Form **990** (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

Part II | Signature Block

Do not enter social security numbers on this form as it may be made public. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number CATHOLIC CHARITIES OF THE Address change DIOCESE OF ROCHESTER

30-0553416 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite | E Telephone number Final return/ 1150 BUFFALO ROAD (585)328-3228 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 83,440,791. Amended ROCHESTER, NY 14624 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MR. JOHN BALINSKY for subordinates? Yes X No 1150 BUFFALO ROAD, ROCHESTER, NY

H(b) Are all subordinates included? Yes No 4947(a)(1) or

I Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions) J Website: ► WWW.DOR.ORG/CHARITIES **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust L Year of formation: 1917 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: MOTIVATED BY THE GOSPEL MESSAGE Governance OF JESUS CHRIST AND CATHOLIC SOCIAL TEACHING, OUR MISSION IS TO Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1658 5 Total number of volunteers (estimate if necessary) 5925 7 a Total unrelated business revenue from Part VIII, column (C), line 12 16,226. b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 50,642,002. 55,593,913. Revenue Program service revenue (Part VIII, line 2g) 24,881,019. 25,758,542. 10 553,977. 438,320. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,287,625. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ,119,228. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 77,364,623. 82,910,003. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,709,152. 4,189,589. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 46,990,461. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 44,457,147. 16a Professional fundraising fees (Part IX, column (A), line 11e) $\rightarrow 1,407,906.$ b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 28,145,215. 31,397,687. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 76,311,514. 82,<u>5</u>77,737. Revenue less expenses. Subtract line 18 from line 12 1,053,109. 332,266. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 57,848,282. <u>62,960,997.</u> 21 Total liabilities (Part X, line 26) 38,170,144 41,397,765. et 2

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, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.
	Jathun a Johnson	11/11/2020
Sign	Signature of officer U	Date
Here	KATHLEEN JOHNSON, CHIEF FINANCIAL OFFICER	
	Type or print name and title	
	Print/Type preparer's name Pteparer's signature	Date / Check PTIN
Paid	JEFFREY PAILLE	11/9/2020 self-employed P01378272
Preparer	Firm's name ► BONADIO & CO., LLP\\\	Firm's EIN ▶ 16-1131146
Use Only	Firm's address 171 SULLY'S TRAIL	
_	PITTSFORD, NY 14534	Phone no. (585) 381-1000

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

Net assets or fund balances. Subtract line 21 from line 20

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No

X Yes

21,563,232.

19,678,138.

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4d Other program services (Describe on Schedule O.)

17,420,427. Including grants of \$

4e Total program service expenses ► 73,269,447.

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1,427,638.) (Revenue \$ 3,456,160.)

Porm 990 (2019) DIOCESE OF ROCHESTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		•	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ĺ	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	25/20/20/20/20
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		.,	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	l		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

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Pa	it IV Checklist of Required Schedules (continued)	3410	<u> </u>	age -
			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? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
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? If "Yes," complete			
04-	Schedule J	23	X	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		₃₂
h	Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization most any proceeds of taxesterript bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		+
·	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		+
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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	20a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			\Box
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? /f "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		000		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
٠.	Part V, line 1	34	х	
35a	Did the arganization have a controlled autity within the annual and a set of 54.04.04.00	35a	23.	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	L
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1000		1887.137.13 (01.11)
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	TIII	101	
	(gambling) winnings to prize winners?	1c	X	

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Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						Yes	No
b If a least one is reported on line 2a, did the organization file all required feeders employment tax interns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _effice enstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendary year, did the organization have an internst in, or a signature or other authority over, a financial account in a foreign country (earth as a barik account, securities account, or other financial account?) 4a At any time during the calendary year, did the organization have an internst in, or a signature or other authority over, a financial account in a foreign country (earth as a barik account, securities account, or other financial account?) 4a If Yes, a limit the name of the foreign country (earth as a barik account, account or a foreign accountry or a prohibited tax schelter transaction at any time during the tax year? 5a Was the organization spath or prohibited tax schelter transaction at any time during the tax year? 5b If Yes, and the organization that it was or is a party to a prohibited tax schelter transaction? 5c If Yes, and the organization that it was or is a party to a prohibited tax schelter transaction and the schelter transaction and the schelter transaction are properly for the schelter transaction and transaction and the schelter transaction and transaction and transaction and t	2a						
Note: If the sum of fires 1a and 2a is greater than 250, you may be required to e-ritio (see instructions) 3			<u> </u>				202
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," is that filed a Form 990-07 for this year," "(w) to time 80, your owner) and a particular or other authority over, a financial account in a foreign country (auch as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibeted tax each ear account, or other financial accounts (FBAH). 5a Was the organization and the degranization file from 89867; 5b If "Yes," onle Sa orb, did the organization the from 89867; 6a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles can charlatel ocontributions? 6b If "Yes," of the five organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 6c Dose the organization received adeuctible contributions under section 170(c). 6c If Yes, "Indicate the number of Forms 8282 filed during the year 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Fave, and the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as required? 7c If If the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as required? 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as required? 7d If the organization second and contribution of the contribution of the organization file Form 8290 as required? 8 phonoring organizations makes any taxasion	b				2b		
b If "Yes," has it filled a Form 990-T for this year? If "No" to Jim 63b, provide an explanation on Schedule O a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," interest the name of the foreign country (such as a bank account, securities account, or other financial account; (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any texable party notify the organization file Form 888817 6a Does the organization and progress orealized in the security to a prohibited tax shelter transaction? 6a Does the organization and annual gross necelytis that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible organization for the property for which it was required to file Form 82822 8b If "Yes," indicate the number of Forms 82822 filed during the year 9c If If Yes, "cited the organization receive a power promism, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file of Form 1988 organization file of Form			3)				
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country See instructions for filing regiments for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line Saor 59, did the organization flow or is a party to a prohibited tax shelter transaction? 6c If "Yes", "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions are expressed as a contribution or gifts were not tax deductibles or the substitution and party for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170c). a Did the organization receive a payment in excess of \$75 made party as a contribution of payor for which it was required to the Forms 2822? 7 organization receive a payment in excess of \$75 made party as a contribution of payor payor for which it was required to the Forms 2822? 7 organization receive a payment in excess of \$75 made party as a contribution of payor payor foreived to the goods or services provided? 7 organization receive and payment of Forms 2822 fled during the year. 9 organization receive and payment of Forms 2822 fled during the year. 9 organization receive	За				За	-	
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b if "Yes," citer the name of the foreign country ► See instructions for filing requirements for FIGNER Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any timo during the tax year? 5b Id any taxable party notify the organization file Form 88617? 6c Dose the organization have annual gross receipts that are normally greeter than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes" is one for this deductible as charitable contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Organization include with every solicitation an express statement that such contributions or gifts were not tax defunding the expression of the value of the goods or services provided? 7 Organization include any solicitation and partly for goods and services provided to the payor? 8 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization received any funds, directly or indirectly, on a personal benefit contract? 14 If the organization received any funds, directly or indirectly, on a personal benefit contract? 15 If the organization r	4a						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	IJ	and the state of t	445				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	100	,			10	25441	Marie
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	ч				ısa	322015	30/33
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c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			126			4,77	
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	c	Finter the amount of reserves on hand					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X 19 If "Yes," complete Form 4720, Schedule O.	14a	Did the executive reaches and residual to the fact that the second secon		· ·		17.15.15 E.	¥
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					15	S Con	444
If "Yes," complete Form 4720, Schedule O.			income?	, a	16	mar	X
						137 37	
			-		Form	990 /	'2010\

