

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CATHOLIC CHARITIES OF LONG ISLAND
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
90 CHERRY LN
 City or town, state or province, country, and ZIP or foreign postal code
HICKSVILLE, NY 11801-6299

D Employer identification number
11-1843801

E Telephone number
516-733-7000

G Gross receipts \$ **37,075,040.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CATHOLICCHARITIES.CC**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1957** **M** State of legal domicile: **NY**

F Name and address of principal officer: **MICHAEL E. SMITH**
SAME AS C ABOVE

H(c) Group exemption number **0928**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE D				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	512	
	6 Total number of volunteers (estimate if necessary)	6	394	
	7a 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.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		16,979,330.	15,976,525.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,065,676.	20,211,036.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e)		319,551.	294,419.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,356,643.	417,240.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		38,721,200.	36,899,220.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		330,880.	236,320.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		27,858,378.	25,804,676.	
b Total fundraising expenses (Part IX, column (D), line 25)		120,000.	90,000.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		372,138.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,302,393.	10,939,373.	
Expenses	19 Revenue less expenses. Subtract line 18 from line 12	38,611,651.	37,070,369.	
		109,549.	-171,149.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	32,447,746.	31,018,832.
22 Net assets or fund balances. Subtract line 21 from line 20		10,557,544.	9,865,375.	
		21,890,202.	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: *[Signature]* Date: **6/28/2024**
MICHAEL E. SMITH, CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Print/Type preparer's name: **ELLEN M. LABITA, CPA** Preparer's signature: *[Signature]* Date: **4/20/24** Check if self-employed: PTIN: **P00140777**

Preparer Firm's name: **BAKER TILLY ADVISORY GROUP, LP** Firm's EIN: **39-0859910**

Use Only Firm's address: **1500 RXR PLAZA, WEST TOWER UNIONDALE, NY 11556** Phone no.: **631.752.7400**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

Part III 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

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

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

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

4a (Code:) (Expenses \$ 12,092,262. including grants of \$) (Revenue \$ 12,497,922.) OPWDD RESIDENTIAL SERVICES - CATHOLIC CHARITIES HAS OPERATED COMMUNITY RESIDENCES TO HELP DEVELOPMENTALLY DISABLED INDIVIDUALS ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND TO PARTICIPATE AS FULLY AS POSSIBLE IN THE SURROUNDING COMMUNITY.

4b (Code:) (Expenses \$ 5,744,997. including grants of \$) (Revenue \$) SENIOR SERVICES - CATHOLIC CHARITIES AIMS TO ENSURE THAT SENIORS CAN LIVE INDEPENDENTLY IN COMFORT AND SAFETY WHILE MAINTAINING 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 WHEELS PROGRAM, THREE SENIOR COMMUNITY SERVICE CENTERS AND FOUR CONGREGATE MEAL SITES.

4c (Code:) (Expenses \$ 3,988,208. including grants of \$) (Revenue \$ 3,433,354.) MENTAL HEALTH CLINICS - CATHOLIC CHARITIES OPERATES TWO OUTPATIENT CLINICS WHICH PROVIDE SERVICES TO CHILDREN, ADOLESCENTS, AND ADULTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,038,635. including grants of \$ 236,320.) (Revenue \$ 4,279,760.)

4e Total program service expenses 32,864,102.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> , as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and Form W-2G.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with questions 2a through 17 and Yes/No columns. Includes a large 'CLIENT COPY' watermark.

