

**EXTENSION ATTACHED -**  
**Return of Organization Exempt from Income Tax**

**2002**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

Department of the Treasury  
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2002 calendar year, or tax year beginning** 7/01 , **2002, and ending** 6/30 , **2003**

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

**Please use IRS label or print or type. See specific instructions.**

**Council of Senior Centers and Services of New York City, Inc.**  
 49 West 45th Street  
 New York, NY 10036

**D Employer Identification Number**  
 13-2967277

**E Telephone number**  
 (212) 398-6565

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**H and I are not applicable to section 527 organizations**

**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates ▶  
**H (c)** Are all affiliates included?  Yes  No  
 (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN ▶

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**G Web site:** ▶ www.cscs-ny.org

**J Organization type** (check only one) ▶  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,161,235.

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	379,113.		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	270,934.		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 650,047. noncash \$ )	<b>1d</b>		650,047.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>		100,967.	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		3,641.	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>	40,224.		
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		40,224.	
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	104,588.	<b>8a</b>	
<b>b</b>	Less cost or other basis and sales expenses		104,285.	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)	Statement 1	303.	<b>8c</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	303.
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including A of contributions reported on line 1a)	<b>9a</b>	261,768.		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	Statement 2		<b>9c</b>	261,768.
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,056,950.	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		967,049.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		154,147.	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		96,921.	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		1,218,117.	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-161,167.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		245,954.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	See Statement 3		6,606.	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		91,393.	

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	105,397.	73,779.	26,349.	5,269.
26 Other salaries and wages	26	383,084.	310,946.	32,724.	39,414.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	140,352.	110,541.	16,973.	12,838.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	20,290.	15,980.	2,454.	1,856.
35 Postage and shipping	35	9,541.	7,515.	1,154.	872.
36 Occupancy	36	100,853.	79,432.	12,196.	9,225.
37 Equipment rental and maintenance	37	21,468.	16,909.	2,596.	1,963.
38 Printing and publications	38	43,030.	33,890.	5,204.	3,936.
39 Travel	39	9,114.	7,178.	1,102.	834.
40 Conferences, conventions, and meetings	40	14,254.	12,479.	1,010.	765.
41 Interest	41	3,367.		3,367.	
42 Depreciation, depletion, etc (attach schedule)	42	7,073.		7,073.	
43 Other expenses not covered above (itemize)					
a See Statement 4	43a	360,294.	298,400.	41,945.	19,949.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,218,117.	967,049.	154,147.	96,921.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> See Statement 5	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 6	
(Grants and allocations \$ _____)	967,049.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	<b>967,049.</b>

**Part IV Balance Sheets** (See Instructions)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
ASSETS	45 Cash – non-interest-bearing			84,631.	45	35,123.
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	84,749.			
	b Less allowance for doubtful accounts	47b			47c	84,749.
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			840.	53	3,534.
	54 Investments – securities (attach schedule)			177,851.	54	186,543.
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments – other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	134,410.				
b Less accumulated depreciation (attach schedule) <b>Statement 7</b>	57b	127,946.	13,537.	57c	6,464.	
58 Other assets (describe ▶ <b>See Statement 8</b> )			22,389.	58	22,389.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)			299,248.	59	338,802.	
LIABILITIES	60 Accounts payable and accrued expenses			53,294.	60	102,414.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ <b>See Statement 9</b> )				65	144,995.
66 <b>Total liabilities</b> (add lines 60 through 65)			53,294.	66	247,409.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>					
	67 Unrestricted			-5,160.	67	-273,449.
	68 Temporarily restricted			46,672.	68	160,400.
	69 Permanently restricted			204,442.	69	204,442.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21)			245,954.	73	91,393.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)			299,248.	74	338,802.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,157,950.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 101,000.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	101,000.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,056,950.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,056,950.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,319,117.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 101,000.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	101,000.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,218,117.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,218,117.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See attached Statement # 12	See attached	105,397.	9,285.	0.
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes <u>Statement II</u>	77	X	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>New York</u>			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		0
91	The books are in care of <u>Tru Shah</u> Telephone number <u></u> Located at <u>See face of return</u> ZIP + 4 <u></u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					100,967.
95 Interest on savings & temporary cash invmnts			14	3,641.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			14	40,224.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					303.
101 Net income or (loss) from special events			14	261,768.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				305,633.	101,270.
105 Total (add line 104, columns (B), (D), and (E))					406,903.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Membership fees help support the programs provided to all members and is directly related to the organization's tax exempt purpose.
103A	Miscellaneous revenue is used to help the organization's tax exempt purpose.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 3/1/04