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	21	120		70.00 pt
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?	•	ľ	2	MARKE.	X
3	Did the organization delegate control over management duties customarily performed by or under the		··· ├			
Ū	of afficers alteration boots and the state of the state o			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	··· ⊦	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		····· -	5		X
6	Did the experientian have manufactured at the lateral		-	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		··· -	-		
, u	· · · · · · · · · · · · · · · · · · ·	•		7 _	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		···	7a		
.,	persons other than the governing had 2			7.	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b	Δ.	23.22.23
а	The management at the 4.0	•	už.	0-		A. 3. 1
			. Г	8a	X	
			···· -	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			_ [7.7
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u>X</u>
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			- 1	
40-	Did the approximation have been been been a large of the second of the s		_		Yes	No
	Did the organization have local chapters, branches, or affiliates?		├	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affiliates,				
				<u>10b</u>	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form		11a	X	Many way 4
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		L	<u>12b</u>	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?		L	13	Х	
14				14	X	C. (1) (1) (1) (1) (1)
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?					
	The organization's CEO, Executive Director, or top management official		L	15a	X	
b	Other officers or key employees of the organization			15b	X	unasbay 9
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	taxable entity during the year?	•••••	L	16a	and the second	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	100	161 (2.7 215 (1.1		1571:
	exempt status with respect to such arrangements?		<u> '</u>	16b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ▶NY					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(d	:)(3)s d	only) a	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of interest policy,	and f	inanci	ial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bool	ks and records				
	KATHLEEN JOHNSON - 585-546-7220					
	87 NORTH CLINTON AVENUE, ROCHESTER, NY 14604					
2006	01-20-20			Form	990 (2019)

DIOCESE OF ROCHESTER

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.

 See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is boti	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL GABRIELLI	2.00	J								
IMMEDIATE PAST CHAIR		Х		X	_		-	0.	0.	0.
(2) MAYNARD J. FOX III	2.00	١.,							•	0
FINANCE COMMITTEE CHAIR	1 2 20	X		X	_	ļ	_	0.	0.	0.
(3) ANTHONY ADAMS CHAIR	2.00	x		х	i			0.	0.	0.
(4) DEBORAH FARBERMAN	2.00							•	-	•
BOARD MEMBER		\mathbf{x}						0.	0.	0.
(5) REV. DANIEL J. CONDON	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) CATHERINE B. CRANDALL	2.00									
AUDIT COMMITTEE CHAIR		Х						0.	0.	0.
(7) JIM PURVIS	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) RON ALLISON	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) FRITZ MINGES	2.00	1							**	
RETIREMENT PLAN COMMITTEE CHAIR		Х						0.	0.	0.
(10) TED O'TOOLE	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) TIMOTHY SHEEHAN	2.00									_
BOARD MEMBER		X						0.	0.	0.
(12) MARTY PALUMBOS	2.00								_	
HUMAN RESOURCES COMMITTEE CHAR	1 2 00	Х						0.	0.	0.
(13) ROBERT KERNAN BOARD MEMBER	2.00	٠,							.	0
(14) TERRY MULHERN	2 00	X						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0
(15) SR. JANICE MORGAN	2.00	Δ					-	U •	U•	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(16) REV. PAUL TOMASSO	2.00	127	\vdash	\dashv			\vdash		0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(17) JOHN J BALINSKY	40.00	<u> </u>		\dashv			$\vdash \vdash$	J•		<u>~</u>
PRESIDENT/SECRETARY		Х		х				195,530.	0.	31,102.

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Form 990 (2019)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)	
(A)	(B)			- (4	C)			(D)	(E)	(F)
Name and title	Average	(40	not c	Pos			ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	ndad	irecto	or/trus	tee)	from	from related	other
	(list any	or director	l i		1		ł	the	organizations	compensation
	hours for	늉	as			ted		organization	(W-2/1099-MISC)	from the
	related organizations	8	ruste		١,,	Bensa		(W-2/1099-MISC)		organization
	below		onal 1		loye	E co				and related
	line)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organizations
(18) ESTELLA NORWOOD EVANS	2.00	=_	<u>=</u>	<u>.</u>	δ	王島	윤			
BOARD MEMBER		х			l	ĺ		0.	0.	0.
(19) CARIN ROULEAU	2.00									
BOARD MEMBER		X				L		0.	0.	0.
(20) DANIEL BROWN	2.00									
BOARD MEMBER		X			L			0.	0,.	0.
(21) BISHOP SALVATORE R. MATANO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) KATHLEEN JOHNSON	40.00									
CHIEF FINANCIAL OFFICER				X				137,395.	0.	31,128.
(23) LORI VAN AUKEN	40.00									
REGIONAL AGENCY CEO				X				135,425.	0.	14,974.
(24) ANTHONY BARBARO	40.00									
ASSOC. DIOCESAN DIR. (THRU 6/2019)				Х				96,770.	0.	12,748.
(25) ROBERT TRUSIAK	40.00									
CHIEF COMPLIANCE OFFICER				Х				143,381.	0.	10,969.
(26) MARLENE BESSETTE	40.00									
REGIONAL AGENCY CEO					X			182,400.	0.	21,004.
1b Subtotal							•	890,901.	0.	121,925.
c Total from continuation sheets to Part VI							>	628,330.	0.	99,134.
d Total (add lines 1b and 1c)					<u></u>		<u> </u>	1,519,231.	0.	221,059.
2 Total number of individuals (including but n	at limaitant ta the		:_4	-1-					000 - f t - l- l -	

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

14

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	77.77	19327	
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	1 3 and other compensation and other 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? f "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

and organization, report compensation for the datendar year ending with or with	ir the organization a tax year.	
(A) Name and business address	(B)	(C)
	Description of services	Compensation
PLYMOUTH PARK WEST, 31 E MAIN ST SUITE		
4000, ROCHESTER, NY 14614	RENT	390,213.
TAYLOR, THE BUILDERS	CONSTRUCTION/FIXED	
2580 BAIRD RD, ROCHESTER, NY 14526	ASSETS	350,559.
NORTH CLINTON, LLC		
259 ALEXANDER ST, ROCHESTER, NY 14607	RENT	304,151.
	CONSTRUCTION/FIXED	
	ASSETS	250,700.
BONADIO & CO., LLP		
171 SULLYS TRAIL, PITTSFORD, NY 14534	AUDIT	169,690.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

932008 01-20-20

Form 990 DIOCESE									30-055	3416
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and title	Average	١.,			itior			Reportable	Reportable	Estimated
	hours per	(C	heck	(all	that	app	ly) T	compensation from	compensation from related	amount of
	week		1]	gg g		the	organizations	other compensation
	(list any	ector			ĺ	mplo)		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	8			Highest compensated employee		(W-2/1099-MISC)		organization
	related organizations	rustee	Institutional trustee	ĺ	9	ubeus				and related
	below	dual t	utiona	<u>_</u>	m bo	st cor	듑			organizations
	line)	Indivi	Instit	Officer	Key employee	Ęġ	Former			
(27) NATASHA THOMPSON	40.00									
REGIONAL AGENCY CEO						Х		137,481.	0.	25,114.
(28) BARBARA POLING	40.00									
DIRECTOR OF HUMAN RESOURCE						Х		116,395.	0.	20,891.
(29) LAURA OPELT	40.00									
ASSOC. DIOCESAN DIR. (AS OF 10/2019						X	<u> </u>	122,080.	0.	20,457.
(30) CHARLES NOCERA	40.00			١						
REGIONAL AGENCY CEO	10.00				<u> </u>	Х	L	124,627.	0.	13,962.
(31) VICTORIA BRIGGS	40.00						1	105 545		40 540
REGIONAL AGENCY CEO					<u> </u>	Х		127,747.	0.	18,710.
					İ					
				_						
				l						
			ı							
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	J.			_	1		\dashv		·	·
Total to Part VII, Section A, line 1c								628,330.		99,134.
									<u> </u>	221234