Part VI 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

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, 10a, 10b, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL F. ENGELHART SECRETARY/CHIEF OPERATING OFFICER	54.00 1.00			X				253,949.	0.	58,070.
(2) RICHARD BALCOM TREASURER/CHIEF FINANCIAL OFFICER	54.00 1.00			X				223,214.	0.	70,375.
(3) MICHAEL B. SMITH TRUSTEE/CHIEF EXECUTIVE OFFICER	54.00 1.00	X		X				260,945.	0.	19,328.
(4) JAY T. KORTH DIRECTOR OF HOUSING & LEGAL AFFAIRS	45.00 0.00				X			180,436.	0.	7,880.
(5) FRANCIS DOOLEY JR NURSE PRACTITIONER	40.00 0.00				X			140,638.	0.	32,876.
(6) ERIN SHIRVELL DIRECTOR OF FINANCE	40.00 0.00				X			110,153.	0.	47,019.
(7) ELIZABETH CURRAN NURSE PRACTITIONER	40.00 0.00				X			137,679.	0.	19,289.
(8) ROBERT MANFREDI DIRECTOR OF INFORMATION & TECHNOLOGY	40.00 0.00				X			146,061.	0.	7,449.
(9) LAURA A. CASSELL TRUSTEE/CEO TO 1/2023	54.00 1.00	X		X				94,558.	0.	3,243.
(10) THOMAS W. ALEXANDERSON BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(11) MSGR. JAMES VLAUN TRUSTEE/VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) THERESA AHLSTROM TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) WILLIAM AYERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) GERALDINE R. BRENNAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) CATHERINE A. CREIGHTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) ROBERT CROKE, JR TRUSTEE TO 6/2023	1.00 0.00	X						0.	0.	0.
(17) DEACON RAYMOND P. D'ALESSIO TRUSTEE	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRO. TIMOTHY DRISCOLL, S.M. TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) DAVID T. KLAUM TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) REGINA MCCARTHY WARREN TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) CHRISTOPHER PALMER TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) LISA A. SAVING FITZGERALD TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) JOSEPH TEDESCO TRUSTEE	1.00 0.00	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 1.00	X						0.	0.	0.
1b Subtotal								1,547,633.	0.	265,529.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,547,633.	0.	265,529.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEMOCARE THERAPIES, INC. 20 JERUSALEM AVE, HICKSVILLE, NY 11801	TEMPORARY STAFFING AGENCY	500,165.
CARSAN SERVICES, INC. 1502 GARDEN PLACE, BALDWIN, NY 11510	JANITORIAL SERVICES	253,445.
GETIXHEALTH, LLC PO BOX 676339, DALLAS, TX 75267	MEDICAL BILLING SERVICES	228,718.
EMPLOYER SOLUTIONS RESOURCES LLC DBA AXION PO BOX 789087, PHILADELPHIA, PA 19178	TEMPORARY STAFFING 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 listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	29,244.				
	b	Membership dues					
	c	Fundraising events	340,971.				
	d	Related organizations	957,000.				
	e	Government grants (contributions)	11,340,183.				
	f	All other contributions, gifts, grants, and similar amounts not included above	3,309,127.				
	g	Noncash contributions included in lines 1a-1f	51,568.				
	h	Total. Add lines 1a-1f		15,976,525.			
Program Service Revenue			Business Code				
	2 a	MEDICAID/MEDICARE	624100	15,347,441.	15347441.		
	b	PARTICIPANT FEES	624100	2,328,859.	2,328,859.		
	c	GOVERNMENT CONTRACTS	624100	1,404,945.	1,404,945.		
	d	THIRD-PARTY REIMBURSEMENTS	624100	687,895.	687,895.		
	e	OTHER PROGRAM REVENUE	624100	313,694.	313,694.		
	f	All other program service revenue	624100	128,202.	128,202.		
g	Total. Add lines 2a-2f		20,211,036.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		243,419.		243,419.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	136,352.			
			(ii) Personal				
			6a	136,352.			
	6 b	Less: rental expenses	6b	26,659.			
	6 c	Rental income or (loss)	6c	109,693.			
	d	Net rental income or (loss)		109,693.			109,693.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	0.			
	7 b	Less: cost or other basis and sales expenses	7b	0.			
7 c	Gain or (loss)	7c	51,000.				
d	Net gain or (loss)		51,000.			51,000.	
8 a	Gross income from fundraising events (including \$ 40,971 of contributions reported on line 1c. See Part IV, line 18)	8a	148,401.				
8 b	Less: direct expenses	8b	148,401.				
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19	9a	19,500.				
9 b	Less: direct expenses	9b	760.				
c	Net income or (loss) from gaming activities		18,740.			18,740.	
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	MISCELLANEOUS INCOME	900099	132,951.		132,951.	
	b	INS CLAIM PAYMENTS	900099	104,571.		104,571.	
	c	HEALTH INS PREM DISCOUNTS	900099	41,549.		41,549.	
	d	All other revenue	900099	9,736.		9,736.	
e	Total. Add lines 11a-11d		288,807.			288,807.	
12	Total revenue. See instructions		36,899,220.	20211036.	0.	711,659.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	983,611.	31,202.	952,409.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,161,540.	16,539,741.	1,488,565.	133,234.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	979,336.	805,426.	161,482.	12,428.
9 Other employee benefits	4,690,556.	4,295,333.	368,891.	26,272.
10 Payroll taxes	989,633.	879,635.	159,927.	10,071.
11 Fees for services (nonemployees):				
a Management				
b Legal	40,467.	6,399.	34,068.	
c Accounting	138,036.	138,185.	19,851.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	90,000.			90,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,784,700.	1,158,124.	101,092.	1,784.
12 Advertising and promotion				
13 Office expenses	780,218.	719,187.	42,686.	18,345.
14 Information technology				
15 Royalties				
16 Occupancy	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 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.		
21 Payments to affiliates				
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 O.)				
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.		
e 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.	372,138.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 88-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,853,216.	1	5,574,449.
	2 Savings 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 or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,662,562.	7	171,587.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	461,070.	9	691,078.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,538,226.		
	b Less: accumulated depreciation	10b 7,918,165.		
			10c	3,620,061.
	11 Investments - publicly traded securities	1,984,136.	11	4,945,679.
	12 Investments - other securities. See Part IV, line 11	1,732,839.	12	1,928,557.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,929,313.	15	5,009,622.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,447,746.	16	31,018,832.	
Liabilities	17 Accounts payable and accrued expenses	4,937,736.	17	5,038,401.
	18 Grants payable		18	
	19 Deferred revenue	1,178,967.	19	992,009.
	20 Tax-exempt bond liabilities	555,063.	20	411,438.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	217,589.	23	281,745.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	3,668,189.	25	3,141,782.
	26 Total liabilities. Add lines 17 through 25	10,557,544.	26	9,865,375.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> 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.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,899,220.
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	21,890,202.
5	Net unrealized gains (losses) on investments	5	272,859.
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, column (B))	10	21,153,457.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

