

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)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 741 DELAWARE AVENUE City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14209	D Employer identification number 16-0743251
	E Telephone number 716-218-1400	G Gross receipts \$ 29,604,924.
	F Name and address of principal officer: DEACON STEVE SCHUMER SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	
	J Website: ▶ WWW.CCWNY.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1923 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT AND COMMUNITY CARE SERVICES THROUGHOUT WESTERN NEW YORK	
	2	Check this box <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)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	532
	6	Total number of volunteers (estimate if necessary)	1500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	3,259,807.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	371,515.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,418,802.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,331,551.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,388,155.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,337,242.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,428,276.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,460,751.
	19	Revenue less expenses. Subtract line 18 from line 12	870,800.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	42,285,659.
	21	Total liabilities (Part X, line 26)	7,640,989.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,644,670.

Part II Signature Block

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

Sign Here	Signature of officer DEACON STEVE SCHUMER, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DONNA M. GONSER	Preparer's signature <i>Donna M. Gonsler</i>
	Firm's name ▶ LUMSDEN & MCCORMICK, LLP	Date 02/10/20
	Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202	Check if self-employed <input type="checkbox"/> PTIN P01448922
		Firm's EIN ▶ 16-0765486 Phone no. (716) 856-3300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CATHOLIC CHARITIES OF BUFFALO IS A CATHOLIC SPONSORED HUMAN SERVICE AGENCY SERVING ANYONE IN NEED IN THE EIGHT COUNTIES OF WESTERN NEW YORK. BELIEVING ALL PERSONS ARE CREATED BY GOD, WE EMPOWER INDIVIDUALS, CHILDREN AND FAMILIES TO ACHIEVE AND MAINTAIN MEANINGFUL,

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 14,853,739. including grants of \$ 615,131.) (Revenue \$ 1,086,663.) FAMILY AND COMMUNITY SERVICES (FACS) FACS REPRESENTS THE AGENCY'S LARGEST DEPARTMENT IN ITS VARIETY OF SERVICES, NUMBER OF CLIENTS ASSISTED AND BROAD GEOGRAPHIC SCOPE OF SERVICE, AS WELL AS NUMBER OF STAFF. IN FY 2019, FACS IMPACTED 108,254 CLIENTS AND THEIR FAMILY MEMBERS. SERVICE AREAS INCLUDE COUNSELING SERVICES, SPECIALIZED PROGRAMS, PREVENTIVE SERVICES AND COURT-RELATED SERVICES.

A GATHERING PLACE IS A SOCIAL ADULT DAY PROGRAM IN BUFFALO FOR FRAIL, SOCIALLY IMPAIRED OR COGNITIVELY IMPAIRED ADULTS. THIS PROGRAM IMPACTED 96 CLIENTS AND THEIR FAMILIES.

COUNSELING SERVICES - THESE SERVICES PROVIDE COUNSELING TO INDIVIDUALS,

4b (Code:) (Expenses \$ 4,133,303. including grants of \$) (Revenue \$) PAYMENTS TO AFFILIATES - DIOCESE OF BUFFALO AND MONSIGNOR CARR INSTITUTE

4c (Code:) (Expenses \$ 2,533,033. including grants of \$ 41,733.) (Revenue \$ 784,030.) CLINICAL SERVICES

THE CLINICAL SERVICES DEPARTMENT PROVIDES MENTAL HEALTH TREATMENT AND COUNSELING AND SUBSTANCE ABUSE TREATMENT THROUGH THE MONSIGNOR CARR INSTITUTE. MORE THAN 15,630 INDIVIDUALS AND THEIR FAMILIES WERE ASSISTED THROUGH MENTAL HEALTH SERVICES IN FY 2019. THE MCI CLINICS PROVIDE QUALITY, BEST PRACTICE SERVICES, INCLUDING PSYCHIATRIC AND MENTAL HEALTH ASSESSMENT AND TREATMENT, TO RESIDENTS OF WESTERN NEW YORK. MCI MAINTAINS THREE FULL-SERVICE CHILDREN'S MENTAL HEALTH CLINICS IN NIAGARA COUNTY, AS WELL AS TWO CLINICS SERVING ADULTS AND FAMILIES. SIX ERIE COUNTY CLINICS SERVE ADULTS AS WELL AS CHILDREN. THE NEW YORK STATE OASAS LICENSED PROGRAM THAT PROVIDES SERVICES TO

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,526,583. including grants of \$ 1,478,606.) (Revenue \$ 147,441.)