Form 990 (2019) DIOCESE
Part VIII Statement of Revenue

			Check if Schedule O	con	tains a re	esponse	or note to any li	ne in this Part VIII			
						·		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
	_		·						- Idilottori Tovorido	business revenue	sections 512 - 514
ats:	2					1a	1,690,144				100
ja j	3				· · · · · · · · · ·	1b				100	
, S, S	1	C	Fundraising events		<u> </u>	1c	1,911,077		100		1
Contributions, Gifts, Grants	<u> </u>	d	Related organizations			1d	209,178.	 (2) 2 (1) (2) (2) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
5.			Government grants (cont			1e	41,885,460.	╛	100		
i ii	1	f	All other contributions, gifts								
흕	3		similar amounts not include	i abo	ve	1f	9,898,054.				
Ę	3	g	Noncash contributions included in	lines	1a-1f	1g \$	5,026,491.				
<u>٢</u> ٢	1	<u>h</u>	Total. Add lines 1a-1f				<u> </u>	55,593,913.	2	100	
	l						Business Code			and the second	T. Mg or EVAN
Se	1	2 a					624100	18,111,108.	18,111,108.		
Ξ	ł	b		E			624100	3,638,782.	3,638,782.		
Š	1	C	CLIENT FEES				900099	2,334,580.	2,334,580.		
ag Se		ď	WHOLESALE/SHARE MAI	NTE	IANCE		424000	1,674,072.	1,674,072.		
Program Service Revenue	1	е									
Δ.			All other program service								
	L		Total. Add lines 2a-2f					25,758,542.			
	:	3	Investment income (include								
			other similar amounts)					253,474.			253,474.
		4	Income from investment of		•	•					
	!	5	Royalties					o wicom page folialem e werden von een men and and object.			
				ł	— ·-	Real	(ii) Personal				
	•	6 a	Gross rents	<u>6a</u>		7,948.					
			Less: rental expenses	6b		1,722.					
			Rental income or (loss)	<u>6c</u>	1	6,226.	<u> </u>				
			Net rental income or (loss)			<u></u>	16,226.		16,226.	
	7	7 a	Gross amount from sales of			urities	(ii) Other				
			assets other than inventory	<u>7a</u>	20	2,176.				30.44	And the second
		b	Less: cost or other basis			_			77 - 12 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
<u> </u>				7b		0.	17,330.				1.0
Other Revenue			Gain or (loss)	7c		2,176.	-17,330.				
Ğ.			Net gain or (loss)				·····	184,846.	- Tabuah usan menangkan kanangkan kenanggan penggan penggan penggan penggan penggan penggan penggan penggan pe	VALONARI pur sandana eraka dikaka dikaka ta eraka	184,846.
۽	٤	за	Gross income from fundraising								
٥					077. c	of					
			contributions reported on		,						
			Part IV, line 18			8a	660,066.				
l			Less: direct expenses				471,736.	100 220	The state of the s		
			Net income or (loss) from		-		·····	188,330.		Salata de Salara de Salara de Sala	188,330.
	ä	a	Gross income from gaming Part IV, line 19								
		L	Loop, divant assesses		• • • • • • • • • • • • • • • • • • • •	- 1 1					
						9b					
	10		Net income or (loss) from g Gross sales of inventory, le			iles					
İ	10					اما					
			and allowancesLess: cost of goods sold			11			All and the second		
ł			Net income or (loss) from s		of invor						A STATE OF THE STA
		<u> </u>	reconcorne or (loss) norms	aics	OI IIIVEI	itory	Business Code				(18 C 18
Sign	11	а	OTHER REVENUE			ŀ	900099	914,672.	914 672		
Miscellaneous Revenue	• •	b						244,014.	914,672.		
ela Ke		c				 }					
<u>8</u> 8		ď	All other revenue								
Σ			Total. Add lines 11a-11d			L		914,672.			Property of the second
	12		Total revenue. See instruction	 1S	************	********		82,910,003.	26,673,214.	16,226.	626,650.
										10,220.	020,030.

