

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

# 2008

Open to Public Inspection

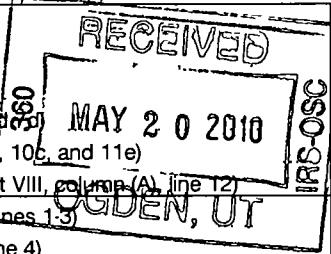
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC</b>		<b>D</b> Employer identification number 13-2967277	
		Doing Business As		<b>E</b> Telephone number (212) 398-6565	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 1,251,383.	
		<b>49 WEST 45TH STREET</b> City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10036</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: <b>WILLIAM J. DIONNE</b> <b>SAME AS C ABOVE</b>					
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ <b>WWW.CSCS-NY.ORG</b>					
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
<b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>NY</b>					

## Part I Summary

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities	<b>TO PROMOTE THE QUALITY OF LIFE, INDEPENDENT LIVING, PRODUCTIVITY, AND DIGNITY OF MATURE AND OLDER</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	124
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,056,755.	973,640.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5)		176,966.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,229.	6,226.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,072.	43,008.
			1,297,056.	1,199,840.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000.	56,204.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	592,842.	692,919.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,732.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	682,116.	578,037.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,324,958.	1,327,160.
	19	Revenue less expenses Subtract line 18 from line 12	-27,902.	-127,320.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	602,560.	461,070.
	22	Net assets or fund balances Subtract line 21 from line 20	161,197.	170,463.
		441,363.	290,607.	



## Part II Signature Block

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

**Sign Here**  
 Signature of officer: *William J. Dionne* Date: **MAY 17, 2010**  
**WILLIAM J. DIONNE, PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: *Mahe G. Kelly* Date: **5/17/10** Check if self-employed   
 Preparer's identifying number (see instructions)  
 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**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

915-17 20

SCANNED JUL 09 2010

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

Form 990 (2008)

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**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE MISSION OF COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK  
CITY, INC. (CSCS) 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. FOR 30 YEARS, CSCS HAS BEEN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 822,643. including grants of \$ ) (Revenue \$ )

MEMBER SERVICES - CSCS RUNS ITS PROGRAMMATIC INITIATIVES THROUGH THE  
MANAGEMENT ASSISTANCE PROGRAM (MAP), WHICH IS A FREE SERVICE TO ITS  
MEMBER AGENCIES. THE PURPOSE OF MAP IS TO GIVE SENIOR SERVICE PROVIDERS  
THE TOOLS, EDUCATION AND KNOWLEDGE THAT THEY NEED TO RUN SUCCESSFUL  
SENIOR PROGRAMS, BE EMPOWERING MANAGERS AND BECOME LEADERS IN THE AGING  
FIELD. THE PROGRAMS THAT CSCS RUNS UNDER MAP INCLUDE MANAGEMENT  
TRAINING, TECHNICAL ASSISTANCE, EDUCATIONAL EVENTS AND NETWORKING  
OPPORTUNITIES. THROUGH THESE PROGRAMS, CSCS HELPS ENSURES THAT SENIOR  
SERVICES REMAIN RELEVANT AND EFFECTIVE IN THE LIVES OF OLDER ADULTS IN  
NEW YORK CITY.

IN ADDITION TO MAP, CSCS RUNS AN ANNUAL CONFERENCE ON AGING WHICH IS A  
FULL DAY OF EDUCATION, TRAINING AND NETWORKING FOR SENIOR SERVICE

4b (Code: ) (Expenses \$ 287,820. including grants of \$ 56,204. ) (Revenue \$ )