4e Total program service expenses 27,046,658.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 256	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	16	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KAREN MECOZZI - 716-218-1400**
741 DELAWARE AVENUE, BUFFALO, NY 14209

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REV. RICHARD J. MALONE, TH CHAIRMAN	1.00	X		X				0.	0.	0.
(2) DAVID UBA VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(3) ROBERT M. BENNETT TRUSTEE	1.00	X						0.	0.	0.
(4) ANTHONY J. DELMONTE, JR. TREASURER	1.00	X		X				0.	0.	0.
(5) REV. GREGORY J. DOBSON TRUSTEE	1.00	X						0.	0.	0.
(6) JOSEPH FEELEY, CPA TRUSTEE	1.00	X						0.	0.	0.
(7) MARIA FOTI TRUSTEE	1.00	X						0.	0.	0.
(8) MOST REV. EDWARD M. GROSZ TRUSTEE	1.00	X						0.	0.	0.
(9) ALFRED F. LUHR, III TRUSTEE	1.00	X						0.	0.	0.
(10) REV. PETER J. KARALUS TRUSTEE	1.00	X						0.	0.	0.
(11) DEACON MIGUEL SANTOS TRUSTEE	1.00	X						0.	0.	0.
(12) STEVEN ULRICH TRUSTEE	1.00	X						0.	0.	0.
(13) SISTER REGINA MURPHY, SSMN TRUSTEE	1.00	X						0.	0.	0.
(14) PATRICIA K. FOGARTY, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(15) LARRY A. MONTANI TRUSTEE	1.00	X						0.	0.	0.
(16) JAMES GILES TRUSTEE	1.00	X						0.	0.	0.
(17) SISTER MARY MCCARRICK, OSF DIOCESAN DIR SEE SCHED O	35.00 1.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DENNIS WALCZYK CHIEF EXECUTIVE OFFICER	35.00 1.00			X				144,081.	0.	10,678.
(19) KAREN MECOZZI CONTROLLER	35.00 1.00			X				71,541.	0.	18,302.
1b Sub-total								215,622.	0.	28,980.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								215,622.	0.	28,980.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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
R AND P OAK HILL DEVELOPMENT LLC, 3556 LAKSHORE ROAD STE 620, BUFFALO, NY 14219	CONSTRUCTION DEVELOPMENT	2,073,980.
THE MARTIN GROUP 620 MAIN ST., BUFFALO, NY 14202	PUBLIC RELATIONS	370,384.
MCGUIRE DEVELOPMENT COMPANY LLC 455 CAYUGA ROAD, BUFFALO, NY 14225	CONSTRUCTION DEVELOPMENT	150,120.
LAUER MANGUSO AND ASSOCIATED ARCHITECTS 4080 RIDGE LEA ROAD, BUFFALO, NY 14228	ARCHITECT	146,523.
MST SERVICES LLC PO BOX 603489, CHARLOTTE, NC 28260	THERAPY SERVICES	104,058.

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 **5**

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,696,508.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,463,396.				
	g Noncash contributions included in lines 1a-1f: \$		1,399,450.				
	h Total. Add lines 1a-1f		26,159,904.				
Program Service Revenue	2 a PROGRAM FEES	Business Code 900099	1,274,541.	1,274,541.			
	b FEES FROM GOVERNMENT AGENCIES	900099	743,593.	743,593.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,018,134.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		309,439.			309,439.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	158,922.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		158,922.			
	d Net rental income or (loss)		158,922.			158,922.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a INTERAGENCY FEES	900099	599,804.			599,804.		
b MISCELLANEOUS	900099	358,721.			358,721.		
c							
d All other revenue							
e Total. Add lines 11a-11d		958,525.					
12 Total revenue. See instructions		29,604,924.	2,018,134.	0.	1,426,886.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,135,470.	2,135,470.		
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	294,045.		294,045.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,093,843.	11,762,536.	1,940,340.	390,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,139,514.	1,030,064.	77,951.	31,499.
9 Other employee benefits	2,675,409.	2,246,749.	354,994.	73,666.
10 Payroll taxes	1,029,305.	852,009.	149,237.	28,059.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	398,969.	153,554.	243,817.	1,598.
12 Advertising and promotion	532,149.	67,160.	109,263.	355,726.
13 Office expenses	1,546,274.	1,114,557.	341,801.	89,916.
14 Information technology	188,252.	163,242.	20,140.	4,870.
15 Royalties				
16 Occupancy	1,273,393.	1,070,216.	195,725.	7,452.
17 Travel	86,215.	65,663.	8,491.	12,061.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	415,327.	344,887.	66,412.	4,028.
20 Interest				
21 Payments to affiliates	4,133,303.	4,133,303.		
22 Depreciation, depletion, and amortization	624,002.	580,397.	36,002.	7,603.
23 Insurance	193,703.	147,137.	40,695.	5,871.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	1,055,689.	638,096.	167,934.	249,659.
b BAD DEBT EXPENSE	530,938.	42,365.	488,573.	0.
c REPAIRS AND MAINTENANCE	303,228.	265,524.	32,258.	5,446.
d STAFF DEVELOPMENT	224,351.	176,524.	46,918.	909.
e All other expenses	386,437.	57,205.	261,320.	67,912.
25 Total functional expenses. Add lines 1 through 24e	33,259,816.	27,046,658.	4,875,916.	1,337,242.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,715,826.	1	3,169,273.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,324,092.	3	1,880,600.
	4 Accounts receivable, net	5,766,171.	4	5,353,573.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,208.	9	13,595.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,374,871.		
	b Less: accumulated depreciation	10b 3,994,219.	7,572,609.	10c 8,380,652.
	11 Investments - publicly traded securities	17,310,166.	11	16,052,765.
	12 Investments - other securities. See Part IV, line 11	2,761,744.	12	2,643,167.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,813,843.	15	1,123,145.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,285,659.	16	38,616,770.	
Liabilities	17 Accounts payable and accrued expenses	3,001,622.	17	2,591,598.
	18 Grants payable		18	
	19 Deferred revenue	484,330.	19	514,031.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	620,237.	23	543,552.
	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	3,534,800.	25	3,755,800.
	26 Total liabilities. Add lines 17 through 25	7,640,989.	26	7,404,981.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,291,777.	27	19,343,146.
	28 Temporarily restricted net assets	12,301,232.	28	11,543,699.
	29 Permanently restricted net assets	51,661.	29	324,944.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,644,670.	33	31,211,789.	
34 Total liabilities and net assets/fund balances	42,285,659.	34	38,616,770.	