Form 990 (2019) DIOCESE OF ROCHESTER Part IX Statement of Functional Expenses

include amounts reported on lines 6b, 9b, and 10b of Part VIII. rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 rants and other assistance to domestic dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 renefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified resons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B) renefits and wages renefits and wages renefits and wages renefits and 401(k) and 403(b) employer contributions) there employee benefits response for services (nonemployees): an anagement regal recounting	(A) Total expenses 4,189,589. 1,015,410. 38,456,551. 970,924. 2,721,444. 3,826,132.	33,853,006. 803,827.	1,015,410.	679,879 16,532 71,713 60,417
and domestic governments. See Part IV, line 21 rants and other assistance to domestic dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 renefits paid to or for members compensation of current officers, directors, sustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B) ther salaries and wages rension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits resort services (nonemployees): anagement regal	1,015,410. 38,456,551. 970,924. 2,721,444. 3,826,132.	33,853,006. 803,827. 2,368,603.	1,015,410. 3,923,666. 150,565. 281,128.	16,532 71,713
rants and other assistance to domestic dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ether salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ether employee benefits easyroll taxes eres for services (nonemployees): anagement engal	1,015,410. 38,456,551. 970,924. 2,721,444. 3,826,132.	33,853,006. 803,827. 2,368,603.	1,015,410. 3,923,666. 150,565. 281,128.	16,532 71,713
dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits eavroll taxes ees for services (nonemployees): anagement egal eccounting	1,015,410. 38,456,551. 970,924. 2,721,444. 3,826,132.	33,853,006. 803,827. 2,368,603.	1,015,410. 3,923,666. 150,565. 281,128.	16,532 71,713
rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits eavroll taxes ers for services (nonemployees): anagement ergal eccounting	1,015,410. 38,456,551. 970,924. 2,721,444. 3,826,132.	33,853,006. 803,827. 2,368,603.	1,015,410. 3,923,666. 150,565. 281,128.	16,532 71,713
ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ers for services (nonemployees): anagement egal eccounting	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
emefits paid to or for members compensation of current officers, directors, custees, and key employees compensation not included above to disqualified cursons (as defined under section 4958(f)(1)) and cursons described in section 4958(c)(3)(B) ther salaries and wages custon plan accruals and contributions (include cution 401(k) and 403(b) employer contributions) ther employee benefits current taxes curren	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
compensation of current officers, directors, ustees, and key employees ompensation not included above to disqualified orsons (as defined under section 4958(f)(1)) and orsons described in section 4958(c)(3)(B) ther salaries and wages on the section 401(k) and 403(b) employer contributions) there employee benefits and taxes on the section 401(k) and 403(b) employer contributions) there employee benefits and taxes on the section 401(k) and 403(b) employer contributions) there employees benefits and taxes on the section 401(k) and 403(b) employees): an angement of the section 401(k) and 403(b) employees): an agement of the section 401(k) and 403(b) employees): an agement of the section 401(k) and 403(b) employees):	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
ustees, and key employees compensation not included above to disqualified corsons (as defined under section 4958(f)(1)) and corsons described in section 4958(c)(3)(B) ther salaries and wages consion plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits corson services (nonemployees): contributions	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
ompensation not included above to disqualified arsons (as defined under section 4958(f)(1)) and arsons described in section 4958(c)(3)(B) ther salaries and wages arisin plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ther employee benefits aryroll taxes are for services (nonemployees): anagement argal accounting	38,456,551. 970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	3,923,666. 150,565. 281,128.	16,532 71,713
rsons (as defined under section 4958(f)(1)) and section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits easyroll taxes ees for services (nonemployees): anagement egal	970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	150,565. 281,128.	16,532 71,713
ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits eavroll taxes eres for services (nonemployees): anagement engal	970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	150,565. 281,128.	16,532 71,713
ther salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (nonemployees): anagement egal accounting	970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	150,565. 281,128.	16,532 71,713
ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (nonemployees): anagement egal ccounting	970,924. 2,721,444. 3,826,132.	803,827. 2,368,603.	150,565. 281,128.	16,532 71,713
ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (nonemployees): anagement egal	2,721,444. 3,826,132.	2,368,603.	281,128.	71,713
ther employee benefits ayroll taxes ees for services (nonemployees): anagement egal ccounting	2,721,444. 3,826,132.	2,368,603.	281,128.	71,713
ayroll taxes ees for services (nonemployees): anagement egal ccounting	3,826,132.			
ees for services (nonemployees): anagement egal ccounting		J,JJA,J44•	±33,3/1+	<u>UU</u> ,41/
anagement egal ecounting		i		
gal				
counting	119,903.		119,903.	
	169,690.		169,690.	
obbying I	20370301		100,000.	
obbying ofessional fundraising services. See Part IV, line 17				
vestment management fees	26,728.	477177 A 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26,728.	· ··· · · · · · · · · · · · · · · · ·
ther. (If line 11g amount exceeds 10% of line 25,				
lumn (A) amount, list line 11g expenses on Sch O.)	4,630,255.	3,972,500.	509,228.	148,527
dvertising and promotion	335,361.	116,609.	144,703.	74,049
fice expenses	2,277,997.	1,868,461.	157,454.	252,082
	518,394.	442,473.	75,921.	
	4,683,514.	4,357,533.	293,301.	32,680
avel	259,826.	233,843.	25,983.	
syments of travel or entertainment expenses				
any federal, state, or local public officials				
onferences, conventions, and meetings				7,142
erest	194,735.	148,286.	46,321.	128
yments to affiliates				
preciation, depletion, and amortization				55
surance	603,702.	538,436.	57,125.	8,141
ner expenses. Itemize expenses not covered				
e 24e amount exceeds 10% of line 25, column (A)				
· · · · · / F				
			F0 104	F 204
<u> </u>				5,324
				51,237
	04,311,131.	13,209,44/.	/,900,384.	1,407,906
nt costs. Complete this line only if the organization I				
. , ,				
orted in column (B) joint costs from a combined				
	yments of travel or entertainment expenses any federal, state, or local public officials onferences, conventions, and meetings erest yments to affiliates preciation, depletion, and amortization surance ere expenses. Itemize expenses not covered ever expenses. Itemize expenses on line 24e. If every even every even even even every expenses on line 24e. If even even even even even even even eve	yalties ccupancy avel yments of travel or entertainment expenses any federal, state, or local public officials onferences, conventions, and meetings erest yments to affiliates preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance preciation, depletion, and amortization or curance 1,616,074 603,702 1,616,074 1,616,075		value

Pa	irt X	Balance Sheet									
		Check if Schedule O contains a response or not	e to an	y line in this P	art X						
							(A) Beginning	of year		(B) End of ye	ear
	1	Cash - non-interest-bearing						,420.	1	6,648	,750.
	2	•							2		
	3	· ·						.,076.			,759.
	4	Accounts receivable, net					10,805	673.	4	11,426	,873.
	5	Loans and other receivables from any current or									
		trustee, key employee, creator or founder, substantial contributor, or 35%									Y Fa
	}	controlled entity or family member of any of thes	e perso	ons	· · · · · · · · · · · · · · · · · · ·				5		
	6	Loans and other receivables from other disquality	ied per	sons (as defin	ed						
		under section 4958(f)(1)), and persons described							6		
2	7	Notes and loans receivable, net	••••	• • • • • • • • • • • • • • • • • • • •					7		_
Assets	8	Inventories for sale or use					943	773.	8	1,851	,945.
Ä	9	Due waid assessment and statement at a survey							9		
	10a	Land, buildings, and equipment: cost or other	li				100				
	İ	basis. Complete Part VI of Schedule D									
	b	Less: accumulated depreciation							10c		
	11	Investments - publicly traded securities					2,626		11	3,293	
	12	Investments - other securities. See Part IV, line 1				• • • • • • •	7,038	,631.	12	8,100	<u>,478.</u>
	13	Investments - program-related. See Part IV, line	l 1						13		
	14	Intangible assets							14		
	15	Other assets. See Part IV, line 11					10,975			10,654	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			57,848			62,960			
	17	Accounts payable and accrued expenses					7,507	,064.	17	8,877	<u>,436.</u>
	18	Grants payable				18					
	19	Deferred revenue					3,073	<u>,239.</u>	19	5,425	<u>,557.</u>
	20	Tax-exempt bond liabilities							20		
	21	Escrow or custodial account liability. Complete F					9,126	<u>,997.</u>	21	7,903	<u>,367.</u>
es	22	Loans and other payables to any current or form									
Liabilities		trustee, key employee, creator or founder, subst			35%					2.00	
ä		controlled entity or family member of any of thes							22		
	23	Secured mortgages and notes payable to unrela					2,436		23	2,067	
	24	Unsecured notes and loans payable to unrelated					2,251	,567.	24	1,060	<u>,634.</u>
	25	Other liabilities (including federal income tax, pay									
		parties, and other liabilities not included on lines	17-24).	Complete Pa	rt X		40 554			4	
		of Schedule D	•••••				13,774	<u>, /59.</u>	1	16,063	<u>, 111.</u>
	26	Total liabilities. Add lines 17 through 25		<u> </u>			38,170	<u>,144.</u>	26	41,397	<u>,765.</u>
S		Organizations that follow FASB ASC 958, che	ck here	$\bullet \blacktriangleright [X]$							
JCe		and complete lines 27, 28, 32, and 33.					13 455	100		44 204	
<u>ala</u>	I						13,455		27	14,381	
d B	28	Net assets with donor restrictions			······		6,222	,940.	28	7,181	,940.
Ë	}	Organizations that do not follow FASB ASC 95	8, che	ck here					100		
卢		and complete lines 29 through 33.					and the second second second second				ARISE A SULL
Net Assets or Fund Balances		Capital stock or trust principal, or current funds							29		
SSE		Paid-in or capital surplus, or land, building, or eq							30		
et A		Retained earnings, endowment, accumulated inc					10 670	120	31	21 562	222
ž		Total liabilities and not asset found belower					19,678			21,563	
	33	Total liabilities and net assets/fund balances		.,			57,848	,404.	33	62,960	, 99/.