11-1843801

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16666057.	16253694.	22485386.	16979330.	15976525.	88360992.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16666057.	16253694.	22485386.	16979330.	15976525.	88360992.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						88360992.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16666057.	16253694.	22485386.	16979330.	15976525.	88360992.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,967.	172,269.	194,186.	243,361.	379,771.	1172550.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	432,086.	347,531.	1118712.	1380117.	456,708.	3735154.
11 Total support. Add lines 7 through 10						93268696.
12 Gross receipts from related activities, etc. (see instructions)					12 99,187,461.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and see instructions <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.74 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.05 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 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 test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

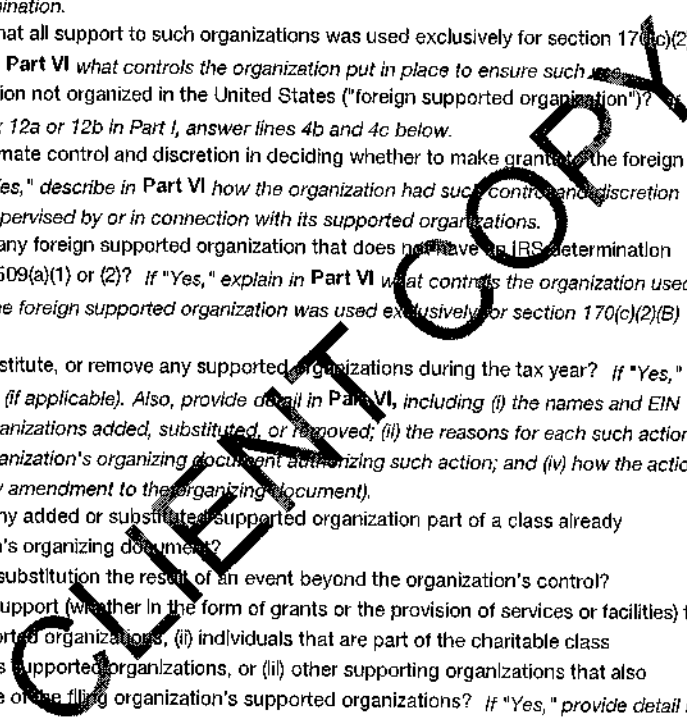
Part IV Supporting Organizations

(Complete only if you checked a box on line 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?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b 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?
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 filing organization's supported organizations?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
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))?
9b 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?
9c 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?
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)?
10b Did the organization have any excess business holdings in the tax year?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.



Part IV Supporting Organizations (continued)

- 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?
 - b A family member of a person described on line 11a above?
 - 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	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)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.