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	29,604,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,259,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,654,892.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,644,670.
5	Net unrealized gains (losses) on investments	5	643,144.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-421,133.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,211,789.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF BUFFALO, NEW YORK
Employer identification number: 16-0743251

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

The organization is not a private foundation because it is: (For lines 1 through 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).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 [] An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30665377.	32491099.	29333828.	30281437.	26159904.	148931645
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	30665377.	32491099.	29333828.	30281437.	26159904.	148931645
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.						148931645

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	30665377.	32491099.	29333828.	30281437.	26159904.	148931645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	416,282.	381,580.	488,141.	534,780.	468,361.	2289144.
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.)	1068235.	1380171.	1018559.	1255537.	958,525.	5681027.
11 Total support. Add lines 7 through 10						156901816
12 Gross receipts from related activities, etc. (see instructions)					12	9,364,829.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.92 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	95.02 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2018

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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:

MISCELLANEOUS

[Empty lines for supplemental information]

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

CATHOLIC CHARITIES OF BUFFALO, NEW YORK

Employer identification number

16-0743251

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,889,179.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>5,270,331.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,037,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,368,818.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>910,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

2018
Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK **Employer identification number** 16-0743251

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	324,944.	324,944.	324,944.	324,944.	324,944.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	324,944.	324,944.	324,944.	324,944.	324,944.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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		5,855.		5,855.
b Buildings		11,283,207.	3,060,864.	8,222,343.
c Leasehold improvements				
d Equipment		1,085,809.	933,355.	152,454.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,380,652.

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) INTEREST IN ASSETS HELD		
(B) BY THE FOUNDATION OF THE		
(C) DIOCESE	2,643,167.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,643,167.	

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, col. (B) line 13.) ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT HEALTH BENEFITS	3,262,000.
(3) ESTIMATED THIRD-PARTY PAYOR	
(4) SETTLEMENTS - SERVICE FEES	493,800.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,755,800.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE PERMANENT ENDOWMENT IS TO BE HELD IN PERPETUITY, WITH THE INTEREST EARNINGS TO BE USED TO AWARD SCHOLARSHIPS. THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF BUFFALO, WHO ADMINISTERS THE ENDOWMENT ON BEHALF OF CATHOLIC CHARITIES, ANNUALLY APPROPRIATES AND DISBURSES INTEREST EARNINGS ON THE ENDOWMENT.

SCHEDULE D PART X

THE POST RETIREMENT HEALTH BENEFITS IS AN ACTUARIALY DETERMINED ESTIMATE OF THE EXPECTED COSTS FOR RETIREES HEALTH INSURANCE PROVIDED BY THE ORGANIZATION. AS PROMULGATED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THIS LIABILITY IS ACCRUED AS SERVICES ARE RENDERED, AND GENERALLY AN

Part XIII Supplemental Information *(continued)*

EXPENSE IS RECOGNIZED TO RECORD THIS LIABILITY ANNUALLY.

Multiple horizontal lines for supplemental information.

**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

2018

**Open to Public
Inspection**

Name of the organization **CATHOLIC CHARITIES OF BUFFALO, NEW YORK** Employer identification number **16-0743251**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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
FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE	160000	816,813.	1,318,657.	FAIR MARKET VALUE	CLOTHING AND HOUSEHOLD GOODS

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

SCHEDULE I, PART I, LINE 2, PART III, COLUMN (B)

AS NOTED IN THE MISSION OF CATHOLIC CHARITIES, SOME 160,000 WESTERN NEW YORKERS WERE SERVED IN 2019 THROUGH PROGRAMS AND ACTIVITIES OF THE ORGANIZATION.

MONITORING USE OF GRANT FUNDS:

FOOD, LIVING EXPENSES, AND OTHER EMERGENCY ASSISTANCE AMOUNTS ARE PAID DIRECTLY TO PROVIDERS AND NOT TO RECIPIENTS TO ENSURE PROPER USE OF FUNDS. ADDITIONALLY, GRANTS AND ASSISTANCE PAID ARE UNDER FEDERALLY

Part IV Supplemental Information

FUNDED PROGRAMS THAT ARE SUBJECT TO COMPLIANCE AUDITS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **CATHOLIC CHARITIES OF BUFFALO, NEW YORK**
 Employer identification number: **16-0743251**

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 **1b**

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? **2**

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

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 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) DENNIS WALCZYK CHIEF EXECUTIVE OFFICER	(i)	144,081.	0.	0.	10,190.	488.	154,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 BUFFALO, NEW YORK** Employer identification number **16-0743251**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,318,657.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	80,793.	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 (RADIO ADVERTI)	X	11	0.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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, LINE 33:

IN 2019, DONATED RADIO ADVERTISING OF \$76,132 WAS RECORDED AS INCOME ON THE FINANCIAL STATEMENTS BUT EXCLUDED FOR 990 PURPOSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF BUFFALO, NEW YORK

Employer identification number

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

HEALTHY AND PRODUCTIVE LIVES. WE ADVOCATE FOR THOSE IN NEED -
PARTICULARLY THOSE WHO ARE POOR AND MOST VULNERABLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN AND FAMILIES IN 17 OFFICES ACROSS THE EIGHT COUNTIES OF WNY.