Form 990 (2019)

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 82,910,003 2 32,577,733 3 332,266 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 19,678,136 5 Net unrealized gains (losses) on investments 5 1,487,161 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 7		n 990 (2019) DIOCESE OF ROCHESTER	30-	-0553416	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 332, 266 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 65,667 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:	Pa	Reconciliation of Net Assets			
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 332, 266 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 65,667 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI			Х
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 332, 266 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Part XIII Financial Statements and Reporting 7 Check if Schedule O contains a response or note to any line in this Part XII 7 Accounting method used to prepare the Form 990:					
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Clumn (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	1		_ 1		
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5	2		2		
Net unrealized gains (losses) on investments 5	3		3		
6 Donated services and use of facilities 6 1 1 1 1 1 1 1 1 1	4		4		
6 Donated services and use of facilities 7 Investment expenses	5		5	1,487	,161.
Investment expenses	6	Donated services and use of facilities	6		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	7	Investment expenses	7		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Taxour Ta	8		8		
column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain on Schedule O)	9	65	,667.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate 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 X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on 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	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
Check if Schedule O contains a response or note to any line in this Part XII Yes N Accounting method used to prepare the Form 990:			10	21,563	,232.
Accounting method used to prepare the Form 990:Cash _ X AccrualOther	Pa				
Accounting method used to prepare the Form 990:Cash _ X AccrualOther		Check if Schedule O contains a response or note to any line in this Part XII			Х
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 X 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 on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
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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 Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated and separate basis Consolidated basis Consolidated and separate basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidate	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
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 X 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 on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:			
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Separate basis Consolidated basis X Both consolidated and separate basis			
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				l l	x
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it	
30 1 A		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			x
Form 990 (20 ⁻				Form 9	90 (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF THE Employer identification number DIOCESE OF ROCHESTER 30-0553416 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 🔟 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER 30-0553

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

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

Se	ction A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not			ĺ							
	include any "unusual grants.")	44909119.	48790939.	50766975.	50642002.	56253979.	251363014				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to			·							
	or expended on its behalf				ļ						
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	44909119.	48790939.	50766975.	50642002.	56253979.	251363014				
	The portion of total contributions	90 Table 1950	1								
	by each person (other than a					100					
	governmental unit or publicly				34						
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)				47.						
6	Public support. Subtract line 5 from line 4.		2 10 04 4 4 4				251363014				
	ction B. Total Support	CALL CONTROL OF THE C		THE SERVICE NAMED SERVICES	The state of the s	10,300,710,390, 11 ,400,017,000,000	231303014				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
		44909119.	48790939	50766975	50642002	56253979	251363014				
	Gross income from interest,			30,003,00	0001110011	302333731	231303011				
-	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	172,682.	187.830.	235 371.	273,693.	253,474.	1123050.				
9	Net income from unrelated business			200/0/20	27370331	233,111.	1123030.				
Ū	activities, whether or not the										
	business is regularly carried on	54,812.	63,789.	54,870.	55,188.	57,948.	286,607.				
10	Other income. Do not include gain	01/0121	0077030	31/0/01	33,100.	37,340.	200,0071				
••	or loss from the sale of capital										
	assets (Explain in Part VI.)	776 851	810.333.	1048315.	847,539.	979,176.	4462214.				
11	Total support. Add lines 7 through 10	* 10 / 00 1	010/000	1010313.	017,333.		257234885				
	Gross receipts from related activities,	etc (see instructio	nel		an a managaran a sa sa sa sa sa sa sa sa sa sa sa sa s		,279,240.				
	First five years. If the Form 990 is for			I fourth or fifth to			, 213, 240.				
	organization, check this box and stor					,					
Sec	tion C. Computation of Publi	c Support Per	centage		***************************************	***************************************					
	Public support percentage for 2019 (li	··· :		olumn (f))		14	97.72 %				
15	Public support percentage from 2018	Schedule A. Part I	l line 14		•••••		97.72 %				
	Public support percentage from 2018 Schedule A, Part II, line 14										
	stop here. The organization qualifies as a publicly supported organization										
b	33 1/3% support test - 2018. If the c	rganization did not	t check a box on li	ne 13 or 16a and	line 15 is 33 1/3%	or more check this	s hov				
-	and stop here. The organization quali										
17a	10% -facts-and-circumstances test	- 2019 If the oras	apported organiza	heck a hox on line	13 16a or 16b a	nd line 14 is 10% a	or more				
	and if the organization meets the "faci										
	meets the "facts-and-circumstances" t										
h	10% -facts-and-circumstances test										
	more, and if the organization meets th										
	organization meets the "facts-and-circ						ightharpoonup				
	Private foundation. If the organization										
<u> </u>	roundation in the organization	did flot offeon a L	or on mie 10, 10a	, 100, 17a, 01 17b,		dule A /Form 990					

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Schedule A (Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER

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

Se	ction A. Public Support	sciow, piease com	piete i ait ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				,.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	include any "unusual grants.")	1				[·	
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 bus- iness under section 513						
4	Tax revenues levied for the organ-					<u> </u>	
	ization's benefit and either paid to				1]	
	or expended on its behalf						
5	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
	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				**		
	Public support. (Subtract line 7c from line 6.)			Control of		1 (2) (4) (4)	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						1.7
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income		<u> </u>				
	(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						
13	assets (Explain in Part VI.)		· · · · · · · · · · · · · · · · · · ·			1	
	First five years. If the Form 990 is for	the organization's	first, second, thire	d. fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organizat	ion
	of the first transfer of				-		
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8. column (f), d	ivided by line 13. d	column (fl)		15	%
	Public support percentage from 2018					16	%
Sec	tion D. Computation of Inves	tment Income	Percentage			1.01	
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box an						13 1101
	33 1/3% support tests - 2018. If the						d
	line 18 is not more than 33 1/3%, chec						<u> </u>
	Private foundation. If the organization						
	non as to	a.		, or rob, oridon til	L DON AIR SEE INS		

Schedule A (Form 990 or 990-EZ) 2019

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
		,	eapperaing enganizations

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	177		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	Land Street		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	4.5		
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1772.17	
	(b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1.43		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		1
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		16	U VALV
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	35 (13.4)	79.2	180
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	. 1220222	- 500M1EARS
c	Did the organization support any foreign supported organization that does not have an IRS determination	200	150	16586
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		44	議院
	purposes.	4c	1.309165559	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4 4	7.00	34.9
	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	7.00	100	
	was accomplished (such as by amendment to the organizing document).	5a		02930
b		5000000	1200100	\$135.75 975.777
	designated in the organization's organizing document?	5b		: 50025, T
С	A Control of the Cont	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	18 34 12	3.00	1886
	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? If "Yes," provide detail in			700
	Part VI.	6	ALL MASS	-140.2010
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			4540
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	. XAVXXXXXX	-02000000
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1000	767	The second
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	- Marie Sandi	iki ini
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	777	31.72	1883
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		100	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	. aranzair	120902
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>	7007	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1226348	303322
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90		N. 15
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ASSESSED.	SECOND.
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	11000	初度	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			COM.
	supporting organizations)? If "Yes," answer 10b below.	10a	ukuanii	anni.
	to the contract of the second of the contract			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

