

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

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

C Name of organization: **COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **49 WEST 45TH STREET**
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10036**
 F Name and address of principal officer: **IGAL JELLINEK SAME AS C ABOVE**

D Employer identification number: **13-2967277**

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

G Gross receipts \$: **1,241,512.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

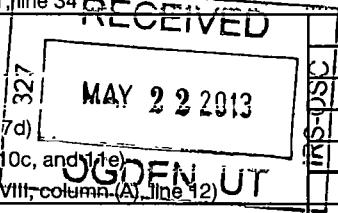
J Website: **WWW.CSCS-NY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CSCS SERVES ITS MEMBER ORGANIZATIONS THOROUGH ADVOCACY ON THE CITY, STATE AND FEDERAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	138
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	866,262.	1,001,515.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	218,122.	169,838.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,953.	6,378.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,188.	39,311.
		1,127,525.	1,217,042.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	685,526.	693,022.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 74,059.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	469,177.	510,647.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,154,703.	1,203,669.	
19 Revenue less expenses. Subtract line 18 from line 12	-27,178.	13,373.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	476,856.	561,868.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,561.	98,936.
		447,295.	462,932.



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: *Joan L. Ryan* Date: **05/08/2013**
JOAN L. RYAN, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MARK PISZKO** Preparer's signature: *Mark Piszko* Date: **5/10/13** Check if self-employed: PTIN: **P01402796**
 Firm's name: **O'CONNOR DAVIES, LLC** Firm's EIN: **27-1728945**
 Firm's address: **665 FIFTH AVENUE NEW YORK, NY 10022** Phone no.: **(212) 286-2600**

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

SCANNED JUN 19 2013

g/p 11

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OF NEW YORK CITY, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code _____) (Expenses \$ 261,589. including grants of \$ _____) (Revenue \$ _____)

ADVOCACY

DURING FY2012, CSCS ADVOCATED AT BOTH THE NEW YORK STATE AND CITY LEVELS ON BEHALF OF OLDER ADULTS AND THE SERVICES THAT ALLOW THEM TO AGE WITH INDEPENDENCE AND DIGNITY. TO COORDINATE AND MAXIMIZE ADVOCACY EFFORTS, CSCS TAILORED STATE AND CITY CAMPAIGNS TO MEET THE NEEDS OF OLDER ADULTS AND THE COMMUNITY-BASED AGING SERVICE NETWORK. EACH ADVOCACY CAMPAIGN INVOLVED GRASSROOTS MOBILIZATION, ONGOING EDUCATIONAL MEETINGS WITH ELECTED OFFICIALS AND TARGETED ADVOCACY-LED EVENTS. IN FY2012, CSCS' STATE ADVOCACY CAMPAIGN EDUCATED STATE SENATORS AND ASSEMBLYMEN ON AGING ISSUES, RAN A FULL DAY LEGISLATIVE CONFERENCE ON MARCH 6, 2012 THAT ADDRESSED AGING SERVICES IN THE STATE BUDGET AND COORDINATED A LETTER-WRITING CAMPAIGN THAT YIELDED OVER 16,500 LETTERS

4b (Code _____) (Expenses \$ 739,056. including grants of \$ _____) (Revenue \$ 169,838.)

CSCS RUNS SEVERAL INNOVATIVE PROGRAMS AND INITIATIVES THAT ENABLE HEALTHY AGING, ADDRESS ECONOMIC SECURITY AND TRAIN AGING SERVICE PROVIDERS.

THE OLDER ADULT SNAP ENROLLMENT INITIATIVE - THE OLDER ADULT SNAP ENROLLMENT INITIATIVE IS MANAGED BY CSCS AND REPRESENTS A PUBLIC-PARTNERSHIP BETWEEN CSCS, THE NYC DEPARTMENT FOR THE AGING, AND AARP NY. THE INITIATIVE IS AN INNOVATIVE AND UNIQUE MODEL THAT PLACES CAREFULLY TRAINED RETIRED PROFESSIONALS WITHIN LOW-INCOME, HIGH-NEEDS COMMUNITIES THROUGHOUT NEW YORK CITY TO EDUCATE OLDER ADULTS ABOUT FOOD ASSISTANCE OPTIONS, SCREEN AND ENROLL OLDER ADULTS IN SNAP. THROUGH THE INITIATIVE, CSCS IS DECREASING HUNGER AND FOOD INSECURITY RATES AMONG