COUNSELING SERVICES WERE PROVIDED TO MORE THAN 4,102 INDIVIDUALS,

COUPLES AND FAMILIES IN FY 2019. IN ADDITION TO ADHERING TO CATHOLIC

CHARITIES' MISSION, CORE VALUES STRESSED WITHIN COUNSELING SERVICES

INCLUDE RECOGNITION OF INDIVIDUAL AND FAMILY STRENGTHS AND HUMAN

RESILIENCE IN THE FACE OF ADVERSITY, THE CRITICAL ROLE OF THE FAMILY

AND COMMUNITY IN SUPPORTING THE HEALTH AND WELL-BEING OF ITS MEMBERS

AND OFFERING SERVICES THAT FOLLOW ACCEPTED STANDARDS OF BEST PRACTICE.

FACS COUNSELING SERVICES SEEK TO FILL THE EVER-WIDENING GAP BETWEEN

AVAILABLE SERVICES AND CONSUMER NEED, AND INSURE THAT ALL INDIVIDUALS

AND FAMILIES RECEIVE THE LEVEL AND QUALITY OF CARE REQUIRED TO THRIVE,

REGARDLESS OF THEIR AVAILABLE RESOURCES. AS A RESULT, MANY CLIENTS

INCLUDE THOSE INDIVIDUALS WHO HAVE EXHAUSTED OTHER ALTERNATIVES OR HAVE

DIFFICULTY ACCESSING OTHER SERVICES BECAUSE OF LIMITED MEANS.

COURT-RELATED SERVICES - FOUR SERVICES ARE PROVIDED WITHIN THE UMBRELLA

OF COURT RELATED SERVICE IN ERIE COUNTY, INCLUDING THERAPEUTIC

SUPERVISED VISITATION, PARENT/CHILD ACCESS, MONITORED EXCHANGE AND OUR

KIDS: PARENT EDUCATION AND AWARENESS PROGRAM. IN FY 2019, 1,255

INDIVIDUALS AND FAMILIES WERE ASSISTED THROUGH COURT-RELATED SERVICES.

MOST FAMILIES ARE REFERRED THROUGH THE COURTS, ALTHOUGH, IN CERTAIN

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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CIRCUMSTANCES, VOLUNTARY REFERRALS MAY BE ACCEPTED. THE GOAL IS SAFE, CONFLICT-FREE ACCESS TO BOTH PARENTS WHENEVER POSSIBLE. ALL SERVICES FOCUS ON THE SAFE REPAIR, REBUILDING OR RECONNECTION OF EACH CHILD WITH A PARENT WHO HAS BEEN SEPARATED FROM THEM.

PREVENTIVE SERVICES - FAMILY PRESERVATION AND STABILIZATION PROGRAMS AT CATHOLIC CHARITIES INCLUDE TRADITIONAL PREVENTIVE SERVICES PROGRAMS AND MULTISYSTEMIC THERAPY PROGRAMS. IN FY 2019, MORE THAN 1,698 CLIENTS RECEIVED HELP THROUGH PREVENTIVE SERVICES.

PREVENTIVE SERVICES - SERVING ERIE COUNTY, TRADITIONAL PREVENTIVE SERVICES AND SPECIALIZED SERVICES FOR REFUGEE FAMILIES AND FAMILIES WITH TEMPORARY KINSHIP PLACEMENTS. THE GOAL FOCUSES ON FAMILIES IN WHICH THERE HAS BEEN CHILD NEGLECT OR ABUSE AND CHILDREN ARE AT HIGH RISK FOR PLACEMENT OUTSIDE THE HOME. THROUGH FAMILY COUNSELING, NETWORKING AND TEAMING WITH RESOURCES, THE FAMILIES ARE ASSISTED TO FOCUS ON CHILD SAFETY, TIMELY CHILD PERMANENCY AND CHILD WELL-BEING.

MULTISYSTEMIC THERAPY (MST) - SERVING ERIE, NIAGARA, CATTARAUGUS AND ALLEGANY COUNTIES, AN INTENSIVE FAMILY AND COMMUNITY BASED TREATMENT PROGRAM FOCUSING ON THE ENTIRE WORLD OF JUVENILE OFFENDERS HOME, FAMILIES, SCHOOL AND NEIGHBORHOOD. MST IS EVIDENCE-BASED AND HAS BEEN SHOWN IN RIGOROUS, SCIENTIFIC, GOLD-STANDARD TESTS TO BE SUPERIOR TO OTHER INTERVENTIONS FOR ADOLESCENTS WITH SEVERE ANTI-SOCIAL AND CRIMINAL BEHAVIOR.

