

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC	D Employer identification number 13-2967277
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite 49 WEST 45TH STREET	E Telephone number (212) 398-6565
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10036	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

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 ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,652,869.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	954,266.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	271,827.		
	e	Total (add lines 1a through 1d) (cash \$ <u>1,226,093.</u> noncash \$ _____)	1e		1,226,093.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3		128,191.	
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		6,910.	
	6a	Gross rents SEE STATEMENT 1	6a	45,364.		
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		45,364.		
7	Other investment income (describe ▶ _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		32,065.	8a			
		Less: cost or other basis and sales expenses	28,035.	8b		
		Gain or (loss) (attach schedule)	4,030.	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8d		4,030.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a	Gross revenue (not including \$ <u>118,180.</u> of contributions reported on line 1b)	9a	24,521.	
		b	Less: direct expenses other than fundraising expenses	9b	24,521.	
		c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c		0.
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less: cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		189,725.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,600,313.		
Expenses	13	Program services (from line 44, column (B))	13		893,819.	
	14	Management and general (from line 44, column (C))	14		186,621.	
	15	Fundraising (from line 44, column (D))	15		137,788.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,218,228.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		382,085.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		101,791.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		14,376.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		498,252.	

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**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 990 (2006)

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 6 25a	168,458.	123,817.	21,057.	23,584.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	298,618.	219,778.	37,411.	41,429.
27 Pension plan contributions not included on lines 25a, b, and c 27	17,192.	12,636.	2,008.	2,548.
28 Employee benefits not included on lines 25a - 27 28	64,212.	47,307.	8,349.	8,556.
29 Payroll taxes 29	29,957.	22,018.	3,595.	4,344.
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33				
34 Telephone 34	15,952.	11,736.	1,997.	2,219.
35 Postage and shipping 35	4,488.	3,302.	562.	624.
36 Occupancy 36	146,855.	108,041.	18,386.	20,428.
37 Equipment rental and maintenance 37	17,043.	12,538.	2,134.	2,371.
38 Printing and publications 38	9,668.	7,113.	1,210.	1,345.
39 Travel 39	7,234.	5,322.	906.	1,006.
40 Conferences, conventions, and meetings 40	147,453.	143,219.	2,006.	2,228.
41 Interest 41	14,383.	10,581.	1,801.	2,001.
42 Depreciation, depletion, etc. (attach schedule) 42	2,877.	2,117.	360.	400.
43 Other expenses not covered above (itemize):				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g SEE STATEMENT 5 43g	273,838.	164,294.	84,839.	24,705.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,218,228.	893,819.	186,621.	137,788.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 990 (2006)

13-2967277 Page **3**

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE ATTACHED STATEMENT A	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a MEMBER SERVICES - SEE ATTACHED STATEMENT A _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	657,556.
b ADVOCACY - SEE ATTACHED STATEMENT A _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	236,263.
c _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	893,819.

Form **990** (2006)

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 990 (2006)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	17,260.	45	26,347.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	512,686.			
	b Less: allowance for doubtful accounts				
			91,808.	47c	512,686.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		85,541.	54a	101,533.
b Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		158,898.	54b	166,471.	
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	143,043.				
b Less: accumulated depreciation STMT 7	138,726.	7,195.	57c	4,317.	
58 Other assets, including program-related investments (describe ► SECURITY DEPOSIT)		30,750.	58	30,750.	
59 Total assets (must equal line 74) Add lines 45 through 58		391,452.	59	842,104.	
Liabilities	60 Accounts payable and accrued expenses	137,563.	60	228,439.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable STMT 8	146,026.	64b	109,317.	
	65 Other liabilities (describe ► SECURITY DEPOSIT PAYABLE)	6,072.	65	6,096.	
66 Total liabilities. Add lines 60 through 65		289,661.	66	343,852.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-198,621.	67	-216,493.	
	68 Temporarily restricted	130,412.	68	544,745.	
	69 Permanently restricted	170,000.	69	170,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		101,791.	73	498,252.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		391,452.	74	842,104.

