

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

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 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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.

C Name of organization: Community Service Society of New York. Number and street (or P O box if mail is not delivered to street address): 105 East 22nd Street No 301. City or town, state or country, and ZIP + 4: New York, NY 100105413

D Employer identification number: 13-5562202. E Telephone number: (212) 254-8900. F Accounting method: Accrual

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

G Web site: WWWCSSNYORG

J Organization type (check only one): 501(c)(3)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 29,105,853

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

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 (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	1,349,391	1,349,391	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,305,684	372,245	898,009 35,430
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
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) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	6,758,129	6,214,406	316,998 226,725
27	Pension plan contributions not included on lines 25a, b and c	27	72,242	39,872	30,321 2,049
28	Employee benefits not included on lines 25a - 27	28	1,901,160	1,483,806	358,075 59,279
29	Payroll taxes	29	543,572	448,963	76,856 17,753
30	Professional fundraising fees	30	85,448		85,448
31	Accounting fees	31	118,500	14,900	103,600
32	Legal fees	32	36,040	9,131	26,909
33	Supplies	33	248,335	177,780	70,555
34	Telephone	34	154,276	96,798	56,011 1,467
35	Postage and shipping	35	130,624	49,099	11,726 69,799
36	Occupancy	36	869,557	720,802	121,174 27,581
37	Equipment rental and maintenance	37	271,466	66,594	204,872
38	Printing and publications	38	156,926	114,316	15,083 27,527
39	Travel	39	445,676	324,398	121,278
40	Conferences, conventions, and meetings	40	461,352	361,152	100,200
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	132,419	107,459	20,612 4,348
43	Other expenses not covered above (itemize)				
a	insurance	43a	143,837	26,667	117,170
b	support payments	43b	61,425	50,645	10,780
c	professional fees	43c	3,752,708	3,389,018	297,145 66,545
d	investment management fees	43d	434,417		434,417
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	19,433,184	15,417,442	3,391,791 623,951

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 (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.

<p>What is the organization's primary exempt purpose? ► <u>SOCIAL SERVICES</u></p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>15,417,442</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		120,828	45	111,924	
	46 Savings and temporary cash investments		3,257,944	46	3,807,216	
	47a Accounts receivable	47a	1,500,867			
	b Less allowance for doubtful accounts	47b	1,405	455,988	47c	1,499,462
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		5,011,083	49	4,513,222	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a	33,978			
	b Less allowance for doubtful accounts	51b	5,097	64,847	51c	28,881
	52 Inventories for sale or use		18,794	52	16,403	
	53 Prepaid expenses and deferred charges		3,605,946	53	2,349,728	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		139,373,889	54a	134,997,797	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54b	22,330,653	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	1,810,132				
b Less accumulated depreciation (attach schedule)	57b	1,186,801	568,235	57c	623,331	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		31,317,343	58	35,316,689		
59 Total assets (must equal line 74) Add lines 45 through 58		183,794,897	59	205,595,306		
Liabilities	60 Accounts payable and accrued expenses		3,396,346	60	3,897,590	
	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 <input type="checkbox"/> _____)		2,283,796	65	854,307	
66 Total liabilities Add lines 60 through 65		5,680,142	66	4,751,897		
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		92,394,333	67	108,297,849	
	68 Temporarily restricted		25,590,975	68	29,744,640	
	69 Permanently restricted		60,129,447	69	62,800,920	
	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)		178,114,755	73	200,843,409	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		183,794,897	74	205,595,306	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a, and 91b.

Part VI Other Information (continued)

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 _____

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**

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) Exclusion code	(D) Amount	
93 Program service revenue					
a Program Service Fees					216,458
b loan interest					1,853
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	38,178	
96 Dividends and interest from securities			14	5,279,944	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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			18	4,429,340	
101 Net income or (loss) from special events			01	15,717	
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))				9,763,179	218,311
105 Total (add line 104, columns (B), (D), and (E))					9,981,490

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)
93B	DEMAND FOR LOW-COST FINANCING OF HOUSING FOR NEW YORK CITY'S POOR

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
	%			
	%			
	%			
	%			

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).

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)*

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	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here

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

***** Signature of officer	2008-05-22 Date
david r jones PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	LOEB & TROPER LLP 655 THIRD AVENUE NEW YORK, NY 10017			Phone no (212) 867-9000

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

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

OMB No 1545-0047

Supplementary Information—(See separate instructions.)