SPECIALIZED PROGRAMS - SPECIALIZED PROGRAMS INCLUDE A VARIETY OF PROGRAMS THAT SEEK TO ADDRESS THE REQUIREMENTS OF CHILDREN AND FAMILIES

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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IN NEED ACROSS WESTERN NEW YORK. IN FY 2019, SPECIALIZED PROGRAMS SERVED 86,572 CLIENTS.

THESE PROGRAMS ARE:

CHILDREN'S SERVICES - SERVING ERIE COUNTY PARENT EDUCATION PROGRAMS, ONE FOR YOUNG PARENTS AND THE EVIDENCE-BASED INCREDIBLE YEARS PARENT TRAINING FOR PARENTS OF YOUNG CHILDREN. IN FY 2019, CHILDREN'S SERVICES PROVIDED ASSISTANCE TO 730 CLIENTS AND FAMILY MEMBERS.

DOMESTIC VIOLENCE - PROGRAM FOR MEN A NEW YORK MODEL FOR BATTERERS PROGRAM AND A COURT-ORDERED GROUP SESSIONS PROGRAM OFFERED IN SEVEN OFFICES IN WNY, WHICH PROVIDES A MECHANISM FOR MALE DOMESTIC VIOLENCE OFFENDER ACCOUNTABILITY IN COLLABORATION WITH POLICE, COURTS AND OTHER AGENTS OF THE COURT. A TOTAL OF 1,299 INDIVIDUALS AND FAMILY MEMBERS WERE IMPACTED IN FY 2019.

DOMESTIC VIOLENCE VICTIM SERVICES - INDIVIDUAL AND GROUP THERAPY SESSIONS ARE PROVIDED IN COMMUNITIES IN ERIE COUNTY TO FAMILIES EXPERIENCING DOMESTIC VIOLENCE. FAMILIES CAN CREATE A BETTER FUTURE BY LEARNING NEW COPING SKILLS, BREAKING EXISTING PATTERNS OF BEHAVIOR, HEIGHTENING EXPECTATIONS AND SELF-CONFIDENCE AND PRACTICING AND EXPERIENCING A NON-VIOLENT HOUSEHOLD. IN FY 2019, 143 INDIVIDUALS WERE IMPACTED.

EMERGENCY RELIEF - CENTRAL INTAKE OFFICE IN DOWNTOWN BUFFALO PROVIDES FOR SHORT TERM EMERGENCY ASSISTANCE INCLUDING FOOD, PRESCRIPTIONS, CLOTHING AND CASE MANAGEMENT AND INFORMATION/REFERRAL SERVICES. SIMILAR ASSISTANCE IS PROVIDED IN OTHER OFFICES IN ERIE COUNTY AND THE OTHER SEVEN WNY COUNTIES. A TOTAL OF 13,380 CLIENTS WERE ASSISTED IN FY 2019.

INTENSIVE CASE MANAGEMENT - SERVING CATTARAUGUS COUNTY, A PROGRAM TO

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STRENGTHEN THE FAMILY AND ASSIST THE FAMILY IN AVOIDING AT-RISK
PLACEMENT OF CHILDREN OR TEENS OUTSIDE THE HOME IN RESIDENTIAL PROGRAM
OR PSYCHIATRIC HOSPITALIZATIONS. THIS PROGRAM IMPACTED 80
CHILDREN/TEENS IN FY 2019.

KINSHIP CAREGIVER PROGRAM SERVING CATTARAUGUS COUNTY, THIS PROGRAM
SUPPORTS KINSHIP AND NON RELATIVE CAREGIVERS OF CHILDREN. USING A CASE
MANAGEMENT MODEL, FAMILIES ARE PROVIDED INFORMATION FOR FINANCIAL AND
NON-FINANCIAL ASSISTANCE AVAILABLE IN THE COMMUNITY, SUPPORT GROUPS AND
LINKAGES TO OTHER PROVIDERS IN THE COMMUNITY. A TOTAL OF 152 CLIENTS
WERE IMPACTED IN FY 2019.

WIC - SERVING ERIE, NIAGARA AND CHAUTAUQUA COUNTIES WITH 20 SITES,
WOMEN INFANTS AND CHILDREN (WIC) IS A FEDERAL NUTRITION PROGRAM
PROVIDING NUTRITIOUS FOOD, NUTRITION COUNSELING, AND REFERRALS FOR
INCOME ELIGIBLE PREGNANT, POST-PARTUM AND BREASTFEEDING WOMEN, INFANTS
AND CHILDREN UP TO AGE FIVE. IN FY 2019, MORE THAN 84,246 CHILDREN,
PARENTS, AND FAMILY MEMBERS, WERE IMPACTED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ADOLESCENTS, ADULTS AND FAMILIES WHERE SUBSTANCE USE/ABUSE IS AN
ONGOING CONCERN WE UNDERSTAND THAT ADDICTION OFTEN PRESENTS WITH
CO-OCCURRING DISORDERS SO WE OFFER SPECIALIZED GROUPS AND PSYCHIATRIC
SERVICES THAT ADDRESS BOTH ISSUES. AN ABSTINENCE-BASED APPROACH IS USED
TO ENCOURAGE PARTICIPATION IN A 12-STEP PROGRAM AND OTHER SOURCES OF
SOBER SUPPORT. GROUPS CONCENTRATE ON AREAS SUCH AS RELAPSE PREVENTION,
STRESS MANAGEMENT, MOTIVATION, AND FUN IN RECOVERY. A
MULTI-DISCIPLINARY TEAM WORKS TOGETHER TO OFFER A COMBINATION OF
THERAPIES AND MEDICATIONS INCLUDING SUBOXONE FOR TREATMENT OF OPIATE
ADDICTION TO SUPPORT RECOVERY AND OVERALL WELLNESS. A DEDICATED

