ē Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

Ē £ ê Ē O Identification of Related Tax-Exempt Organizations. Complete if the organizations during the tax year. Ō

Name, address, and EIN of related organization	Printery and Mity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) led ?
				501(c)(3))		Yes	õ
CATHOLIC CHARITIES SUPPORT CORPORATION -	\ \ \ (						
11-3275188, 90 CHERRY LANE, HICKSVILLE, NY		···					
11801	LEVESTME TS/PROPERTIES	NEW YORK	501(C)(3)	LINE 1	N/A		×
CATHOLIC CHARITIES HEALTH SYSTEMS OF THE							
DRVC, INC 11-3250120, 90 CHERRY LANE,							
HICKSVILLE, NY 11801	PROPERTY	NEW YORK	501(C)(3)	LINE 1	N/A		×
REGINA MATERNITY SERVICES CORPORATION -							
51-0228905, 90 CHERRY LANE, HICKSVILLE, NY	<b>1</b> "-1						
11801	MATERNITY SERVICES	NEW YORK	501(C)(3)	LINE 7	N/A		×
					:		
	1						

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

ĽΗ 332161 09-28-23

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND

Page 2 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. 11-1843801

<del></del>	Identification of Related Organizations Taxable as a Corporation or Trust. Complete Figher organizations treated as a corporation or trust during the tax year.  (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	doodlo	은본
			Ves No

11-1843801

Party: 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.

t During the tax year, did the organization engage in any of the following transactions with one or more related promotives in the organization in the property of the contractions in the contraction in t	one with one or more ra	hatal anathariaena batal	2	1 es No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ajj		of Falsa Intv (	*
b Gift, grant, or capital contribution to related organization(s)				X X
c Gift, grant, or capital contribution from related organization(s)				╀
d Loans or loan guarantees to or for related organization(s)				╀
		<b>T</b>		<b>4</b>
f Dividends from related organization(s)				
		1		+
h Purchase of assets from related organization(s)				<b>∀</b> Þ
				+
j Lease of facilities, equipment, or other assets to related organization(s)				<   >
				<b>:</b>
k Lease of facilities, equipment, or other assets from related organization(s)				1k   X
Performance of services or membership or fundraising solicitation	ganization(s)	)		X
Performance of services or membership or fundraising solicitation	janization(s)			1m X
	ation(s)			1n X
o Sharing of paid employees with related organization(s)	<b>\</b>			10 X
				1p X
q reminulisement paid by related organization(s) for expenses	1			1g X
r Other transfer of cash or property to related organization(s)				<b>&gt;</b>
s Other transfer of cash or property from related organization(s)	•			4
2 If the answer to any of the above is "Yes," see the instructions for information	who must complete this	s line, including covered	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	volved
(1)				
(2)				
(3)				
4				ļ
(in				
(9)				
332163 09-28-23	52		Schedule	Schedule R (Form 990) 2023

Page 4

53

Schedule R (Form 990) 2023

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.

and the state of t	andenons regarding excit	Sion for certain inve	sument partnerships.							
(e)	(g)	0	<u>G</u>	(e)	(£)	(b)	E	(l)	()	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec.	Share of	Share of	Dispropor	Code V-UBI	General or Pe	ergentage
or entity		(state or foreign country)	excluded from tax under sections 512-514)	00163(3)	total income	end-of-year assets	allocations?	allocations of Schedule K-1 partners ownership	managing O	wnership
				<u>2</u>	•		Yes No	(1.003)	Yes No	
					-					
			-							
				<b>&gt;</b>		3	<del> </del>			
				_	_ >					
		**		_						
							†		+	
	-			_						
			<i>}</i>	-						
			<b>\</b>						_	
		•	1	<u></u>						
									_	
		\ \								!
			•							
					ļ					
	(	>							_	!
}		>		_						
		· •								
									•	
:			<del>-</del>					!		
			•				_			
		•								
					•			-		
									-	
				_						
				-			-  -		- -	

hedule R (Form 990) 2023 CATHOLIC CHARITIES OF LONG ISLAND art VII Supplemental Information	11-1843801 Pa
art VIII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
	<del></del> -
	<del></del>
	·
<b>(</b>	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	<u>"-                                    </u>
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	<del></del>
	<del></del>

332185 09-28-23