Form 990 (2006)

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 990 (2006)

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Part VI Other Information (continued)		Yes	No
82 a	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	<input checked="" type="checkbox"/>
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 112,933.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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	
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? N/A	85g	
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? N/A	85h	
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 a	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	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> .		
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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/> .		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/> .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f		<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g		<input checked="" type="checkbox"/>
90 a	List the states with which a copy of this return is filed <input type="text" value="NY"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 90b 5		
91 a	The books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no. <input type="text" value="(212) 398-6565"/> Located at <input type="text" value="49 WEST 45TH STREET, NEW YORK, NY"/> ZIP + 4 <input type="text" value="10036"/>		
b	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)? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	<input checked="" type="checkbox"/>

Form 990 (2006)

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

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

Part VII Analysis of Income-Producing Activities (See the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					128,191.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,910.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			06	45,364.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					4,030.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>ANNUAL CONFERENCE</u>					174,725.
b <u>OTHER</u>					15,000.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		52,274.	321,946.
105 Total (add line 104, columns (B), (D), and (E))					374,220.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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,	<u>MEMBERSHIP FEES AND OTHER REVENUE HELP SUPPORT THE PROGRAMS PROVIDED</u>
103A	<u>TO ALL MEMBERS. THIS REVENUE IS DIRECTLY RELATED TO THE</u>
103B	<u>ORGANIZATION'S TAX EXEMPT PURPOSE.</u>

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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).

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 990 (2006)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *William J. Dionne* Date: *5/14/08*
 Type or print name and title: **WILLIAM J. DIONNE, PRESIDENT**

Paid Preparer's Use Only

Preparer's signature: *Mary G. [Signature]* Date: *5/14/08* Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **O'CONNOR DAVIES MUNNS & DOBBINS, LLP
 60 EAST 42ND STREET, 36TH FL.
 NEW YORK, NY 10165-3698** EIN: _____ Phone no.: **(212) 286-2600**

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

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 page 2 of the 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 & deferred compensation	(e) Expense account and other allowances
<u>ROBERTA SACKMAN</u> C/O CSCS	PROGRAM DIR. 35.00	80,000.	24,191.	
<u>NIKKI SMITH</u> C/O CSCS	DIR. OF DEV. 35.00	62,700.	19,306.	
<u>DANIEL A. RIGNEY III</u> C/O CSCS	DEV. & MKT PL 35.00	CRDNTR 50,000.	17,270.	

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

COUNCIL OF SENIOR CENTERS AND SERVICES

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2	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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	►	<u>N/A</u>
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	<u>N/A</u>
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	<u>0.</u>
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	<u>0.</u>

COUNCIL OF SENIOR CENTERS AND SERVICES

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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.)
- 11a 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.)
- 11b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

COUNCIL OF SENIOR CENTERS AND SERVICES

Schedule A (Form 990 or 990-EZ) 2006 **OF NEW YORK CITY, INC**

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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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	815,430.	722,362.	761,776.	565,416.	2,864,984.
16 Membership fees received	114,181.	101,344.	104,228.	100,967.	420,720.
17 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					
18 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	50,909.	47,377.	47,927.	43,865.	190,078.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	120,190.	148,570.	SEE STATEMENT 12	261,768.	638,713.
23 Total of lines 15 through 22	1,100,710.	1,019,653.	1,022,116.	972,016.	4,114,495.
24 Line 23 minus line 17	1,100,710.	1,019,653.	1,022,116.	972,016.	4,114,495.
25 Enter 1% of line 23	11,007.	10,197.	10,221.	9,720.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					82,290.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					812,446.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,114,495.
d Add: Amounts from column (e) for lines: 18 <u>190,078.</u> 19 _____					
22 <u>638,713.</u> 26b <u>812,446.</u>					1,641,237.
e Public support (line 26c minus line 26d total)					2,473,258.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.1109%
27 Organizations described on line 12: 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: N/A					
(2005) (2004) (2003) (2002)					
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 11b, 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: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.					NONE

COUNCIL OF SENIOR CENTERS AND SERVICES

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	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?		
31	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.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35	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	35	

COUNCIL OF SENIOR CENTERS AND SERVICES

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group.

Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
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		
The lobbying nontaxable amount is -		
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	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: 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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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.)			0.