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MARRIAGE COUNSELING CENTER, WITH LOCATIONS IN AMHERST AND HAMBURG,
ADDRESSES THE COMMUNITY NEED FOR EXPERT, SPECIALIZED TREATMENT FOR
DISTRESSED COUPLES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOL BASED SERVICES

CLOSING THE GAP THE PROGRAM PROVIDE STUDENTS WITH POOR ATTENDANCE OR
BEHAVIOR PROBLEMS THE RESOURCES TO GET BACK ON TRACK. CLOSING THE GAP
ADDRESSES THE NON-ACADEMIC BARRIERS OF CHILDREN AND THEIR FAMILIES SO
LEARNING CAN BE ENHANCED. A TOTAL OF 2,998 STUDENTS AND THEIR FAMILIES
WERE IMPACTED IN FY 2019.

COMPREHENSIVE SCHOOL SERVICES PROGRAM FOCUSES ON ENHANCING STUDENT
SUCCESS BY PROVIDING A RANGE OF SERVICES TO SCHOOL STUDENTS, FAMILIES
AND STAFF. SERVICES INCLUDE INDIVIDUAL AND GROUP COUNSELING, CRISIS
INTERVENTION, EMERGENCY RELIEF ASSISTANCE, CLASSROOM PRESENTATIONS AND
STAFF DEVELOPMENT. CURRENTLY THE PROGRAM IS PROVIDED AT THE WEST
BUFFALO CHARTER SCHOOL VIA FUNDING PROVIDED DIRECTLY FROM THE SCHOOL.
IN FY 2019, 54 STUDENTS, FAMILIES AND STAFF MEMBERS WERE IMPACTED BY
THE PROGRAM.

THE FOSTER GRANDPARENT PROGRAM PROVIDES A STIPEND AND MEALS FOR LOW
INCOME SENIORS WHO WORK SIDE BY SIDE WITH EXCEPTIONAL OR SPECIAL NEEDS
CHILDREN IN SCHOOLS, HEAD START CENTERS AND OTHER PRESCHOOLS. IN FY
2019, OUR GRANDPARENTS IMPACTED 606 STUDENTS AND THEIR FAMILIES.

IN-SCHOOL SOCIAL WORK (ISSWP) SERVING 14 CATHOLIC SCHOOLS IN ALLEGANY,
CATTARAUGUS, ERIE AND NIAGARA COUNTIES, THROUGH GROUP WORK WITH
STUDENTS AND CONSULTATION AND EDUCATIONAL SERVICES FOR TEACHERS AND
PARENTS. THE ISSWP ENHANCES STUDENT SUCCESS BY PROVIDING COMPREHENSIVE

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CHARACTER DEVELOPMENT SKILL BUILDING ACTIVITIES FOR STUDENTS THROUGH SHORT-TERM INDIVIDUAL SESSIONS, SMALL GROUPS AND CLASSROOM PRESENTATIONS. CONSULTATION SERVICES ARE ALSO AVAILABLE FOR PARENTS, TEACHERS AND PRINCIPALS, AS WELL AS STAFF DEVELOPMENT FOR TEACHERS AND PRINCIPALS TO EXPAND STRATEGIES AND INTERVENTIONS FOR STRENGTHENING STUDENT CHARACTER. BASED ON THE ASSESSMENT OF OTHER STUDENT OR PARENT NEEDS, REFERRAL TO OTHER CATHOLIC CHARITIES' PROGRAMS, INCLUDING COUNSELING, IS AVAILABLE. MORE THAN 3,331 STUDENTS, STAFF AND FAMILY MEMBERS WERE ASSISTED IN FY 2019.

SCHOOL INTERVENTION SERVICE (SIS) SIS PROVIDES COUNSELING SERVICES TO FAMILIES RESIDING IN THE TOWN OF AMHERST WHO ARE STRUGGLING IN A VARIETY OF AREAS, INCLUDING DEPRESSION, ANXIETY, PEER RELATIONSHIPS, ACADEMICS, AND SUCH FAMILY FUNCTIONING ISSUES AS MARITAL PROBLEMS, CUSTODY OR PARENTING. THE PROGRAM USES A FAMILY-FOCUSED APPROACH AND COLLABORATES WITH SCHOOLS AND OTHER SERVICE PROVIDERS WHO ARE WORKING WITH THE FAMILY. THE SIS PROGRAM OFFERS A RANGE OF SERVICES AND BENEFITS TO THE FAMILY AND COMMUNITY THAT THE PROGRAM SERVES. IN FY 2019, 566 YOUTH AND FAMILY MEMBERS WERE IMPACTED BY OUR SERVICES. EXPENSES \$ 533,522. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,025.