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 **▶ 1,000,645.**

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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school 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 United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Section 501(c)(3) and 501(c)(4) organizations. 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 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>		X
34 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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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
4b	If "Yes," enter the name of the foreign country. See instructions for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22	
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

132008 01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROBERT M. BENDER, JR TREASURER	2.00	X		X			0.	0.	0.	
(2) SULEIKA CABRERA DRINANE DIRECTOR	1.00	X					0.	0.	0.	
(3) JAMES C. O'NEAL DIRECTOR	1.00	X					0.	0.	0.	
(4) MARK E. BROSSMAN, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(5) JEANETTE PURYEAR DIRECTOR	1.00	X					0.	0.	0.	
(6) JOHN W. WHITE DIRECTOR	1.00	X					0.	0.	0.	
(7) LEWIS HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(8) MARVIN TOLKIN DIRECTOR	1.00	X					0.	0.	0.	
(9) DAVID V. POMERANZ VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(10) ISABEL CHING SECRETARY	1.00	X		X			0.	0.	0.	
(11) DR. LINDA LLEST DIRECTOR	1.00	X					0.	0.	0.	
(12) DONNA CORRADO DIRECTOR	1.00	X					0.	0.	0.	
(13) NANCY D. MILLER DIRECTOR	1.00	X					0.	0.	0.	
(14) WILLIAM J. DIONNE PRESIDENT	3.00	X		X			0.	0.	0.	
(15) STEVEN NEWMAN DIRECTOR	1.00	X					0.	0.	0.	
(16) WANDA WOOTEN DIRECTOR	1.00	X					0.	0.	0.	
(17) JUDY ZANGWILL DIRECTOR	1.00	X					0.	0.	0.	

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

Form 990 (2011)

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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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JOAN L. RYAN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(19) JUDY WILLIG DIRECTOR	1.00	X					0.	0.	0.	
(20) MARK F. LINDSAY DIRECTOR	1.00	X					0.	0.	0.	
(21) JOSEPH H. GIRVEN DIRECTOR	1.00	X					0.	0.	0.	
(22) LORAIN B. TSAVERIS DIRECTOR	1.00	X					0.	0.	0.	
(23) IGAL JELLINEK EXECUTIVE DIRECTOR	35.00			X			130,646.	0.	27,244.	
1b Sub-total							130,646.	0.	27,244.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							130,646.	0.	27,244.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Form 990 (2011)

**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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	207,303.				
	c Fundraising events	1c	110,225.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	207,682.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	476,305.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		1001515.				
	Program Service Revenue	2 a <u>ANNUAL CONFERENCE</u>	Business Code 900099	126,722.	126,722.		
b <u>MARKET PLACE INITIATIV</u>		900099	43,116.	43,116.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			169,838.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,378.			6,378.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	45,042.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	45,042.				
	d Net rental income or (loss)		45,042.			45,042.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ <u>110,225.</u> of contributions reported on line 1c) See Part IV, line 18	a	18,739.				
		b Less: direct expenses	24,470.				
c Net income or (loss) from fundraising events			-5,731.			-5,731.	
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						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.		1217042.	169,838.	0.	45,689.		

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Form 990 (2011)

**COUNCIL OF SENIOR CENTERS AND SERVICES
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)

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	157,890.	130,275.	19,768.	7,847.
7 Other salaries and wages	372,702.	307,517.	46,662.	18,523.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	35,673.	29,434.	4,466.	1,773.
9 Other employee benefits	89,741.	74,045.	11,236.	4,460.
10 Payroll taxes	37,016.	30,542.	4,634.	1,840.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	37,500.	27,589.	4,695.	5,216.
d Lobbying	27,621.	27,621.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	120,178.	114,874.	3,635.	1,669.
12 Advertising and promotion				
13 Office expenses	46,375.	34,118.	5,806.	6,451.
14 Information technology				
15 Royalties				
16 Occupancy	155,744.	114,581.	19,499.	21,664.
17 Travel	7,132.	5,247.	893.	992.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,518.	97,144.	1,598.	1,776.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,409.	7,658.	1,303.	1,448.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	4,349.		4,349.	
b OTHER	421.		421.	
c DEVELOPMENT AND FUNDRAI	400.			400.
d _____				
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	1,203,669.	1,000,645.	128,965.	74,059.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	16,384.	1	33,235.
	2	88,749.	2	95,183.
	3		3	
	4	102,087.	4	112,696.
	5		5	
	6		6	
	7		7	
	8		8	
	9	1,596.	9	541.
	10a	146,815.		
	b	146,815.	0.	0.
	11	121,385.	11	117,589.
	12	121,030.	12	176,999.
	13		13	
	14		14	
	15	25,625.	15	25,625.
16	476,856.	16	561,868.	
Liabilities	17	23,441.	17	92,809.
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25	6,120.	25	6,127.
	26	29,561.	26	98,936.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27		48,100.	27	505.
28		229,195.	28	242,427.
29		170,000.	29	220,000.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30			30	
31			31	
32			32	
33		447,295.	33	462,932.
34		476,856.	34	561,868.