30-0553416 Page 5 Schedule A (Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 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? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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	edule A (Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER			0-0553416 Page 6
) 20 A 30	Type III Non-Functionally Integrated 509(a)(3) Supportin			····
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	T
Sec	tion 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		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	11.51	H. M.	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	30		all and the second
	factors (explain in detail in Part VI):	A A		
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		· · · · · · · · · · · · · · · · · · ·
Sect	ion 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	Ť		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally			nization (see
	instructions).	, gru	, po in outpoining organ	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER 30-05 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
2200000	tion D - Distributions	manus Supporting Orga	inizations (continued)					
1	Amounts paid to supported organizations to accomplish exi	empt purposes		Current Year				
	Amounts paid to perform activity that directly furthers exem							
_	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	9					
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 t	the organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-		· · · · · · · · · · · · · · · · · · ·					
	able cause required- explain in Part VI). See instructions.	har the state of t		All the second				
_3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
c	From 2016							
<u>d</u>	From 2017							
<u>e</u>	From 2018							
f	Total of lines 3a through e			15 A 15 A 15 A 15 A 15 A 15 A 15 A 15 A				
g	Applied to underdistributions of prior years	100						
<u>h</u>	Applied to 2019 distributable amount							
i_	Carryover from 2014 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2019 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.	Million about 2 Art Wilder Company Server (Art on the best and a rest of the						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.	ELLAN TO THE THE PARTY OF THE P						
7	Excess distributions carryover to 2020. Add lines 3j	[
	and 4c.		100000000000000000000000000000000000000					
8	Breakdown of line 7:							
_	Excess from 2015			A Property of the Control of the Con				
	Excess from 2016							
	Excess from 2017							
_ d	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Part VI	(Form 990 or 990-EZ) 2019 DIOCESE OF ROCHESTER Supplemental Information. Provide the explanations required by Part II, line 10	30-0553416 p
	Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	v, Section B, lines 1 and 2; Part IV, Section C Part V, line 1; Part V, Section B, line 1e; Part part for any additional information.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

Employer identification number 30-0553416

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 inform all 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? Part III 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 (for example, recreation or education) 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 la day of the tax year. a Total number of conservation easements 5 Dotal acreage restricted by conservation easements 6 Number of conservation easements no a certified historic structure included in (a) 6 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 enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
year ▶	
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	_
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	No
▶ %	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	٦
and section 170(h)(4)(B)(ii)?	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB 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 FASB 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 \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

		OF ROCHES					30-05	53416	_ P	age 2	
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er S	imilaı	r Asset	s (contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	following that make	signi	ficant ι	use of its		•		
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е	Other								
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt	purpos	se in Part	XIII.			
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			<u></u>	Yes		No_	
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Fo	rm 990	, Part IV,	line 9, or			
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-							_	
	on Form 990, Part X?	•••••	•••••				L	Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
							· · · · · · · · · · · · · · · · · · ·	Amount			
C	5					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an amount on Fo						LX	Yes	<u> </u>	No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Rart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
Sept. Co.	Litaowillent i alias. Complete i										
۵.	Particular of the L	(a) Current year	(b) Prior year	(c) Two years back			ears back				
	Beginning of year balance	4,385,822.	4,963,811.	4,366,846	<u>-</u>	4,2	03,904.	4,		111.	
b	Contributions	7,057.	256 154	016 763		4	2,330.			900.	
C	Net investment earnings, gains, and losses	883,721.	-356,154.	816,763	+	4.	21,536.	-	126,	017.	
a	Grants or scholarships				+			<u> </u>			
е	Other expenditures for facilities	222 047	221 025	210 700		•	CO 004		100	000	
	and programs	222,947.	221,835.	219,798	-	- 21	60,924.		199,	090.	
T	Administrative expenses	5,053,653.	A 20E 022	4 062 011		4 2			202	004	
g	End of year balance		4,385,822.	4,963,811	•	4,3	66,846.	4,	203,	904.	
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance) neid as:							
a b	- 00.00	%	_%								
	Term endowment 17.20										
C	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses	•	tion that are hold an	d administered for	tha ar	raenize:	tion				
-	by:	olon of the organizat	don that are nele an	a administered for	uie oi	garnza	tion	F	Yes	No	
	(i) Unrelated organizations							3a(i)	X	140	
	(ii) Related organizations	***************************************				• • • • • • • • • • • • • • • • • • • •		3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule B2				•••••	3b			
4	Describe in Part XIII the intended uses of the			***************************************		• • • • • • • • • • • •		[OD]			
	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered		Part IV, line 11a, Se	ee Form 990, Part)	K. line	10.					
	Description of property	(a) Cost or ot				mulate	d	(d) Book	value	e	
	,	basis (investm	1 ' '			iation	_	()			
1a	Land	7,753,4				4-1650 r		7,753	, 4'	71.	
	Buildings					1,67		8,358	, 08	85.	
	Leasehold improvements					7,96		365			
	Equipment	··		5.		9,12		2,822			
	Other					6,32		1,548	_		
	. Add lines 1a through 1e. (Column (d) must ed)c.)				0,847			

Part VII Investments - Other Securities.			o obstract rages
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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A) THE COMMUNIS FUND OF THE			
(B) DIOCESE OF ROCHESTER	8,100,478.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	8,100,478.		
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 e	nd-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 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) CUSTODIAL FUNDS			7,907,344.
(2) OTHER ASSETS			152,564.
(3) ASSETS LIMITED AS TO USE			2,595,002.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.	15.)		10,654,910.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) INSURANCE LIABILITY			604,063.
(3) CAPITAL ADVANCES FROM FUND			14,246,593.
(4) DUE TO YOUR HEALTH PARTNER	S OF THE		
(5) FINGER LAKES, LLC			1,212,455.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	16,063,111.
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under f			

Schedule D (Form 990) 2019

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO PROVIDE A FUTURE INCOME SOURCE AS A SAFEGUARD AGAINST FUTURE FUNDING DECREASES.

932054 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 DIOCESE OF ROCHESTER	30-0553416 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	· · · · · · · · · · · · · · · · · · ·
SPECIAL EVENTS EXPENSE	-471,737.
UNRELATED RENTAL INCOME EXPENSE	-41,722.
	-513,459.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EFFECT OF CHANGE IN INSURANCE LIABILITY	65,667.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	-471,737.
UNRELATED RENTAL INCOME EXPENSE	-41,722.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-513,459.

Schedule D (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	OF ROCHESTER					Employer ide 30-0553	ntification number
	Complete if the organization answe	red "Y	es" or	Porm 990 Part IV Ii	ne 17		
required to complete this par	t.		00 01			. 1 01111 000 LZ	mers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations 	e Solicitat	tion of tion of	non-g gover	overnment grants nment grants			
d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	- 1	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
:							
	:	i					
						-	
Total 3 List all states in which the organization			utions	or has been notified	it in a	Yomat from roo	nistration
or licensing.	Tis registered of licensed to solicit of	onino.		or has been notified t	it is e	xempt from reg	gistration
			,				
	, <u>, , , , , , , , , , , , , , , , , , </u>						

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

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedu	le G (Form 990 or 990-EZ) 2019 DIOCESI	OF ROCHESTE	R	30-	0553416 Page 2							
in the	art		he organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000							
_	Т	of fundraising event contributions and gr	(a) Event #1			ts greater than \$5,000.							
			CATHOLIC	(b) Event #2 FOOD BANK	(c) Other events	(d) Total events							
	l		I.	TOUR DEKEUKA	21	(add col. (a) through							
			(event type)	(event type)	(total number)	col. (c))							
e			(event type)	(event type)	(total number)								
Revenue	1	Gross receipts	259,188.	109,432.	2,202,523.	2,571,143.							
-	2	Less: Contributions	221,188.		1,689,889.	1,911,077.							
	3	Gross income (line 1 minus line 2)	38,000.	109,432.	512,634.	660,066.							
	4	Cash prizes											
"	5	Noncash prizes	1,512.		3,543.	5,055.							
Direct Expenses	6	Rent/facility costs	2,360.		48,018.	50,378.							
rect E	7	Food and beverages	40,164.		38,782.	78,946.							
Ö	1 .	Entroteinorent	4 000		22 126	27 126							
	8	Entertainment Other direct expenses	4,000.		23,126. 227,206.	27,126.							
	10	Direct expense summary. Add lines 4 through		<u> </u>		310,231. 471,736.							
	11	Net income summary. Subtract line 10 from I			_	188,330.							
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than												
	\$15,000 on Form 990-EZ, line 6a.												
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add							
Revenue			(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))							
Že													
	1	Gross revenue											
ses	2	Cash prizes											
Expenses	3	Noncash prizes											
Direct	4	Rent/facility costs											
	5	Other direct expenses											
	6	Volunteer labor	│	Yes %	Yes %								
	_		F: 1 (1)										
	7	Direct expense summary. Add lines 2 through											
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>								
	- .												
		er the state(s) in which the organization condu											
		ne organization licensed to conduct gaming ac				Yes No							
b		No," explain:											
		re any of the organization's gaming licenses re ⁄es," explain:		· · · · · · · · · · · · · · · · · · ·	ear?	Yes No							
	_			=									
93208	2 09-	11-19			Schedule G /For	m 990 or 990-F7\ 2019							