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

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FILE CABINET	08/01/98	SL	10.00		795.				795.	629.		80.	709.
2	(D)COMPUTER	08/08/00	SL	5.00		528.				528.	528.		0.	
3	(D)PRINTER	09/14/00	SL	3.00		2,418.				2,418.	2,418.		0.	
4	GYM ROOF	06/30/95	200DB	20.00		75,097.				75,097.	51,531.		2,363.	53,894.
5	(D)SCHOOL SIGN	05/17/98	SL	10.00		6,781.				6,781.	5,481.		678.	
6	GYM RENOVATIONS	03/25/99	SL	5.00		502.				502.	502.		0.	502.
7	SWIFT SEAL COAT	03/26/99	SL	5.00		634.				634.	634.		0.	634.
8	AIR CONDITIONER	05/01/99	SL	5.00		56,166.				56,166.	56,166.		0.	56,166.
9	CARPET	07/20/00	SL	10.00		7,330.				7,330.	4,337.		733.	5,070.
10	PHONE SYSTEM	03/24/03	SL	5.00		2,084.				2,084.	1,355.		417.	1,772.
11	BUILDING	10/18/00	SL	25.00		2,222,580.				2,222,580.	503,785.		88,903.	592,688.
12	LIGHTING FIXTURES	01/31/97	SL	5.00		26,789.				26,789.	26,789.		0.	26,789.
13	(D)COMPUTER	10/01/99	200DB	5.00		6,435.				6,435.	6,435.		0.	
14	PHONE SYSTEM	09/01/99	SL	10.00		20,925.				20,925.	14,299.		2,093.	16,392.
15	OFFICE COPIER	06/01/03	200DB	5.00		22,767.				22,767.	18,013.		1,902.	19,915.
16	FUNTITURE	01/01/05	SL	5.00		28,741.				28,741.	8,622.		5,748.	14,370.
17	CLOSING COST	07/26/02		60M		36,620.				36,620.	28,686.		7,324.	36,010.
18	COMPUTERS	12/30/04	SL	5.00		21,935.				21,935.	6,581.		4,387.	10,968.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT AND LEASEHOLD IMPROVEMENTS * TOTAL 990 PAGE 2 DEPR			.000	16	143,043.		0.	143,043.	138,726.		0.
						143,043.			143,043.	138,726.	0.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE SPACE 49 W45TH STREET NY NY		1	45,364.
TOTAL TO FORM 990, PART I, LINE 6A			45,364.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
	32,065.	28,035.	0.	4,030.	
TO FORM 990, PART I, LINE 8	32,065.	28,035.	0.	4,030.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FUNDRAISING EVENTS	142,701.	118,180.	24,521.	24,521.	0.	
TO FM 990, PART I, LINE 9	142,701.	118,180.	24,521.	24,521.	0.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	4
DESCRIPTION	AMOUNT			
NET UNREALIZED GAIN ON INVESTMENTS				14,376.
TOTAL TO FORM 990, PART I, LINE 20				14,376.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	163,521.	160,954.	2,567.	
DUES AND SUBSCRIPTIONS	6,668.		6,668.	
INSURANCE	3,011.	2,215.	377.	419.
DEVELOPMENT AND FUNDRAISING	2,721.			2,721.
OTHER	817.		817.	
PROFESSIONAL FEES	42,100.	1,125.	19,410.	21,565.
BAD DEBT	55,000.		55,000.	
TOTAL TO FM 990, LN 43	273,838.	164,294.	84,839.	24,705.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
IGAL JELLINEK	121,207.	47,251.		168,458.
A. PROGRAM SERVICES	89,087.	34,730.		123,817.
B. MANAGEMENT AND GENERAL	15,151.	5,906.		21,057.
C. FUNDRAISING	16,969.	6,615.		23,584.
TOTAL PROGRAM SERVICES				123,817.
TOTAL MANAGEMENT AND GENERAL				21,057.
TOTAL FUNDRAISING				23,584.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				168,458.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT AND LEASEHOLD IMPROVEMENTS	143,043.	138,726.	4,317.
TOTAL TO FORM 990, PART IV, LN 57	143,043.	138,726.	4,317.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

FJC - A FOUNDATION OF DONOR-ADVISED FUNDS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/28/04	06/30/07	100,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 PROMISSORY NOTE PAYABLE

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
INTEREST IS PRIME + 3%	0.	82,000.

LENDER'S NAME TERMS OF REPAYMENT

UNITED WAY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		25,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	25,000.

LENDER'S NAME		TERMS OF REPAYMENT	
CAREGIVER COALITION			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		1,250.	.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,317.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		109,317.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKETS	FMV	166,471.
TO FORM 990, LINE 54B, COL B		166,471.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	101,533.			101,533.
TO FORM 990, LINE 54A, COL B		101,533.			101,533.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
IGAL JELLINEK C/O CSCS	EXECUTIVE DIRECTOR 35.00	121,207.	47,251.	0.
ROBERT M. BENDER, JR. C/O CSCS	TREASURER 1.00	0.	0.	0.
MARK E. BROSSMAN, ESQ. C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
MARJORIE. H. CANTOR C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
GABRIEL P. CAPRIO C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
DONNA CORRADO C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM J. DIONNE C/O CSCS	PRESIDENT 1.00	0.	0.	0.
SULEIKA CABRERA DRINANE C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
JEANNE DUTTON-SINRICH, ESQ C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
ROBERT M. FREEDMAN, ESQ. C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
LEWIS HARRIS C/O CSCS	VICE PRESIDENT 1.00	0.	0.	0.