Preparer's SSN or PTIN (see General Instructions-M)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **Council of Senior Centers and Services  
of New York City, Inc.**

Employer identification number  
**13-2967277**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Roberta Sackman C/O Council for Sr. Cent.	Program Dir. F/T	70,660.	6,077.	0.
Nikki Smith C/O Council	Dir-Dev & Admin F/T	52,000.	2,445.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms). If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</b></p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: right;">See Form 990, Part V</p>	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below)</p>		X
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>		X

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	890,913.	750,220.	492,915.	544,101.	2,678,149.
<b>16</b> Membership fees received	107,217.	103,582.	83,546.	86,901.	381,246.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,533.	6,713.	9,940.	11,264.	32,450.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets See Stmt 10	2,941.	576.	31.	1,156.	4,704.
<b>23</b> Total of lines 15 through 22	1,005,604.	861,091.	586,432.	643,422.	3,096,549.
<b>24</b> Line 23 minus line 17	1,005,604.	861,091.	586,432.	643,422.	3,096,549.
<b>25</b> Enter 1% of line 23	10,056.	8,611.	5,864.	6,434.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 61,931.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					<b>26b</b> 896,496.
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 3,096,549.
d Add Amounts from column (e) for lines 18 32,450. 19 9,940. 22 4,704. 26b 896,496.					<b>26d</b> 933,650.
e Public support (line 26c minus line 26d total)					<b>26e</b> 2,162,899.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 69.85 %
<b>27 Organizations described on line 12:</b> N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
d Add. Line 27a total _____ and line 27b total _____					<b>27d</b> _____
e Public support (line 27c total minus line 27d total)					<b>27e</b> _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



Client COUNCIL

Council of Senior Centers and Services  
of New York City, Inc.

13-2967277

3/02/04

09 59AM

**Statement 1**  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 104,588.  
Cost or Other Basis: 104,285.

Total Gain (Loss) Publicly Traded Securities \$ 303.

Total Net Gain (Loss) From Noninventory Sales \$ 303.

**Statement 2**  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Annual gala	261,768.	0.	261,768.	0.	261,768.
Total	<u>\$ 261,768.</u>	<u>\$ 0.</u>	<u>\$ 261,768.</u>	<u>\$ 0.</u>	<u>\$ 261,768.</u>

**Statement 3**  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

UNREALIZED GAIN ON INVESTMENTS

Total \$ 6,606.

**Statement 4**  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Annual conference	87,588.	87,588.		
Consultants and contract serv.	173,118.	172,956.	162.	
Dues and subscriptions	6,421.	5,057.	777.	587.
Fundraising events	19,362.			19,362.
Insurance	2,506.		2,506.	
Other	5,199.	5,199.		
Professional	38,500.		38,500.	
Program expenses	27,600.	27,600.		
Total	<u>\$ 360,294.</u>	<u>\$ 298,400.</u>	<u>\$ 41,945.</u>	<u>\$ 19,949.</u>

3/02/04

09 59AM

**Statement 5**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Council of Senior Centers and Services of New York City, Inc. is a citywide, not-for-profit organization that acts as a social policy advocate and training and technical assistance resource for its 265 community-based senior service organizations serving more than 325,000 elderly New Yorkers. These programs provide senior citizens with case management and information and referral; recreation and social activities; hot meals and transportation; wellness and health promotion; legal services and crime prevention programs, home care and meals-on-wheels; social adult care and Naturally Occurring Retirement Communities; intergenerational and cross-cultural programs; and housing and assisted living services.

**Statement 6**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Supportive Services Programs - Provides educational training workshops, one to one technical assistance to agencies and educational conferences and member services.		135,235.
Advocacy represents the concerns of agency sponsors of senior citizen services in New York City for the promotion and enhancement of senior citizen programs. It promotes the general welfare of senior citizens by building cooperation between government and member agencies.		224,469.
Access for Benefits - Provides seniors with the ability to access services for which they are entitled to improve their daily living.		144,565.
Member Services -- CSCS is responsible for implementing policy initiatives through education of its members, their senior consumers, the media and the public; publishing policy papers; submitting testimony at public hearings; building coalitions with other nonprofit organizations; and directing advocacy towards public policy officials.		
These programs strenghten and expand the organizational, program and resource capacity of nonprofit senior service providers and help member agencies improve the availability of services that assist older persons to remain as active members of their communities.		462,780.
	<u>\$ 0.</u>	<u>\$ 967,049.</u>

Client COUNCIL

13-2967277

3/02/04

09 59AM

**Statement 7**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 134,410.	\$ 127,946.	\$ 6,464.
Total	\$ <u>134,410.</u>	\$ <u>127,946.</u>	\$ <u>6,464.</u>