2020 AMOUNT: \$ 11,212.

2021 AMOUNT: \$ 9,035.

2022 AMOUNT: \$ 17,373.

2023 AMOUNT: \$ 7,714.

INS CLAIM PAYMENTS

2019 AMOUNT: \$ 54,917.

2020 AMOUNT: \$ 46,317.

2021 AMOUNT: \$ 71,002.

2022 AMOUNT: \$ 49,614.

2023 AMOUNT: \$ 104,571.

HEALTH INS PREM DISCOUNTS

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.)

2019 AMOUNT: \$ 31,196.

2020 AMOUNT: \$ 36,236.

2021 AMOUNT: \$ 38,713.

2022 AMOUNT: \$ 41,606.

2023 AMOUNT: \$ 41,549.

CLOTHING INCOME

2019 AMOUNT: \$ 26,625.

UNEMPLOYMENT ADJUSTMENT

2020 AMOUNT: \$ 141,872.

INCOME FROM FUNDRAISING EVENTS

2019 AMOUNT: \$ 96,904.

2020 AMOUNT: \$ 52,085.

2021 AMOUNT: \$ 66,249.

2022 AMOUNT: \$ 110,919.

2023 AMOUNT: \$ 148,402.

INCOME FROM GAMING

2019 AMOUNT: \$ 31,387.

2021 AMOUNT: \$ 13,615.

2022 AMOUNT: \$ 12,860.

2023 AMOUNT: \$ 19,500.

NYSIF ADJUSTMENT

2022 AMOUNT: \$ 30,485.

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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.)

LEAVE ACCRUAL ADJUSTMENT

2022 AMOUNT: \$ 47,449.

HEAP BENEFITS

2022 AMOUNT: \$ 1,932.

2023 AMOUNT: \$ 2,022.

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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

2023

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

11-1843801

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures and amounts reported.

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

Schedule D (Form 990) 2023

332051 08-28-23

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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

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

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	67,075.
d Additions during the year	1,843,475.
e Distributions during the year	1,848,629.
f Ending balance	61,921.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial amount liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,732,839.	2,241,357.	1,993,816.	1,789,693.	1,530,412.
b Contributions					
c Net investment earnings, gains, and losses	195,718.	-108,518.	247,541.	204,123.	259,281.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,928,557.	1,732,839.	2,241,357.	1,993,816.	1,789,693.

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

- a Board designated or quasi-endowment .0000 %
- b Permanent endowment 100 %
- c Term endowment .0000 %

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

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

	Yes	No
(i) Unrelated organizations?	X	
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		872,795.		872,795.
b Buildings		6,309,966.	4,001,261.	2,308,705.
c Leasehold improvements		1,939,252.	1,910,681.	28,571.
d Equipment		1,633,539.	1,308,331.	325,208.
e Other		782,674.	697,892.	84,782.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,620,061.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) PERPETUAL TRUST	1,928,557.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,928,557.	

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,762,240.
(2) HOUSING NOTES RECEIVABLE	803,673.
(3) RIGHT OF USE ASSETS	1,306,521.
(4) OTHER ASSETS	137,188.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,009,622.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,633,041.
(3) OTHER LIABILITIES	137,188.
(4) LEASE LIABILITIES	1,371,553.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,141,782.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	36,935,861.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	77,141.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	175,820.	
e	Add lines 2a through 2d	2e		252,961.
3	Subtract line 2e from line 1	3		36,682,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	216,320.	
c	Add lines 4a and 4b	4c		216,320.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		36,899,220.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	37,029,869.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	175,820.	
e	Add lines 2a through 2d	2e		175,820.
3	Subtract line 2e from line 1	3		36,854,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	216,320.	
c	Add lines 4a and 4b	4c		216,320.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		37,070,369.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

THE ORGANIZATION PROVIDES APPROPRIATE SUPPORTS SUCH AS MEDICAL AND PSYCHIATRIC CARE, FINANCIAL AID, AS WELL AS HOME MAINTENANCE ASSISTANCE. THE AGENCY IS THE CUSTODIAN OF TRUST ACCOUNTS ON BEHALF OF CLIENTS SERVED WITHIN THE RESIDENTIAL PROGRAMS.