PARISH OUTREACH AND ADVOCACY

THE MISSION OF PARISH OUTREACH AND ADVOCACY IS TO ASSIST IN ADDRESSING THE UNMET NEEDS OF THOSE WHO STRUGGLE WITH LOW INCOME, INCLUDING THOSE WHO ARE SHUT IN, DISABLED OR SENIORS. PROGRAMS INCLUDE FOOD PANTRIES AND SERVICE SITES, THE DIOCESE OF BUFFALO LADIES OF CHARITY, CATHOLIC GUILD FOR THE BLIND, WYOMING COUNTY OUTREACH, CHAUTAUQUA COUNTY OUTREACH, TELEPHONE ASSURANCE PROGRAM FOR ERIE COUNTY AND CATHOLIC

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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CHARITIES SERVICE CORPS (CCSC).

THE NINE PANTRIES ARE LOCATED IN ERIE COUNTY (FOUR IN BUFFALO, ONE EACH IN LACKAWANNA AND GETZVILLE) AND ONE EACH IN ALLEGANY COUNTY

(WELLSVILLE) AND CATTARAUGUS COUNTY (FRANKLINVILLE). THEY PROVIDED

EMERGENCY FOOD AND OFFERED INFORMATION AND REFERRALS TO 5,907 PEOPLE IN

FY 2019. PARISH OUTREACH IMPACTED MORE THAN 26,381 PEOPLE THROUGH

LADIES OF CHARITY'S POVERTY ASSISTANCE PROGRAMS, INCLUDING GIFTS FOR

CHILDREN AND YOUTH AT CHRISTMAS, BASIC HOUSEHOLD GOODS FOR FAMILIES WHO

NEED TO START OVER, AND CLOTHING FOR THOSE IN NEED. WYOMING COUNTY

OUTREACH, CHAUTAUQUA COUNTY OUTREACH AND THE TELEPHONE ASSURANCE

PROGRAM PROVIDE FRIENDLY VISITS OR PHONE CALLS AS A SAFETY CHECK-IN FOR

SHUT INS. CATHOLIC GUILD FOR THE BLIND ORGANIZES ACTIVITIES FOR 56

INDIVIDUALS, SUPPORTED BY VOLUNTEERS. CATHOLIC CHARITIES SERVICE CORPS

IS A YEAR-LONG SERVICE PROGRAM FOR COLLEGE GRADUATES. UP TO EIGHT

VOLUNTEERS OF ANY FAITH COMMIT TO ONE YEAR OF FULL-TIME SERVICE WORK

WITH THOSE WHO ARE POOR. THIS MAY INVOLVE WORK IN LOCAL HUMAN SERVICE

ORGANIZATIONS, INCLUDING CATHOLIC CHARITIES AND OTHERS.

EXPENSES \$ 2,206,689. INCLUDING GRANTS OF \$ 1,332,686. REVENUE \$ 21,070

IMMIGRATION & REFUGEE ASSISTANCE

A VAST ARRAY OF SERVICES IS OFFERED TO INDIVIDUALS AND FAMILIES FROM

AROUND THE WORLD WHO HAVE BEEN FORCED TO FLEE THEIR HOMELAND BECAUSE OF

PERSECUTION OR WAR AND HAVE COME TO BUFFALO TO REBUILD THEIR LIVES.

SERVICES INCLUDE HOUSING ASSISTANCE, TRANSLATION/INTERPRETATION,

ENGLISH AS SECOND LANGUAGE CLASSES, CASE MANAGEMENT, JOB DEVELOPMENT,

EMPLOYMENT PLACEMENT, ACCULTURATION AND ASSISTANCE WITH IMMIGRATION AND

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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CITIZENSHIP APPLICATIONS. MORE THAN 1,631 ADULTS AND CHILDREN HAILING FROM A RANGE OF COUNTRIES AROUND THE WORLD WERE ASSISTED WITH RESETTLEMENT OR OTHER SERVICES IN BUFFALO IN FY 2019. EXPENSES \$ 1,263,115. INCLUDING GRANTS OF \$ 126,908. REVENUE \$ 102,346.

WORKFORCE AND EDUCATION SERVICES

THE WORKFORCE AND EDUCATION SERVICES DEPARTMENT IN FY 2019 IMPACTED ABOUT 1,569 ELIGIBLE ERIE AND NIAGARA COUNTY YOUTH AND YOUNG ADULTS AGES 16 AND OLDER WHO MAY HAVE DROPPED OUT OF SCHOOL, OR MAY BE IN SCHOOL BUT HAVE HAD A BRUSH WITH THE JUSTICE SYSTEM. THE PROGRAM, WITH SITES IN BUFFALO AND NIAGARA FALLS, HELPS YOUTH AND ADULTS EARN THEIR HIGH SCHOOL EQUIVALENCY, AND GAIN EMPLOYMENT SKILLS, EMPLOYMENT AND CAREER PREPARATION. PROJECT JUMP START PROVIDES ATTENDANCE INTERVENTION AND ACADEMIC OR TUTORING SERVICES TO YOUTH WHO HAVE BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM AND WHO LIVE IN MANY PARTS OF ERIE COUNTY. EXPENSES \$ 1,523,257. INCLUDING GRANTS OF \$ 19,012. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS MOST REV. RICHARD J. MALONE, TH. D, MOST REV. EDWARD M. GROSZ, REV. PETER J. KARALUS AND REV. GREGORY J. DOBSON ALL HAVE A BUSINESS RELATIONSHIP. ALL WORK FOR THE DIOCESE OF BUFFALO IN SOME CAPACITY, EITHER IN AN ADMINISTRATIVE ROLE OR AS PARISH PRIESTS.