Sch			553416	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
			الما	0/
a 	The organization's facility		13a	%
4.4	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	s:		
	Name ►			
	Address			
4-				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt		
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	,			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	· · · · · · · · · · · · · · · · · · ·			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 💲			
Par		and Part	III. lines 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,,
_				
∌32083	09-11-19 Schedule 0	à (Form	990 or 990-	EZ) 2019

chedule G (Form 990 or 990-EZ) DIOCESE OF ROCHESTER	30-0553416 P
Chedule G (Form 990 or 990-EZ) DIOCESE OF ROCHESTER Part IV: Supplemental Information (continued)	
A TO THE TOTAL OF	
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SCHEDULE 1 (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.

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. CATHOLIC CHARITIES OF THE

Name of the organization	CATHOLIC CHARITIES OF	CHARITIES	OF THE					Employer identification number
	DIOCESE OF ROCHESTER	F ROCHEST	뚔					30-0553416
Part [] General Information on Grants and Assistance	nation on Grants an	d Assistance						1
1 Does the organization maintain records to substantiate the amour	maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	c
criteria used to award the grants or assistance?	the grants or assist							X Yes
2 Describe in Part IV the organization's procedures for monitoring the	e organization's pro	cedures for monit	oring the use of grant i	ne use of grant funds in the United States.	States.		for monitoring the use of grant funds in the United States.	: }]
Part II Grants and Other Assistance to Domestic Organizations	her Assistance to D	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any
recipient that re	sceived more than \$	5,000. Part II can	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	onal space is need	pe.			•
1 (a) Name and address of organization	s of organization	(p) EIN	(c) IRC section	(d) Amount of (e) Amount of	(e) Amount of	(f) Method of valuation (book,	(g) Description of	(h) Purpose of grant
			(ii applicable)	cash grant	non-casn assistance	FMV, appraisal, other)	noncash assistance	or assistance

Schedule I (Form 990) (2019)	3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	9 Enter total number of contions EOI (A)(2) and conformant accompanies likely in the line of table.

932101 10-26-19

THE CATHOLIC CHARITIES OF

DIOCESE OF ROCHESTER

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. Schedule I (Form 990) (2019)
|Part III | Grants and Other

Page 2

30-0553416

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The second second

(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
SHORT-TERM EMERGENCY ASSISTANCE TO INDIVIDUALS	0	4,189,589.	0.	0. CASH	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:			į		
ALL APPLICANTS FOR EMERGENCY SHORT-	SHORT-TERM ASSISTANCE	ISTANCE ARE	E SCREENED	FOR	
SPECIFIC INCOME-BASED ELIGIBILITY.	OFTEN A	SSISTANCE	ASSISTANCE TO AN INDIVIDUAL	/IDUAL IS	
REMITTED DIRECTLY TO A THIRD-PARTY,	SUCH AS		A LANDLORD OR A UTILITY	ITY	
PROVIDER. IN SUCH CASES, PAYEES ARE	ALSO	SCREENED TO	TO ENSURE THEY	Y ARE VALID	
PAYEES AND PROVIDERS OF HOUSING OR	OTHER	SERVICES TO THE		INDIVIDUAL BEING	

32

250,000 INDIVIDUALS DURING

ASSISTED. CCDR ESTIMATES IT TOUCHES THE LIVES OF

THE YEAR

932 102 10-26-19

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

Employer identification number 30-0553416

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X 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: 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? 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 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? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 DIOCESE OF ROCHESTER

30-0553416

Page 2

Part III 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.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(G)·(l)(g)	in column (B) reported as deferred on prior Form 990
(1) JOHN J BALINSKY	(3)	195,530.	0	0	9,984.	21,118.	226,632.	0
SIDENT/SECRETARY	(ii)		0	0	0	·l	-1	0
	(i)	137,395.	0.	0	7,500.	23,628.	168,523.	0
EF FINANCIAL OFFICER	⊞	ı	0	0	0	•1	0	0
	Θ	135,425.	0.	0	3,935.	11,039.	150,399.	0
	Œ		0.	0	0	0		0
	(i)	143,381.	0	0.	0	10,969.	154,350.	0
F COMPLIANCE OFFICER	≘		0.	0.	0	0	0	0
Ξ	Ξ	182,400.	0.	0	5,490.	15,514.	203,404.	0
	▣	- 1	0.	0	• 0	0.	1	0
NC	Θ	137,481.	0.	.0	8,543.	16,571.	162,595.	0
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							Schedu	Schedule J (Form 990) 2019

932112 10-21-19

Page 3 Schedule J (Form 990) 2019 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. 30-0553416 35 CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER Part III Supplemental Information Schedule J (Form 990) 2019 932113 10-21-19

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 THE

Employer identification number DIOCESE OF ROCHESTER 30-0553416

Ha	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods			••••	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded			···	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х		5,026,491.	\$1.68/LB
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other			<u>-</u>	
26	Other ()				
27	Other ()				
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	entributions	
	for which the organization completed Form 828				
			•		Yes No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, lines 1 through	
	must hold for at least three years from the date				ed for
	exempt purposes for the entire holding period?			•	30a X
b	If "Yes," describe the arrangement in Part II.			***************************************	
31	Does the organization have a gift acceptance p	olicy that red	quires the review o	f any nonstandard contributi	ons? 31 X
32a	Does the organization hire or use third parties of				
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is checl	ked,
	describe in Part II.				
ΙHΔ	For Panerwork Reduction Act Notice and		/ F 200		1,730,000,000,000

Schedule M (Form 990) 2019

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER Schedule M (Form 990) 2019 30-0553416 **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 Part II this part for any additional information. 932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CATHOLIC CHARITIES OF THE