PART V, LINE 4:

THE AGENCY IS THE SOLE BENEFICIARY OF A PERPETUAL TRUST FULFILLED IN 1979. THE INVESTMENTS OF THE TRUST ARE HELD IN PERPETUITY BY A BANK AS TRUSTEE WITH THE ANNUAL INCOME FROM SUCH INVESTMENTS, EXCLUDING UNREALIZED GAINS, AVAILABLE FOR THE USE OF THE AGENCY WITHOUT RESTRICTIONS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE 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.
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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.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number
11-1843801

Part I 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
b [] Internet and email solicitations
c [] Phone solicitations
d [X] In-person solicitations
e [] Solicitation of non-government grants
f [] Solicitation of government grants
g [X] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for COMMUNITY COUNSELING SERVICE CO, LLC - PO BOX 824885, MAJOR GIFTS SOLICITATION.

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.

NY
[Blank lines for listing other states]

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF OUTING (event type)	CARITAS DINER (event type)	NONE (total number)		
Revenue	1	265,174.	211,667.		476,841.	
	2	160,205.	168,235.		328,440.	
	3	104,969.	43,432.		148,401.	
Direct Expenses	4					
	5	20,724.	12,500.		33,224.	
	6					
	7	71,420.	19,032.		90,452.	
	8					
	9	12,825.	1,900.		24,725.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				148,401.
	11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5			760.	760.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d)				760.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				18,740.

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
 - a The organization's facility 13a _____ %
 - 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:

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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name MAREN HENDERSON

Gaming manager compensation \$ 12,820.

Description of services provided OVERSIGHT OF GAMING ACTIVITES

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law 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, 10b, 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:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO, LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182

Part IV Supplemental Information *(continued)*

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number
11-1843801

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGINA MATERNITY SERVICES CORPORATION - 90 CHERRY LANE - HICKSVILLE, NY 11801	51-0228905	501(C)(3)	199,408	0.			SUBSIDY FOR THE OPERATING DEFICITS
CATHOLIC CHARITIES HEALTH SYSTEMS OF THE DIOCESE OF ROCKVILLE CENTRE, INC. - 90 CHERRY LANE - HICKSVILLE, NY 11801	11-3260120	501(C)(3)	16,900.	0.			SUBSIDY FOR THE OPERATING DEFICITS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FOOD AND SHELTER PROGRAM	1684	20,000.	0.		

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

PART I, LINE 2:
 EMERGENCY FOOD AND SHELTER PROGRAM ARE PASS THROUGH FEDERAL FUNDS TO HELP MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE FOR THE PROVISION OF FOOD AND SHELTER.

PART II, LINE 1
 DURING 2023, CATHOLIC CHARITIES SUBSIDIZED THE OPERATING DEFICITS OF REGINA MATERNITY SERVICES CORPORATION AND CATHOLIC CHARITIES HEALTH SYSTEMS OF THE DIOCESE OF ROCKVILLE CENTRE, INC.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number
11-1843801

Part I Questions Regarding Compensation

- 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.
- First-class or charter travel
 - Travel for companions
 - Tax indemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - Personal services (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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:

- a The organization?
- b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

CATHOLIC CHARITIES OF LONG ISLAND

11-1843801

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

For each individual whose compensation must be reported 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL F. ENGELHART SECRETARY/CHIEF OPERATING OFFICER	250,832.	0.	3,117.	32,461.	25,609.	312,019.	0.
(2) RICHARD BALCOM TREASURER/CHIEF FINANCIAL OFFICER	222,564.	0.	650.	1,800.	38,575.	293,589.	0.
(3) MICHAEL E. SMITH TRUSTEE/CHIEF EXECUTIVE OFFICER	252,290.	0.	8,655.	167.	10,161.	280,273.	0.
(4) JAY T. KORTH DIRECTOR OF HOUSING & LEGAL AFFAIRS	179,753.	0.	683.	7,147.	733.	188,316.	0.
(5) FRANCIS DOOLEY JR NURSE PRACTITIONER	140,638.	0.	0.	4,501.	28,375.	173,514.	0.
(6) ERIN SHIRVELL DIRECTOR OF FINANCE	110,060.	0.	93.	5,004.	42,015.	157,172.	0.
(7) ELIZABETH CURRAN NURSE PRACTITIONER	137,679.	0.	0.	5,548.	13,741.	156,968.	0.
(8) ROBERT MANFREDI DIRECTOR OF INFORMATION & TECHNOLOGY	146,061.	0.	0.	5,741.	1,708.	153,510.	0.
	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 7:

OTHER REPORTABLE COMPENSATION MAY INCLUDE EMPLOYER PAID LONG TERM

DISABILITY, VEHICLE FRINGE BENEFIT, AND EMPLOYER CONTRIBUTION TO A 457(B)

DEFERRED COMPENSATION PLAN.