2006

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Community Service Society of New York

Employer identification number

13-5562202

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
WALTER FIELDS CSSNY 105 E 22ND ST ny, NY 10010	DIR POLITICAL DEVEL 35 00	155,410	1,372	0
CHRISTINE MOLNAR CSSNY 105 E 22ND ST ny, NY 10010	DIR STRATEGIC PLANNI 35 00	141,040	6,501	400
ROBIN WILLIG CSSNY 105 E 22ND ST ny, NY 10010	VP EXTERNAL AFFAIRS 35 00	138,794	10,300	0
JUAN CARTAGENA CSSNY 105 E 22ND ST ny, NY 10010	GENERAL COUNSEL 35 00	135,496	18,028	0
ALINA MOLINA CSSNY 105 E 22ND ST ny, NY 10010	DIR VOL INITIATIVES 35 00	113,830	17,064	0
Total number of other employees paid over \$50,000 ▶	46			

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
JPMORGAN INVESTMENT MANAGEMENT 522 5TH AVENUE NEW YORK, NY 10281	INVESTMENT ADVISOR	416,481
LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	PROGRAM CONSULTANT	173,040
SANKY PERLOWIN ASSOCIATES INC 589 8TH AVENUE 10TH FLOOR NEW YORK, NY 10036	WEBSITE MAINT & FUNDRAISING	165,820
METIS ASSOCIATES 90 BROAD STREET SUITE 1200 NEW YORK, NY 10004	WEBSITE MAINT & FUNDRAISING	161,936
WILSON ELSER MOSKOWITZ Edelman 677 BROADWAY 9TH FLOOR ALBANY, NY 120772996	LOBBYIST	145,769
Total number of others receiving over \$50,000 for professional services ▶	4	

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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MEDICARE RIGHTS CENTER 520 8TH AVE NW 3RD FL NEW YORK, NY 10018	SUB CONTRACT FOR PROGRAM SERVICES	120,925
INDOCHINA SINO-AMERICAN COMMUNITY C 168-170 FORSYTHE ST 2ND FL NEW YORK, NY 10002	SUB CONTRACT FOR PROGRAM SERVICES	101,290
GAY MENS HEALTH CRISIS INC THE TISCH BUILDING 119 W 24ST NEW YORK, NY 100111913	SUB CONTRACT FOR PROGRAM SERVICES	99,387
WEST SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH STREET NEW YORK, NY 100243103	SUB CONTRACT FOR PROGRAM SERVICES	92,073
JEWISH COMMUNITY CENTER OF STATEN I 475 VICTORY BOULEVARD STATEN ISLAND, NY 10312	SUB CONTRACT FOR PROGRAM SERVICES	90,407
Total number of other contractors receiving over \$50,000 for other services ▶	19	

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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>214,396</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-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>	1	Yes	
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a 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)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax 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></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

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	(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)

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)	13,571,917	14,649,057	16,122,349	10,608,031	54,951,354
16 Membership fees received					0
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	397,692	278,085	261,612	228,062	1,165,451
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	4,476,857	3,604,685	2,372,574	2,696,064	13,150,180
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	18,446,466	18,531,827	18,756,535	13,532,157	69,266,985
24 Line 23 minus line 17	18,048,774	18,253,742	18,494,923	13,304,095	68,101,534
25 Enter 1% of line 23	184,465	185,318	187,565	135,322	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					1,362,031
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					4,560,381
c Total support for section 509(a)(1) test Enter line 24, column (e)					68,101,534
d Add Amounts from column (e) for lines	18 13,150,180	19 0			
	22	26 b	4,560,381		
e Public support (line 26c minus line 26d total)					50,390,973
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					7399 39 %
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 (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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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					

Part V Private School Questionnaire (See page 7 of the instructions.)**(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?	29	
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?	30	
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)	31	
32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a 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	

Additional Data

Software ID:
Software Version:
EIN: 13-5562202
Name: Community Service Society of New York

Form 990, Part III - Program Service Accomplishments:

<p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a MANAGED CARE CONSUMER ASSISTANCE PROGRAM (MCCAP) - MCCAP provides information, education and advice to consumers on all aspects of managed care. The program serves managed care consumers in all payer groups: Medicaid, Medicare, Child Health Plus (CHP) and the commercially insured. The program is designed as a decentralized network of service providers throughout New York City targeting the most vulnerable consumers. Towards these ends, the program has established, trained and provided technical assistance to 26 community-based organizations (CBOs'). These organizations serve multi-ethnic, multi-lingual communities in all five boroughs of New York City.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">3,800,058</p>
<p>b R S V P (Retired Senior Volunteer Program) - This program recruits, trains, places, monitors and recognizes about 9,000 older volunteers throughout the five boroughs who serve some 600 non-profit and government agencies. Accomplishments this year include expanded entitlement counseling, Experience Corps program, tax counseling, the development of intergenerational programs, and placement of volunteers in the area of prejudice reduction for children in grade schools. RSVP also sponsored several recognition events honoring volunteer achievements.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">2,179,903</p>
<p>c DEPARTMENT OF SOCIAL SERVICES - This department provides direct services and emergency financial assistance to poor families and individuals and those facing a temporary crisis. Ongoing support services are provided where needed, to resolve the underlying problems faced by our clients. The department provides assistance through six programs: 1) Service Program for Individuals 2) Eviction Prevention Program 3) Family Service Program 4) Information and Referral Service 5) Camping Service, and 6) Holiday Project.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">2,028,929</p>
<p>d EXPERIENCE CORPS PROGRAM - Experience Corp enables older Americans to serve their communities and help children succeed in school. This successful program has three goals: to give older adults a meaningful place to expend their energy, to help older adults make an enduring contribution to their communities, to share the benefits of the experience with the next generation of school children in need of role models and academic support. Experience Corp is hosted in New York City by the Community Service Society of New York and 150 volunteers (age 55 and over) assist in classrooms by tutoring students at risk of developing reading difficulties one-on-one.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">1,569,285</p>
<p>e LEGAL COUNSEL/NVRA/RIGHT TO VOTE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">380,500</p>
<p>f PUBLIC POLICY V P Strategic Planning 174,427 Director's Office 407,419 CEO's Office 66,767</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">648,613</p>
<p>g INCOME SECURITY POLICY</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">175,459</p>
<p>h BENEFIT ACCESS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">124,760</p>
<p>i HEALTH POLICY</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">93,910</p>
<p>j HOUSING RESEARCH & DEVELOPMENT ASSISTANCE PROGRAM & PROGRAM LOAN FUND</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">219,433</p>
<p>k TENANT ADVOCACY PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">160,939</p>
<p>l GOVERNMENT AFFAIRS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">838</p>
<p>m MAPPING POVERTY INDICATORS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">23,967</p>
<p>n PUBLIC INTEREST Communications 221,314 CEO's Office 51,147 V P External Affairs 247,104</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">519,565</p>
<p>o POLITICAL DEVELOPMENT OFFICE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">808,069</p>
<p>p COMMUNITY DEVELOPMENT</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">55,826</p>
<p>q AMERICORPS PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">239,543</p>
<p>r MAXIMUS PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">920,013</p>
<p>s PUBLIC BENEFITS RESOURCE CENTER</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">380,862</p>
<p>t PROGRAM STRATEGIC PLANNING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">803,758</p>
<p>u DEPRECIATION EXPENSE FOR PROGRAM SERVICES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">107,459</p>
<p>v EXECUTIVE VICE PRESIDENT, FINANCE & MANAGEMENT</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">175,753</p>