Form 990 (2011)

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

Form 990 (2011)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,217,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,203,669.
3	Revenue less expenses Subtract line 2 from line 1	3	13,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	447,295.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,264.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	462,932.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2011)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,056,755.	973,640.	1,172,083.	866,262.	1,001,515.	5,070,255.
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 Total. Add lines 1 through 3	1,056,755.	973,640.	1,172,083.	866,262.	1,001,515.	5,070,255.
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)						679,610.
6 Public support. Subtract line 5 from line 4						4,390,645.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,056,755.	973,640.	1,172,083.	866,262.	1,001,515.	5,070,255.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,182.	50,972.	51,616.	51,884.	51,420.	257,074.
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.)						
11 Total support. Add lines 7 through 10						5,327,329.
12 Gross receipts from related activities, etc. (see instructions)					12	978,460.
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	82.42 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	77.43 %
16a 33 1/3% support test - 2011. 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 33 1/3% support test - 2010. 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 10% -facts-and-circumstances test - 2011. 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 10% -facts-and-circumstances test - 2010. 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 Private foundation. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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-

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COUNCIL OF SENIOR CENTERS AND SERVICES

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		504.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		27,117.													
c Total lobbying expenditures (add lines 1a and 1b)		27,621.													
d Other exempt purpose expenditures		1,176,048.													
e Total exempt purpose expenditures (add lines 1c and 1d)		1,203,669.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		195,367.													
<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														
g Grassroots nontaxable amount (enter 25% of line 1f)		48,842.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	199,343.	199,575.	190,470.	195,367.	784,755.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,177,133.
c Total lobbying expenditures	33,861.	37,777.	37,038.	27,621.	136,297.
d Grassroots nontaxable amount	49,836.	49,894.	47,618.	48,842.	196,190.
e Grassroots ceiling amount (150% of line 2d, column (e))					294,285.
f Grassroots lobbying expenditures	1,382.	994.	1,632.	504.	4,512.

COUNCIL OF SENIOR CENTERS AND SERVICES

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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, Part II-A; and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) 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 (ASC 958) 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) 2011

13-2967277 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	322,415.	287,732.	214,232.	284,412.	
b Contributions	53,559.		100,000.		
c Net investment earnings, gains, and losses	8,614.	34,683.	23,500.	-17,383.	
d Grants or scholarships					
e Other expenditures for facilities and programs			50,000.	52,797.	
f Administrative expenses					
g End of year balance	384,588.	322,415.	287,732.	214,232.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 32.50 %
 b Permanent endowment 57.25 %
 c Temporarily restricted endowment 10.25 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,237.	14,237.	0.
d Equipment		132,578.	132,578.	0.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0.

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKETS	52,825.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	124,174.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	176,999.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT PAYABLE	6,127.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,127.

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

Schedule D (Form 990) 2011

13-2967277 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,217,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,203,669.
3	Excess or (deficit) for the year Subtract line 2 from line 1	13,373.
4	Net unrealized gains (losses) on investments	2,264.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	2,264.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	15,637.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,368,127.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2,264.
b	Donated services and use of facilities	148,821.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	151,085.
3	Subtract line 2e from line 1	1,217,042.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,217,042.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,352,490.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	148,821.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	148,821.
3	Subtract line 2e from line 1	1,203,669.
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,203,669.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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 X, LINE 2: CSCS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS

ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

MANAGEMENT HAS DETERMINED THAT CSCS HAD NO UNCERTAIN TAX POSITIONS THAT

WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. CSCS IS NO LONGER SUBJECT

Schedule D (Form 990) 2011

COUNCIL OF SENIOR CENTERS AND SERVICES

Schedule G (Form 990 or 990-EZ) 2011 **OF NEW YORK CITY, INC.**

13-2967277 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL AWARDS BENEFIT (event type)	OTHER (event type)	NONE (total number)	
Revenue	1	Gross receipts	120,425.	8,539.	128,964.
	2	Less Charitable contributions	110,225.		110,225.
	3	Gross income (line 1 minus line 2)	10,200.	8,539.	18,739.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	6,790.		6,790.
	8	Entertainment			
	9	Other direct expenses	12,930.	4,750.	17,680.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(24,470)
	11	Net income summary. Combine line 3, column (d), and line 10			-5,731.