COUNCIL OF SENIOR CENTERS AND SERVICES O

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REV. GREGORY L. JOHNSON C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
SYDELLE KNEPPER C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
DR. LINDA M. LEEST C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
NANCY D. MILLER C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
STEVEN NEWMAN C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
JAMES C. O'NEAL C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
JEANETTE PURYEAR C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
MARVIN TOLKIN C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
LORAIN B. TSAVARIS C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
JUDY WILLIG C/O CSCS	SECRETARY 1.00	0.	0.	0.
MARY WILSON, CPA C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
WANDA WOOTEN C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
JUDY ZANGWILL C/O CSCS	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>121,207.</u>	<u>47,251.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
SPECIAL EVENTS	120,190.	148,570.	108,185.	261,768.
TOTAL TO SCHEDULE A, LINE 22	120,190.	148,570.	108,185.	261,768.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

FORM 990 PAGE 2

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Business or activity to which this form relates

Identifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC**

Form 4562 (2006)

13-2967277 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC

Form 990 Part III

FY2007

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Council of Senior Centers and Services of New York City, Inc.'s (CSCS) mission is to promote the quality of life, independent living, productivity, and dignity of mature and older adults and their families principally in New York City.

Recognized as the premier, professional organization for New York City's senior service providers, CSCS advances the general welfare of senior citizens and the broader New York City community by:

- representing the concerns of agency sponsors of senior citizens services in the City of New York for the promotion and enhancement of senior citizen programs;
- stimulating the development of increased resources for senior citizens;
- representing sponsoring agencies in consultations with government, with voluntary agencies and the community-at-large;
- building cooperation among its members, and between them and government agencies;
- fostering and promoting standards for agencies engaged in providing social services for the elderly and providing a forum for the exchange of ideas and information among such agencies and other persons and organizations interested in the welfare of senior citizens, and to inform the public; and
- promoting the general welfare of senior citizens by all appropriate means and instrumentalities, exclusive of providing direct services for senior citizens.

Founded in 1979, CSCS currently represents more than 200 senior service organizations, serving over 300,000 older New Yorker through 328 senior centers plus housing, in-home and congregate daily meals, home care, case management, legal services, adult day services, mental health, recreational and social activities, transportation, escort and shopping services, counseling, benefit assistance and community outreach. CSCS' members range from individual community-based centers to large multi-service, citywide organizations serving seniors from every community district and from virtually every socioeconomic background that comprise the population of New York City.

LINE A. STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MEMBER SERVICES CSCS serves its member organizations thorough advocacy on the city, state and federal levels; training programs; programmatic initiatives, publications and more.

Management Assistance Program (MAP) provides CSCS members training and technical assistance at no cost. Group trainings address fiscal soundness, compliance with local government

regulations, good governance, marketing and fundraising. In FY2007, CSCS offered 10 management workshops attended by 297 staff from 238 senior programs plus 14 new directors received four full-days of training in our New Directors Training Series. Also, CSCS assisted 59 agencies to participate in our Van Insurance Initiative that will bring cost-savings and efficiencies to senior programs. Thirty-two agencies have been participating in the new Legal Assessment and Training Initiative.

CSCS' New Directors Management Training Institute trains and mentors New Directors from senior centers and senior service programs. For FY 2007, 14 new directors completed all four sessions of the Series. CSCS recognizes these new directors at its Annual Meeting in December held at the law offices of Weil Gotshal and Manges LLP where they are awarded Certificates of Achievement. CSCS was honored to have New York City Public Advocate address the New Directors and present them with their certificates.

CSCS' Customized Technical Assistance on such issues as program evaluation/assessment; capacity building; strategic planning; fiscal consultation; advisory council development; tax reporting and filing requirements; fundraising and more helps senior service agencies strengthen their infrastructure and increase their capacity to produce and manage high quality services to seniors. In FY2007, CSCS provided 320 hours of customized technical assistance to 53 sponsoring senior programs.

CSCS' Annual Conference on Aging offers general sessions and 20 educational workshops with nationally recognized speakers on a wide range of timely topics plus a exhibition show with 70 vendors featuring products and services to enhance senior provider efficiencies and quality of life for seniors. This year's full-day conference held on January 25, 2007 at the New York Hilton, with the theme *Through a New Lens: Viewing the Dynamics of Aging* and keynote speaker Dr. Nancy A. Humphreys of the University of Connecticut School of Social Work and former president of the National Association of Social Work (NASW) attracted more than 600 individuals. This event, which has become one of the largest in the tri-state area, is the most affordable of its kind thereby allowing agencies to send line staff workers in addition to management and senior staff.