**Statement 8**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Security Deposit	\$ 22,389.
Total	\$ <u>22,389.</u>

**Statement 9**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

LOAN PAYABLE	\$ 144,995.
Total	\$ <u>144,995.</u>

**Statement 10**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
Miscellaneous Revenue	\$ 2,941.	\$ 576.	\$ 31.	\$ 1,156.	\$ 4,704.
Total	\$ <u>2,941.</u>	\$ <u>576.</u>	\$ <u>31.</u>	\$ <u>1,156.</u>	\$ <u>4,704.</u>

## ARTICLE II

### MEMBERS

Section 1. CLASSES OF MEMBERS. There shall be two classes of members of the Council.

- (a) General Members. General members shall be comprised of and limited to not-for-profit senior service organizations serving any or part of New York [City] that have been duly accepted for membership and certified as being in good standing, [by the Board of Directors.]
- (b) Affiliate Members. Affiliate members shall be comprised of and limited to individuals, for-profit businesses and not-for-profit organizations that are not eligible to be a General Member that have been duly accepted for membership [by] and certified as being in good standing, [by the Board of Directors]

Items in Bold are new language; Items [in brackets] to be deleted.

## ARTICLE IV

### BOARD OF DIRECTORS

Section 8. NOTICE. Notice of any regular or special meeting shall be given each Director either orally, [by telegram, or] by mail, or by electronic transmission including e-mail or facsimile not later than two days before a special meeting. No business shall be transacted at special meetings of the Board of Directors other than that specified in the notice of the meetings.

The amendment is being offered to provide for the use of current electronic methods to transmit

EIN # 13-2967277

Statement # 12

Form 990

June 30, 2003

**COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.  
BOARD OF DIRECTORS  
FY 2003**

**Mark E. Brossman, Esq.**

**O. Lewis Harris**

**Thomas O'Brien**

**Dawn Brown**

**Nancy Harvey**

**Janet Sainer**

**Marjorie Cantor**

**Sydelle Knepper**

**David Taylor**

**Donna Corrado**

**Dr. Linda Leest**

**Marvin Tolkin**

**William J. Dionne**

**John M. Leonard**

**Loraine B. Tsavaris**

**Suleika Cabrera Drinane**

**Michael Markowitz**

**Cynthia Valles**

**H. Elaine Dovas**

**Marcella Maxwell**

**Wanda Wooten**

**William Floyd**

**Nancy Miller**

**Judy Zangwill**

**Robert M. Freedman, Esq.**

**Steven Newman**

**Igal Jellinek**

**Executive Director**

**Full Time**

**Compensation: \$105,397**

**Contributions to employee benefit plans: \$9,285**

**Expense account allowances: \$0**

**Elinor Guggenheimer**  
*Founding President*

**The Reverend  
Robert V. Lott\***  
*Honorary President*

*\*in memoriam*

**Except where noted, all members serve on a part-time basis without compensation.**

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form fields for Name of Exempt Organization (Council of Senior Centers and Ser... of New York City, Inc.), Employer identification number (13-2967277), and address (49 West 45th Street, New York, NY 10036).

Check type of return to be filed (file a separate application for each return):

Form fields for selecting return types: Form 990 (checked), Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box... If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN)...

Form fields for extension details: 4 I request an additional 3-month extension of time until 5/15, 20 04. 5 For calendar year, or other tax year beginning 7/01, 20 02 and ending 6/30, 20 03. 6 If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period. 7 State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

Form fields for tax amounts: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. c Balance due. Subtract line 8b from line 8a.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Handwritten Signature] Title CPA Date 2/12/04

Notice to Applicant - To be Completed by the IRS

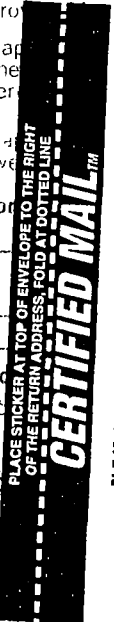
Form fields for applicant notice: We have approved, We have not approved, We have not approved, We cannot complete, Other: [Blank]

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) OFFICIAL USE

Table with postage and fees: Postage \$ .93, Certified Fee 2.30, Return Receipt Fee (Endorsement Required) 1.75, Restricted Delivery Fee (Endorsement Required), Total Postage & Fees \$ 4.88

INTERNAL REVENUE SERVICE OGDEN, UT 84201

Director and Alternate Mailing Address fields



7002 3150 0003 7755 7697 7002 3150 0003 7755 7697