FORM 990, PART VI, SECTION A, LINE 6:

VOTING MEMBERS OF CATHOLIC CHARITIES ARE DEFINED IN THE BYLAWS OF THE ORGANIZATION, AND INCLUDE THE BISHOP OF THE DIOCESE OF BUFFALO (OR THE ADMINISTRATOR OF THE DIOCESE IN THE ABSENCE OR ABILITY TO ACT OF THE

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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BISHOP), ANY ACTIVE AUXILIARY BISHOP(S) OF THE DIOCESE OF BUFFALO; THE VICAR GENERAL/MODERATOR OF THE CURIA OF THE DIOCESE OF BUFFALO; AND THE CHANCELLOR OF THE DIOCESE OF BUFFALO. NON-VOTING MEMBERS INCLUDE THE DIOCESAN DIRECTOR AND CHIEF EXECUTIVE OFFICER OF CATHOLIC CHARITIES.

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

THE MEMBERS CAN ELECT/APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE ELECTED/APPOINTED TRUSTEES OF THE ORGANIZATION.

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

THE MEMBERS RESERVE A VARIETY OF MANAGEMENT POWERS, INCLUDING BUT NOT LIMITED TO, APPROVING THE ORGANIZATION'S MISSION, THE CERTIFICATE OF INCORPORATION AND BY-LAWS, PLAN OF MERGER, CONSOLIDATION, DISSOLUTION, OPERATING BUDGETS, DEBT, AND LITIGATION. THESE ARE FURTHER DEFINED IN THE BY-LAWS OF THE ORGANIZATION.

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

THE BOARD IS ACTIVELY INVOLVED IN THE REVIEW OF ALL FINANCIAL INFORMATION AND 990 AND HAS DESIGNATED DETAILED REVIEW/APPROVAL OF THE FORM 990 TO THE CHIEF EXECUTIVE OFFICER AND KEY FINANCIAL EMPLOYEES.

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

CATHOLIC CHARITIES HAS A CORPORATE COMPLIANCE AND CODE OF ETHICS POLICY. THIS POLICY STATEMENT IS IN OUR PERSONNEL POLICY MANUAL AND IS ENFORCED BY OUR COMPLIANCE OFFICER.

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

CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS. ALL OTHER PERSONNEL ARE

Name of the organization CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number 16-0743251
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COMPENSATED ACCORDING TO CATHOLIC CHARITIES PAY POLICY AND PAY SCALE.
 PERIODIC MARKET ANALYSES ARE COMPARED TO PAY RATES AT SIMILAR
 ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:
 FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE OR UPON REQUEST. GOVERNING
 DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990 PART VII SECTION A
 COMPENSATION OF OFFICERS - COMPENSATION (INCLUDING BENEFITS) OF \$21,755
 FOR SERVICES PERFORMED BY SR. MARY MCCARRICK, OSF, IS PAID DIRECTLY TO
 HER RELIGIOUS ORDER.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 BELOW THE LINE ADJUSTMENT FOR POSTRETIREMENT HEALTH
 BENEFITS -421,133.

FORM 990, PART XII, LINE 2C:
 NO CHANGE IN PROCESS FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **CATHOLIC CHARITIES OF BUFFALO, NEW YORK** Employer identification number **16-0743251**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DIOCESE OF BUFFALO 795 MAIN ST BUFFALO, NY 14203	COORDINATION OF CATHOLIC SCHOOLS, HOSPITALS, AND RELATED GROUPS IN WNY	NEW YORK	501(C)3	1	N/A		X
MONSIGNOR CARR INSTITUTE - 16-1115950 741 DELWARE AVE BUFFALO, NY 14209	PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	NEW YORK	501(C)3	7	CATHOLIC CHARITIES OF BUFFALO	X	

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

Schedule R (Form 990) 2018

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 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIOCESE OF BUFFALO	P	0.	FMV- CASH PAYMENT
(2) MONSIGNOR CARR INSTITUTE	B	0.	FMV- CASH PAYMENT
(3) MONSIGNOR CARR INSTITUTE	D	0.	FMV- CASH BALANCE
(4) MONSIGNOR CARR INSTITUTE	Q	0.	FMV- CASH PAYMENT
(5) DIOCESE OF BUFFALO	R	0.	FMV- CASH PAYMENT
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CATHOLIC CHARITIES OF BUFFALO, NEW YORK	Employer identification number (EIN) or 16-0743251
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 741 DELAWARE AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14209	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KAREN MECOZZI

- The books are in the care of ▶ **741 DELAWARE AVENUE - BUFFALO, NY 14209**
Telephone No. ▶ **716-218-1400** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.