ADVOCACY - CSCS ADVOCATES FOR NYC'S SENIOR SERVICES AND THE  
COMMUNITY-BASED, GRASSROOTS ORGANIZATIONS THAT PROVIDE THOSE SERVICES  
IN ORDER TO SUPPORT THE RIGHTS OF HUNDREDS OF THOUSANDS OF OLDER NEW  
YORKERS TO STAY IN THEIR OWN COMMUNITIES AS THEY AGE. CSCS PROMOTES THE  
WELFARE OF ALL 937,000 OLDER NEW YORKERS BY EMPOWERING SERVICE  
PROVIDERS AND SENIORS THEMSELVES TO ADVOCATE THROUGH GRASSROOTS  
ORGANIZING AND EDUCATION. CSCS ALSO SUPPORTS THE DEVELOPMENT OF A TRULY  
AGE FRIENDLY NYC BY WORKING AND COLLABORATING WITH COMMUNITY  
STAKEHOLDERS AND LOCAL GOVERNMENT. THROUGH CSCS' ADVOCACY, \$32M WAS  
RESTORED IN THE NYC BUDGET FOR SENIOR SERVICES. THIS INCLUDES \$2.3M OF  
RESTORATIONS TO SOCIAL ADULT DAY CARE, WHICH OFTEN PROVIDES THE ONLY  
SOCIALIZATION FOR NYC'S ELDERLY; \$5M TO SENIOR CENTERS, OFTEN THE ONLY

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 1,110,463. (Must equal Part IX, Line 25, column (B))

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832002  
12-18-08

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

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No", go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter <b>N/A</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
12b			

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body	24	
<b>b</b>	Enter the number of voting members that are independent	24	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?		X
<b>14</b>	Does the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>b</b>	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>▶ NY</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> <b>TRUSHAR SHAH - (212) 398-6565</b> <b>49 WEST 45TH STREET, NEW YORK, NY 10036</b>

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT M. BENDER, JR TREASURER	1.00	X		X			0.	0.	0.	
SULEIKA CABRERA DRINANE DIRECTOR	1.00	X					0.	0.	0.	
JAMES C. O'NEAL DIRECTOR	1.00	X					0.	0.	0.	
MARK E. BROSSMAN DIRECTOR	1.00	X					0.	0.	0.	
JEANNE DUTTON-SINRICH DIRECTOR	1.00	X					0.	0.	0.	
JEANETTE PURYEAR DIRECTOR	1.00	X					0.	0.	0.	
MARJORIE H. CANTOR DIRECTOR	1.00	X					0.	0.	0.	
LEWIS HARRIS VICE PRESIDENT	1.00	X		X			0.	0.	0.	
MARVIN TOLKIN DIRECTOR	1.00	X					0.	0.	0.	
GABRIEL P. CAPRIO DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL A. BASTON DIRECTOR	1.00	X					0.	0.	0.	
DAVID V. POMERANZ DIRECTOR	1.00	X					0.	0.	0.	
ISABEL CHING DIRECTOR	1.00	X					0.	0.	0.	
SYDELLE KNEPPER DIRECTOR	1.00	X					0.	0.	0.	
LORAIN B. TSAVARIS DIRECTOR	1.00	X					0.	0.	0.	
DONNA CORRADO DIRECTOR	1.00	X					0.	0.	0.	
DR. LINDA LEEST DIRECTOR	1.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY WILLIG SECRETARY	1.00	X		X				0.	0.	0.
NANCY D. MILLER DIRECTOR	1.00	X						0.	0.	0.
WILLIAM J. DIONNE PRESIDENT	1.00	X		X				0.	0.	0.
STEVEN NEWMAN DIRECTOR	1.00	X						0.	0.	0.
WANDA WOOTEN DIRECTOR	1.00	X						0.	0.	0.
JUDY ZANGWILL DIRECTOR	1.00	X						0.	0.	0.
JOAN RYAN DIRECTOR	1.00	X						0.	0.	0.
IGAL JELLINEK EXECUTIVE DIRECTOR	35.00			X				120,985.	0.	50,529.
<b>1b Total</b>								<b>120,985.</b>	<b>0.</b>	<b>50,529.</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

Form **990** (2008)

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

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b	163,591.			
	c Fundraising events	1c	103,807.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	346,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	360,242.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		<b>973,640.</b>			
	<b>Program Service Revenue</b>	2 a <b>ANNUAL CONFERENCE</b>	Business Code 900099	149,725.	149,725.	
b <b>MARKET PLACE INITIATIV</b>		900099	27,241.	27,241.		
c						
d						
e						
f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			<b>176,966.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		7,964.		7,964.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	43,008.			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	43,008.			
	d Net rental income or (loss)		43,008.		43,008.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	24,502.			
		(ii) Other				
		b Less cost or other basis and sales expenses	26,240.			
		c Gain or (loss)	-1,738.			
	d Net gain or (loss)		-1,738.		-1,738.	
	8 a Gross income from fundraising events (not including \$ <u>103,807.</u> of contributions reported on line 1c). See Part IV, line 18	a	25,303.			
		b Less direct expenses	25,303.			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a						
b						
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		<b>1199840.</b>	<b>176,966.</b>	<b>0.</b>	<b>49,234.</b>	