The Marketplace@CSCS, formerly known as The Senior Nutrition Marketplace, and in partnership with MedAssets, saves member agencies money through its online group purchasing organization offering discounts on food, food related products, office supplies, vans, vehicle insurance, furniture, communication services and more. Dollars saved can be redirected to other budgetary needs – to serve more meals, enhance programming, and repair the infrastructure.

Access to Legal Services connects CSCS member agencies with highly qualified attorneys from Citigroup, Lawyers Alliance for New York, and Weil, Gotshal and Manges LLP to address current legal concern and lay a foundation for ongoing pro bono general counsel services. The two legal assessment workshops listed above drew the enthusiastic participation of CSCS members and volunteer attorneys alike. Since these workshops, agencies have received pro bono legal assistance with such governance issues as bylaws, articles of incorporation, directors and officers insurance as well as employment practices, lease renewals and more.

Money Management Program (MMP) partners CSCS with AARP Foundation and ReServe to provide coordination and training in a program to train volunteers to offer bill paying services to older low-income seniors who want assistance. The program is being piloted with a group of Manhattan senior organizations with expansion into the other boroughs in FY2008.

HIV/AIDS Education Project offers the opportunity for CSCS to collaborate with ACRIA, the AIDS research organization that released the major study in New York City documenting that HIV cases in the 50+ population is growing rapidly. CSCS has brought together senior centers providers from high-risk communities to begin the dialogue on how to best serve the older adult population and bring this issue into senior centers. In the coming year, CSCS will be coordinating trainings in all 51 council districts.

Cornell Institute for Transactional Research on Aging (CITRA), a research project that connects members' needs to the development and implementation of research projects. CSCS member selected consensus conferences include *Falls Prevention, Social Isolation, Elder Abuse and Chronic Disease Management*.

CSCS ACCESS to BENE*FITS™ computer based screening program helps low income seniors to identify and access 40 city, state, federal and private benefits for which they may qualify.

New York City Family Caregiver Coalition (NYCFCC) is founded by and remains sponsored by CSCS. Created to bring together caregivers on f all ages, NYCFCC is dedicated to raising public awareness of the world of the "silent patients" – the caregivers and providing New York City with an organization that can share in the dialogue on caregiving through advocacy, education, and information. NYCFCC was formally launched at an official kick-off event held at HIP Health Plan of New York on November 14, 2006 with more than 220 attendees representing private industry, government, non-profit umbrella organizations and community-based providers.

Game Day at Shea II held on August 9 when the New York Mets host the Atlanta Braves, allowed CSCS and Mets to celebrate senior services by bringing hundreds of seniors city-wide afternoon baseball game and an opportunity to walk the bases after the game.

Cultural Initiatives seek to help senior organizations diversify programming, in the past year, CSCS coordinated a special film screening and discussion with the director of *Boynton Beach Club* for more than 340 seniors from across the city. CSCS also worked with the Rubin Museum of Art to promote their programs to seniors including classes in traditional Himalayan needlepoint techniques.

Preparing for Emergencies: A Planning Guide for Agencies Serving Older People, CSCS' seminal publication, continues to be widely disseminated.

TOTAL EXPENSE

\$ 657,556

ADVOCACY CSCS represents the concerns of agency sponsors of senior service organizations in New York City for the promotion and enhancement of senior citizens programs. It promotes the general welfare of older New Yorkers by building cooperation between government and member agencies. CSCS public policy efforts seek to assure that city, state and federal funds are made available so as to avoid serious threats to the well-being of older New Yorkers. CSCS focuses on issues of the aging services network including: funding to provide critical services such as meals, transportation, and capacity of senior centers and other senior services to meet local needs, and more. CSCS maintains a leadership role in the housing needs of older people, working on the state and local levels to see affordable assisted living become a reality.

TOTAL EXPENSE

\$ 236,263

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. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC	Employer identification number 13-2967277
	Number, street, and room or suite no. If a P.O. box, see instructions. 49 WEST 45TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

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

- Form 990 Form 990-EZ Form 990-T (sec. 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.

The books are in the care of **THE ORGANIZATION**
Telephone No. **(212)398-6565** FAX No. _____

If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2008**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.
- 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

ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

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 _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name O'CONNOR DAVIES MUNNS & DOBBINS, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 60 EAST 42ND STREET, 36TH FL.
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10165-3698

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