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
david r jones 105 e 22nd street new york, NY 10010	president/ceo 35 00	563,625	58,825	16,669
steven l krause 105 e 22nd street new york, NY 10010	executive vice president & COO 35 00	460,281	55,325	16,879
jeffrey f rizzo 105 e 22nd street new york, NY 10010	chief financial officer 35 00	142,350	25,278	0
JANET W THOMPSON 105 e 22nd street New york, NY 10010	CHAIRPERSON 1 00	0	0	0
MARK M EDMISTON 105 e 22nd street New york, NY 10010	VICE CHAIRPERSON 1 00	0	0	0
KOFI APPENTENG 105 e 22nd street New york, NY 10010	TREASURER 1 00	0	0	0
DEBORAH M SALE 105 e 22nd street New york, NY 10010	SECRETARY 1 00	0	0	0
david r jones 105 e 22nd street New york, NY 10010	PResident & CHIEF EXECUTIVE OFFICER 1 00	0	0	0
John F Beatty Esq 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Adam Friedman 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Nicholas A Gravante Jr 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Jonathan D Greenberg 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Bill Chong 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Norman Adler 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Sydney W De Jongh 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Anne Diedrick 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Barbara J Fife 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Kelly O'Neill Levy 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Bret M Halverson PhD 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Joseph R Harbert PhD 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
G Penn Holsenbeck Esq 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Michael Horodniceanu PhD PE 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Sandra Silverman 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Barbara Nevins Taylor 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Nancy J Lasher 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Leecia Eve 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Steven Brown 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Adam Blumenthal 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Linda Hassan 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Dall W Forsythe 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Donald W Savelson Esq 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Walker A Gregg 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Micah C Lasher 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
David Pollak 105 e 22nd street New york, NY 10010	trusTEE 1 00	0	0	0
Ken Sunshine 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Hector R Cordero-Guzman 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Jeffery J Weaver 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Mark Lieberman 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Rossana Rosado 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Stephen R Aiello PhD 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
David N Dinkins 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
Elinor C Guggenheimer 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
Marian S Heiskell 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
Douglas Williams 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Friends of RSVP Inc	X	
Institute for Community Empowerment	X	

TY 2006 Depreciation and Depletion Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Asset	Amount
EQUIPMENT	91,975
LEASEHOLD IMPROVEMENTS	40,444

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Gross Sales Price: 10,925,812

Basis: 6,496,472

Sales Expenses: 0

Total (net): 4,429,340

TY 2006 Individual Assistance Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Class of Activity	Amount
Transportation	1,925
Education - training	596,884
vacation - camping	13,681
MOVING & STORAGE EXPENSES	20,223
UTILITIES UTILITIES IN ARREARS	14,754
SECURITY DEPOSIT	11,508
rent rent in arrears	260,915
rent subsidy	71,015
rent in advance	6,855
Employment - related expenses	100
Individual Support	19,194
Food shelter and clothing for indigents etc	558
Medical dental and hospital expenses provided	331,779

TY 2006 Investments - Securities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Book Value	Cost/FMV
common stock	87,665,511	F
limited partnerships and limited liability companies	13,724,700	F
fixed income	47,332,286	F
real estate fund	8,605,953	F

TY 2006 Land etc. Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	1,053,286	882,834	170,452
LEASEHOLD IMPROVEMENTS	756,846	303,967	452,879

TY 2006 Other Assets Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL Interest in Perpetual Trusts	31,034,912	33,706,385
INVESTMENT IN THE UNITED CHARITIES		949,058
ACCRUED INTEREST RECEIVABLE	282,431	661,246

TY 2006 Other Changes in Net Assets Schedule**Name:** Community Service Society of New York**EIN:** 13-5562202

Description	Amount
UNREALIZED GAIN ON INVESTMENT	16,207,103
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	2,671,473
CHANGE IN UNITED CHARITIES FY 2007	23,227
CHANGE IN UNITED CHARITIES FY 2006	925,831
pension and postretirement benefit adjustment	1,251,320
effect of adoption of recognition & measurement date provision of FASB 1	-1,506,839

**TY 2006 Other Expenses
Not Included Schedule**

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
investment expenses	434,417

TY 2006 Other Liabilities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Beginning of Year Amount	End of Year Amount
Post-Employment Benefits	2,283,796	854,307

**TY 2006 Other Notes/Loans
Receivable Short Schedule****Name:** Community Service Society of New York**EIN:** 13-5562202

Category/Name	Amount
270 ST NICHOLAS HDFC	873
216 EAST TREMONT AVENUE HDFC	22,811
116-120 GROVE STREET HDFC	10,294

TY 2006 Other Revenues Included Schedule**Name:** Community Service Society of New York**EIN:** 13-5562202

Description	Amount
Friends of RSVP Inc	1,106
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	2,671,473
CHANGE IN INVESTMENT IN THE UNITED CHARITIES	23,227
investment expenses	-434,417

TY 2006 Special Events Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
rsvp luncheon	38,425	3,050	35,375	19,658	15,717