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OF NEW YORK CITY, INC**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	56,204.	56,204.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,985.	90,739.	18,148.	12,098.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	382,167.	324,411.	44,847.	12,909.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	152,965.	126,212.	19,151.	7,602.
10 Payroll taxes	36,802.	30,365.	4,608.	1,829.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	142,777.	105,041.	17,876.	19,860.
17 Travel	9,611.	7,071.	1,203.	1,337.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	157,439.	152,702.	2,244.	2,493.
20 Interest	795.	584.	100.	111.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,697.	1,984.	338.	375.
23 Insurance	1,691.	1,244.	212.	235.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CONSULTANTS</b>	132,803.	130,718.	2,085.	0.
b <b>PROFESSIONAL FEES</b>	48,500.	35,682.	6,072.	6,746.
c <b>TELEPHONE</b>	20,126.	14,806.	2,520.	2,800.
d <b>EQUIPMENT RENTALS &amp; REP</b>	18,856.	13,872.	2,361.	2,623.
e <b>PRINTING AND SUPPLIES</b>	17,155.	12,621.	2,148.	2,386.
f All other expenses	25,587.	6,207.	9,052.	10,328.
<b>25 Total functional expenses</b> Add lines 1 through 24f	<b>1,327,160.</b>	<b>1,110,463.</b>	<b>132,965.</b>	<b>83,732.</b>
<b>26 Joint Costs</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	59,213.	1	19,702.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	275,701.	4	204,501.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	699.	9	
	10a Land, buildings, and equipment cost basis	10a 146,815.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 144,930.		
		4,582.	10c	1,885.
	11 Investments - publicly traded securities	87,827.	11	83,315.
	12 Investments - other securities. See Part IV, line 11	143,788.	12	120,917.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	30,750.	15	30,750.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	602,560.	16	461,070.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	105,085.	17	164,345.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	50,000.	23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	6,112.	25	6,118.
	26 <b>Total liabilities.</b> Add lines 17 through 25	161,197.	26	170,463.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-38,799.	27	-56,413.
	28 Temporarily restricted net assets	310,162.	28	177,020.
	29 Permanently restricted net assets	170,000.	29	170,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	441,363.	33	290,607.
	34 <b>Total liabilities and net assets/fund balances</b>	602,560.	34	461,070.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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



**COUNCIL OF SENIOR CENTERS AND SERVICES**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	922,114.	824,561.	1,226,093.	1,056,755.	973,640.	5,003,163.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	922,114.	824,561.	1,226,093.	1,056,755.	973,640.	5,003,163.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						883,878.
6 <b>Public Support.</b> Subtract line 5 from line 4						4,119,285.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	922,114.	824,561.	1,226,093.	1,056,755.	973,640.	5,003,163.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,377.	50,909.	52,274.	51,182.	50,972.	252,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			15,000.			15,000.
11 <b>Total support.</b> Add lines 7 through 10						5,270,877.
12 Gross receipts from related activities, etc. (see instructions)					12	1,016,217.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	78.15 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62.24 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC** Employer identification number **13-2967277**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**COUNCIL OF SENIOR CENTERS AND SERVICES**

Schedule C (Form 990 or 990-EZ) 2008

**OF NEW YORK CITY, INC**

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**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		1,382.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		32,479.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		33,861.													
<b>d</b> Other exempt purpose expenditures		1,209,567.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		1,243,428.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns		199,343.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		49,836.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount				199,343.	199,343.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					299,015.
<b>c</b> Total lobbying expenditures				33,861.	33,861.
<b>d</b> Grassroots non-taxable amount				49,836.	49,836.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					74,754.
<b>f</b> Grassroots lobbying expenditures				1,382.	1,382.