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

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: **CATHOLIC CHARITIES OF LONG ISLAND**
Employer identification number: **11-1843801**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (ft) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
NASSAU COUNTY OF LOCAL ECONOMIC ASSISTANCE CO	27-4291221	NONE	06/17/15	1,779,000.	REFINANCE OF RESIDENCES		X		X
B									
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								

	2015					
	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X				
16 Has the final allocation of proceeds been made?	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		00		%				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		00		%				%
6 Total of lines 4 and 5		00		%				%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were sold?		X						
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 sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Blank lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

11-1843801

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	15,344	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SPECIAL EVENT)	X	112	33,224	SALE OF COMPARABLE G
26 Other (HYGIENE KITS)	X	300	3,000	SALE OF COMPARABLE G
27 Other ()				
28 Other ()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

11-1843801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CATHOLIC CHARITIES OF LONG ISLAND SHARES THE LOVE OF JESUS BY OFFERING
DIGNIFIED AND COMPASSIONATE CARE TO POOR AND VULNERABLE NEIGHBORS OF
EVERY FAITH AND BACKGROUND. AS A MINISTRY OF THE ROMAN CATHOLIC CHURCH,
OUR WORK IS INSPIRED BY THE GOSPEL MESSAGE THAT EVERY HUMAN LIFE IS
SACRED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CATHOLIC CHARITIES OF LONG ISLAND SHARES THE LOVE OF JESUS BY OFFERING
DIGNIFIED AND COMPASSIONATE CARE TO POOR AND VULNERABLE NEIGHBORS OF
EVERY FAITH AND BACKGROUND. AS A MINISTRY OF THE ROMAN CATHOLIC 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 OF THE DIOCESE OF
ROCKVILLE CENTRE, WHO SHALL BE THE PRESIDING MEMBER. THE PRESIDING MEMBER
MAY APPOINT ADDITIONAL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER OF THE CORPORATION IS THE MOST REVEREND BISHOP OF THE DIOCESE OF
ROCKVILLE CENTRE, WHO SHALL BE THE PRESIDING MEMBER. THE PRESIDING 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

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

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 OF INTEREST REPORTED ON THE ANNUAL DECLARATIONS COMPLETED BY ALL FULL AND PART TIME EMPLOYEES, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS. SHOULD AN ACTUAL OR POTENTIAL CONFLICT BE DISCLOSED, IT IS REVIEWED BY THE CEO AND BOARD OF TRUSTEES. IF, AFTER REVIEW IT IS DETERMINED A CONFLICT EXISTS THE INTERESTED PARTY MAY MAKE A PRESENTATION TO THE CEO AND BOARD OF TRUSTEES. AFTER THE PRESENTATION, THEY SHALL LEAVE THE MEETING FOR A DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

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.

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number

11-1843801

FORM 990, PART VI, SECTION C, LINE 19:

THE AGENCY'S FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENT EXPECTED CREDIT LOSSES (CECL) -838,455.

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF LONG ISLAND

Employer identification number
11-1843801

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CATHOLIC CHARITIES SUPPORT CORPORATION - 11-3275188, 90 CHERRY LANE, HICKSVILLE, NY 11801	INVESTMENTS/PROPERTIES	NEW YORK	501(C)(3)	LINE 1 N/A			X
CATHOLIC CHARITIES HEALTH SYSTEMS OF THE DRVC, INC. - 11-3260120, 90 CHERRY LANE, HICKSVILLE, NY 11801	PROPERTY	NEW YORK	501(C)(3)	LINE 1 N/A			X
REGINA MATERNITY SERVICES CORPORATION - 51-0228905, 90 CHERRY LANE, HICKSVILLE, NY 11801	MATERNITY SERVICES	NEW YORK	501(C)(3)	LINE 7 N/A			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2023

CATHOLIC CHARITIES OF LONG ISLAND

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 513(b)(3) covered entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m		X
1n		X
1o	X	
1p		X
1q		X
1r		X
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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