DIOCESE OF ROCHESTER

Employer identification number 30-0553416

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUILD A JUST AND COMPASSIONATE SOCIETY ROOTED IN THE DIGNITY OF ALL PEOPLE THROUGH EDUCATION, ADVOCACY AND THE PROVISION OF HUMAN SERVICES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES ARE RELATED TO THE REMAINING OPERATING DIVISIONS OF CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER INCLUDING: CATHOLIC CHARITIES OF CHEMUNG/SCHUYLER, DIOCESAN SERVICES DIVISION, CATHOLIC CHARITIES OF STEUBEN, CATHOLIC CHARITIES OF TOMPKINS/TIOGA, CATHOLIC CHARITIES OF THE FINGER LAKES, CATHOLIC CHARITIES OF LIVINGSTON, AND CATHOLIC CHARITIES OF WAYNE. OTHER PROGRAMS SERVED APPROXIMATELY 70,000 CLIENTS IN 2019. EXPENSES \$ 17,420,427. INCL GRANTS OF \$ 1,427,638. REVENUE \$ 3,456,160. FORM 990, PART VI, SECTION A, LINE 6: THE FOLLOWING SERVE AS EX OFFICIO MEMBERS OF THE CORPORATION: THE DIOCESAN BISHOP OR, IN THE ABSENCE OF THE DIOCESAN BISHOP, THE ADMINISTRATOR OF THE ROMAN CATHOLIC DIOCESE OF ROCHESTER; THE VICAR GENERAL AS DESIGNATED BY THE DIOCESAN BISHOP; THE CHANCELLOR; THE DIOCESAN DIRECTOR OF CATHOLIC CHARITIES; AND THE CHAIRPERSON OF THE CORPORATION'S BOARD OF DIRECTORS. SECTION A, LINE 7A: FORM 990, PART VI, THE MEMBERS OF THE CORPORATION APPROVE FOR ELECTION BY THE BOARD OF DIRECTORS NAMES OF NOMINEES, RECEIVED FROM THE NOMINATING COMMITTEE (WITH REGARD TO AT-LARGE DIRECTORS) AND THE REGIONAL OPERATING DIVISION BOARDS (WITH REGARD TO DIRECTORS FROM THE REGIONAL BOARDS) TO THE CORPORATION'S LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

Employer identification number 30-0553416

BOARD OF DIRECTORS.

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

THE MEMBERS OF THE CORPORATION ALSO APPROVE AMENDING THE BYLAWS; AMENDING THE CORPORATION'S CERTIFICATE OF INCORPORATION; APPROVING ANY CHANGE IN THE PHILOSOPHY, DIRECTION AND VALUES OF THE CORPORATION AS AN AGENCY OPERATING UNDER THE AUSPICES OF THE ROMAN CATHOLIC DIOCESE OF ROCHESTER; LEASING REAL PROPERTY TO THIRD PARTIES WHEN THE LEASE IS FOR A TERM OF ONE YEAR OR MORE AND THE VALUE OF THE PROPERTY IS \$500,000 OR MORE; THE PURCHASE OF REAL PROPERTY WHEN THE VALUE OF THE PROPERTY CONSIDERED FOR PURCHASE IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE AVERAGE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS; THE SALE OF REAL PROPERTY WHEN THE VALUE OF THE PROPERTY CONSIDERED FOR SALE IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE AVERAGE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS, WHICHEVER IS LESS; BORROWING, WHEN THE AGGREGATE VALUE OF INDEBTEDNESS IS GREATER THAN \$500,000 OR 10% OF THE REGIONAL OFFICE ANNUAL OPERATING BUDGET FOR THE IMMEDIATELY PRECEDING THREE YEARS, WHICHEVER IS LESS; APPROVING THE SALE OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION; APPROVING THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER NOT-FOR-PROFIT CORPORATION; AND APPROVING THE DISSOLUTION OF THE CORPORATION.

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

PRIOR TO FILING FEDERAL FORM 990 A DRAFT FORM WAS PROVIDED TO THE BOARD

MEMBERS FOR THEIR REVIEW, QUESTIONS AND COMMENTS. THE 990 IS DISCUSSED AND

APPROVED AT A MEETING OF THE AUDIT COMMITTEE PRIOR TO FILING.

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

932212 09-06-19

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

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

▶ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 30-0553416

CHARITIES OF THE DIOCESE OF ROCHESTER CATHOLIC Name of the organization

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

(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
	1,50				
100					
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.	ons. Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more re	lated tax-exempt

(g) Section 512(b)(13) Š × × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) LINE 7 LINE 7 Exempt Code section 501(C)(3) 501(C)(3) **©** Legal domicile (state or foreign country) <u>ق</u> NEW YORK NEW YORK DEVELOPMENTALLY DISABLED DEVELOPMENTALLY DISABLED LOW-INCOME HOUSING FOR CORPORATION, INC. - 20-1166339, 1150 BUFFALO LOW-INCOME HOUSING FOR Primary activity 9 COMPANY, INC. - 20-3405303, 1150 BUFFALO RD, PROVIDENCE LYONS HOUSING DEVELOPMENT FUND PROVIDENCE YATES HOUSING DEVELOPMENT FUND Name, address, and EIN of related organization RD, ROCHESTER, NY 14624 ROCHESTER, NY 14624

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

932161 09-10-19 LHA

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 DIOCESE OF ROCHESTER

Partill 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.

Page 2

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. . .

(b) (c) (d) Predominant income controlling entity (related, unrelated, excluded from fax under sections 512-514)			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.	(b) (c) (d) (e) (f) (f) (g) (f) (g) (h) Share of total country) Primary activity (c corp., S		
_ 2 5 € 5			Corporation or Trust he tax year.	(b) Primary activity		
(b) Primary activity			inizations Taxable as a oration or trust during t			
(a) Name, address, and EIN Of related organization			Part IV Identification of Related Organizations treated as a corp	(a) Name, address, and EIN of related organization		- Annual Control of the Control of t

932162 09-10-19

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 DIOCESE OF ROCHESTER

30-0553416

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.				<u> </u>	Yes	٥
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?	s with one or more rel	ated organizations listed i	in Parts II-IV?		70.8	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			<u>_</u>	×	
b Gift, grant, or capital contribution to related organization(s)				4	×	ر.
c Gift, grant, or capital contribution from related organization(s)		-		۲	×	ا.
d Loans or loan guarantees to or for related organization(s)				10	×	ر ا
e Loans or loan guarantees by related organization(s)				4	×	<u> </u>
				2 17		
f Dividends from related organization(s)				#	×	,,
g Sale of assets to related organization(s)				5	×	ر.
h Purchase of assets from related organization(s)				+	×	ر.
i Exchange of assets with related organization(s)				;=	×	ر ا
j Lease of facilities, equipment, or other assets to related organization(s)				:	×	
k pase of facilities equipment or other assets from related organization(s)				6283	Þ	
	nization(e)			¥ ;	۵ ا	1.
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			= 1	4 ≻	۱.
Sharing of facilities equipment mailing lists or other assets with re	on(s)				4 ⊳	۱.
	(G)			= ,	∜ ≻	ا
				3.0°	4	1
p Reimbursement paid to related organization(s) for expenses				1	×	١.
q Reimbursement paid by related organization(s) for expenses				+	: ×	.1
				* Š	1	
r Other transfer of cash or property to related organization(s)				1	×].
				- 4	×	ا. ا
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	ho must complete this	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	nvolved	:	
(1)				5		1
(2)						I
(6)		The second secon				i
(4)						I
(5)						!
(9)						l
932163 09-10-19	,		Schedule	Schedule R (Form 990) 2019	90) 201	100

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Page 4

30-0553416

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

1								
(k) Percentage ownership		:						Schedule R (Form 990) 2019
(j) General or managing partner?								Form
Gen Dar Par	3							B (
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 Percentage Yes No		·						Schedul
(h) Disproportionate allocations?								
Dispression Tes								
(g) Share of end-of-year assets			-					
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) er orgs.?								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	3							
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								<u>.</u>
		_ - - -				 _ _ _		-

CATHOLIC CHARITIES OF THE Schedule R (Form 990) 2019 DIOC Part VII Supplemental Information DIOCESE OF ROCHESTER 30-0553416 Page 5 Provide additional information for responses to questions on Schedule R. See instructions.

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