Schedule C (Form 990 or 990-EZ) 2008

COUNCIL OF SENIOR CENTERS AND SERVICES

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization **COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC** Employer identification number **13-2967277**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

Schedule D (Form 990) 2008

13-2967277 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>MONEY MARKETS</b>	<b>5,120.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>MUTUAL FUNDS</b>	<b>115,797.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	<b>120,917.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>SECURITY DEPOSIT</b>	<b>30,750.</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	<b>30,750.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>SECURITY DEPOSIT PAYABLE</b>	<b>6,118.</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	<b>6,118.</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

Schedule D (Form 990) 2008

13-2967277 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,199,840.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,327,160.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-127,320.
4	Net unrealized gains (losses) on investments	4	-23,436.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-23,436.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-150,756.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,358,661.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	157,083.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	157,083.
3	Subtract line 2e from line 1	3	1,201,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-1,738.
c	Add lines 4a and 4b	4c	-1,738.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,199,840.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,509,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	157,083.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	25,174.
e	Add lines 2a through 2d	2e	182,257.
3	Subtract line 2e from line 1	3	1,327,160.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,327,160.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

**PART V, LINE 4: CSCS MAINTAINS VARIOUS BOARD AND DONOR-RESTRICTED**

**FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**REALIZED LOSS ON SALE OF INVESTMENTS: -1738.**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

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

**Part XIV** Supplemental Information (continued)

UNEALIZED LOSS ON SALE OF INVESTMENTS: 23436.

REALIZED LOSS ON SALE OF INVESTMENTS : 1738.

PART X: THE CENTER'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR  
UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE.  
MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN  
ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED  
BUSINESS INCOME TAX.



**COUNCIL OF SENIOR CENTERS AND SERVICES**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>ANNUAL AWARDS BENEF</b> (event type)	(event type)	<b>NONE</b> (total number)	(Add col (a) through col. (c))
Revenue	1	Gross receipts	129,110.		129,110.
	2	Less: Charitable contributions	103,807.		103,807.
	3	Gross revenue (line 1 minus line 2)	25,303.		25,303.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	25,303.		25,303.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			▶ ( 25,303.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			▶ 0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			▶ ( _____ )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			▶

	<b>Yes No</b>	
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

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

Schedule G (Form 990 or 990-EZ) 2008

13-2967277 Page 3

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>	%
------------	---

**b** An outside facility

<b>13b</b>	%
------------	---

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Open to Public  
Inspection

Name of the organization **COUNCIL OF SENIOR CENTERS AND SERVICES  
OF NEW YORK CITY, INC**  
Employer identification number **13-2967277**

**Part I** General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTER COLLEGE FOUNDATION, INC. 695 PARK AVE, RM E 1313A NEW YORK, NY 10021	13-3598671		20,000.	0.			TO PROVIDE SCHOLARSHIP AWARDS FOR MSW GERONTOLOGY STUDENTS. FUNDED BY THE NYC
HAMILTON-MADISON HOUSE, INC. 50 MADISON STREET NEW YORK, NY 10038	13-5562412		12,000.	0.			TO PROVIDE EDUCATION, OUTREACH, SERVICES AND ASSISTANCE TO SENIORS FOR THE DIGITAL TELEVISION
STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC. - 415 EAST 93RD STREET - NEW YORK, NY 10128	13-2572034		7,500.	0.			TO PROVIDE EDUCATION, OUTREACH, SERVICES AND ASSISTANCE TO SENIORS FOR THE DIGITAL TELEVISION

2 Enter total number of section 501(c)(3) and government organizations **3.**  
3 Enter total number of other organizations **3.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: HUNTER COLLEGE FOUNDATION, INC.**

**(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIP AWARDS FOR MSW GERONTOLOGY STUDENTS. FUNDED BY THE NYC COUNCIL.**

**NAME OF ORGANIZATION OR GOVERNMENT: HAMILTON-MADISON HOUSE, INC.**

**(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION, OUTREACH, SERVICES AND ASSISTANCE TO SENIORS FOR THE DIGITAL TELEVISION TRANSITION.**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION, OUTREACH,  
SERVICES AND ASSISTANCE TO SENIORS FOR THE DIGITAL TELEVISION TRANSITION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC** Employer identification number **13-2967277**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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Schedule J (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**13-2967277**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**ADULTS AND THEIR FAMILIES PRINCIPALLY IN NEW YORK CITY.**

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

**RECOGNIZED AS THE LEADING PROFESSIONAL ORGANIZATION FOR NEW YORK CITY'S SENIOR SERVICE PROVIDERS, ADVOCATING FOR NEEDED COMMUNITY BASED SENIOR SERVICES WHICH ALLOW SENIORS TO AGE WITHIN THEIR OWN HOMES AND COMMUNITIES WITH INDEPENDENCE AND DIGNITY. CSCS' MEMBERSHIP IS COMPRISED OF MORE THAN 150 SPONSOR ORGANIZATIONS WHICH PROVIDE COMMUNITY-BASED SERVICES TO MORE THAN 300,000 OLDER NEW YORKERS. THESE SERVICES INCLUDE MULTI-SERVICE SENIOR CENTERS, HOUSING, MEALS-ON-WHEELS, 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.**

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

**PROVIDERS. FROM CASE MANAGERS TO EXECUTIVE DIRECTORS, THE CONFERENCE PROVIDES A UNIQUE OPPORTUNITY FOR SENIOR SERVICE STAFF, MANY OF WHOM DO NOT HAVE OTHER OPPORTUNITIES TO NETWORK WITH THE PEERS OR LEARN UPDATES IN THE FIELD. THE FULL DAY EVENT COVERS EVIDENCE-BASED PROGRAMMING, HEALTH AND CLINIC TOPICS, POLICY CHANGES AT THE CITY, STATE AND FEDERAL LEVEL, ETC.**

**THE MARKETPLACE IS ANOTHER MEMBER SERVICE AND USES GROUP PURCHASING TO LOWER COSTS FOR SENIORS PROGRAM. THE COST SAVINGS PRODUCED BY USING THE MARKETPLACE MEAN MORE FUNDS FOR PROGRAMS AND SOCIAL SERVICES FOR**

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

Schedule O (Form 990) 2008

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**13-2967277**

**SENIORS. THE BILL-PAYER PROGRAM PROVIDES FREE BILL PAYING SERVICES TO  
LOWER-INCOME, FRAIL SENIORS HELPING THEM TO REMAIN INDEPENDENT IN THEIR  
HOMES THROUGH A NETWORK OF OVER 100 VOLUNTEERS. IN CONJUNCTION WITH  
ACRIA, CSCS PROVIDES HIV/AIDS EDUCATIONAL TRAININGS TO OVER 500  
INDIVIDUALS ANNUALLY. THE NEW YORK CITY FAMILY CAREGIVER COALITION ALSO  
CONTINUES TO BE A PLATFORM TO PROVIDE SUPPORT, EDUCATION AND RESOURCES  
TO FAMILY CAREGIVERS THROUGHOUT THE CITY. CSCS ALSO FOUNDED AND  
CO-SPONSORS AN ANNUAL STATEWIDE LEGISLATIVE FORUM IN ALBANY.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  
SOURCE OF SOCIALIZATION, MEALS AND SOCIAL SERVICES FOR PARTICIPANTS;  
\$849K TO ELDER ABUSE, WHICH SUPPORTS THOUSANDS OF OLDER VICTIMS OF  
ABUSE AS WELL AS THEIR CAREGIVERS; \$4.55M IN FOOD COSTS, WHICH ENSURE  
THAT NEW YORK'S ELDERLY HAVE ACCESS TO THEIR FEDERAL RIGHT OF A  
NUTRITIOUS AND QUALITY DAILY MEAL; \$3M TO TRANSPORTATION, WHICH PROVIDE  
ACCESS TO NEEDED SERVICES SUCH AS DOCTORS APPOINTMENTS; \$1.35M HEALTHY  
AGING AND MORE. CSCS' LEADERSHIP ROLE IN ADVANCING PROGRAMMATIC,  
LEGISLATIVE OR POLICY CHANGES HAS A MAJOR IMPACT ON IMPROVING THE LIVES  
OF OLDER NEW YORKERS.**

**FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO  
ELECT THE GOVERNING BODY.**

**FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD DEVELOPMENT COMMITTEE  
DEVELOPS A SLATE OF NOMINEES FOLLOWING REVIEW OF THE CLASS OF BOARD MEMBERS  
WHOSE TERM IS TO EXPIRE TOGETHER WITH RECOMMENDATIONS FOR NEW BOARD**

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

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

Employer identification number  
13-2967277

NOMINEES. THE COMMITTEE PRESENTS THE SLATE OF NOMINEES TO THE GENERAL MEMBERSHIP AT ITS ANNUAL MEETING AND CALLS FOR NOMINATIONS FROM THE FLOOR. ALL MEMBERS IN GOOD STANDING CAST THEIR VOTES FOR THE INCOMING CLASS OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE DRAFT FORM 990 HAS BEEN PREPARED, IT IS INITIALLY REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS IS PROVIDED WITH AN ELECTRONIC COPY OR A HARD COPY FOR THEIR REVIEW AND COMMENTS. COMMENTS ARE ADDRESSED BY MANAGEMENT, AND WHERE APPROPRIATE, INCORPORATED INTO THE FINALIZED FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. EACH YEAR ALL BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT, DISCLOSING ANY POTENTIAL CONFLICT OF INTEREST TO THE ORGANIZATION. SHOULD A CONFLICT OF INTEREST EXIST, THE BOARD MEMBER MAY NOT VOTE ON ANY MATTER WHERE THERE IS A CONFLICT, AND MAY BE REQUIRED TO LEAVE THAT PORTION OF A MEETING THAT CONSIDERS THE MATTER WHERE THERE IS A CONFLICT. CONFLICTS OF INTEREST ARE NOTED IN ALL NECESSARY REPORTING REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE EVALUATES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THROUGH A PROCESS

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Schedule O (Form 990) 2008

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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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Open to Public Inspection

Name of the organization	COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC	Employer identification number	13-2967277
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THAT INCLUDES USING DATA ABOUT COMPARABLE POSITIONS. THE COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS WHICH VOTES ON THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST. FORM 990 CAN ALSO BE VIEWED AT GUIDESTAR.ORG. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION B, LINE 13  
CSCS HAS ADOPTED A WRITTEN WHISTLEBLOWER POLICY PRIOR TO THE FILING OF ITS RETURN FOR THE TAX YEAR JUNE 30, 2009 BUT DID NOT HAVE SUCH A POLICY IN PLACE BEFORE THE END OF ITS ACCOUNTING YEAR. THE POLICY CREATES PROCEDURES FOR DIRECTORS, OFFICERS AND EMPLOYEES ACTING IN GOOD FAITH TO REPORT IN CONFIDENCE SUSPECTED MISUSE OF CSCS'S ASSETS OR SUSPECTED REGULATORY CONCERNS TO THE APPROPRIATE PARTY. THE POLICY ASSIGNS A COMPLIANCE OFFICER AND CONTAINS PROCEDURES FOR REPORTING SUCH VIOLATIONS IN CONFIDENCE AND WITHOUT RETALIATION. THE COMPLIANCE OFFICER IS REQUIRED TO REPORT TO THE FULL BOARD OF DIRECTORS AT EACH REGULARLY SCHEDULED BOARD MEETING ON COMPLIANCE.

FORM 990, PART XI, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDIT COMMITTEE REPORTS DIRECTLY TO THE BOARD OF DIRECTORS. THIS PROCESS DID

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Schedule O (Form 990) 2008

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization

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

Employer identification number  
**13-2967277**

**NOT CHANGE FROM THE PRIOR YEAR.**

**FORM 990, PART VI, SECTION B, LINE 14**

**CSCS IS WORKING WITH ITS PRO-BONO GENERAL COUNSEL TO DEVELOP A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY TO PRESENT TO THE BOARD OF DIRECTORS. CSCS ADHERES TO THE DOCUMENT RECORD RETENTION REQUIREMENTS OF PUBLIC AND PRIVATE GRANTORS.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- 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).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC</b>	Employer identification number <b>13-2967277</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>49 WEST 45TH STREET</b>	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10036</b>		

**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 ORGANIZATION~~ *Tru Shah*

• The books are in the care of  **49 WEST 45TH STREET - NEW YORK, NY 10036**  
 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, 2010**

5 For calendar year \_\_\_\_\_ , or other tax year beginning **JUL 1, 2008** , and ending **JUN 30, 2009**

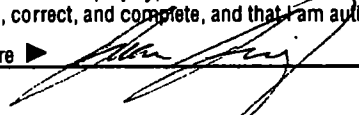
6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	
<b>b</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.	<b>8b</b>	\$	
<b>c Balance Due.</b> 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.	<b>8c</b>	\$	<b>N/A</b>

**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  **CPA** Date  **2/6/10**