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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash 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 line 1, column d, and line 7			

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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

COUNCIL OF SENIOR CENTERS AND SERVICES

Schedule G (Form 990 or 990-EZ) 2011 OF NEW YORK CITY, INC.

13-2967277 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	%
b An outside facility	%
- 14 Enter 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? Yes No
- 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 of the third party:

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? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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?		X
b Any related organization?		X
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?		X
b Any related organization?		X
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		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2011

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

Schedule J (Form 990) 2011

13-2967277

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 IGAL JELLINEK	(i) 130,646. (ii) 0.	0.	0.	2,033. 0.	25,211. 0.	157,890. 0.	0. 0.
2	(i) (ii)						
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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:

LEVELS; TRAINING PROGRAMS; PROGRAMMATIC INITIATIVES, PUBLICATIONS AND
MORE.

FORM 990, PART III, LINE 1:

THE MISSION OF COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY,
INC. (CSCS) IS TO CHAMPION THE RIGHTS OF OLDER ADULTS TO MAKE NEW YORK
CITY A BETTER PLACE TO LIVE. FOUNDED IN 1979, CSCS GREW OUT OF A
COALITION OF SENIOR SERVICE ORGANIZATIONS FORMED TO SUPPORT EACH OTHER
AND TO DEVELOP WAYS TO WORK WITH GOVERNMENT AGENCIES ON BEHALF OF
SENIORS. FROM THIS GROUP, CSCS WAS ESTABLISHED AS A CITYWIDE
NOT-FOR-PROFIT ORGANIZATION. TODAY, CSCS IS RECOGNIZED AS THE LEADING
PROFESSIONAL ORGANIZATION FOR NEW YORK CITY'S SENIOR SERVICE PROVIDERS
PROVIDING A VOICE FOR THE NEEDS OF VULNERABLE ELDERLY LIVING IN THE
FIVE BOROUGHS.

CSCS CURRENTLY SERVES MORE THAN 300,000 OLDER NEW YORKERS THROUGH A
NETWORK OF MORE THAN 150 SENIOR SERVICE ORGANIZATIONS, LARGE AND SMALL.
SERVICES FOR THE HOMEBOUND, HOUSING, ADULT DAY SERVICE PROGRAMS, MENTAL
HEALTH SERVICES AND OTHER PROGRAMS ARE DIRECTED BY THE SENIOR SERVICE
ORGANIZATIONS THAT ARE CSCS MEMBERS.

CSCS HAS BUILT A CONSORTIUM OF ORGANIZATIONS TO HELP ALLEVIATE THE
PERILOUS ECONOMIC, HEALTH CARE AND SOCIAL SITUATIONS OF MANY OF NEW
YORK CITY'S 1.3 MILLION SENIOR CITIZENS AND ENSURE THEY RECEIVE
QUALITY SERVICES TO LIVE WITH DIGNITY. CSCS ADVOCATES ON FEDERAL,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC.

Employer identification number
13-2967277

STATE AND LOCAL LEVELS; PROVIDES PROFESSIONAL TRAINING AND CUSTOMIZED
TECHNICAL ASSISTANCE TO SERVICE PROVIDERS; HOSTS AN ANNUAL EDUCATIONAL
CONFERENCE ON AGING WITH NATIONAL SPEAKERS; PUBLISHES AND WIDELY
DISSEMINATES POLICY PAPERS, TRAINING AND HOW-TO MANUALS, STUDIES, AND
NEWS ALERTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FROM OLDER ADULTS IN SUPPORT OF CSCS' ADVOCACY. THANKS TO THE CAMPAIGN,
105 NYC SENIOR CENTERS REMAINED OPEN AND 10,000 OLDER NEW YORKERS WERE
ABLE TO ACCESS 2.5 MILLION NUTRITIONAL MEALS THROUGHOUT THE YEAR. THE
CAMPAIGN ALSO ENSURED THAT OLDER ADULTS ACROSS NEW YORK WERE ABLE TO
ACCESS THOUSANDS OF HOURS OF NEEDED HEALTH/WELLNESS PROGRAMMING AND
SOCIAL SERVICE SUPPORT.

CSCS' FY2012 CITY ADVOCACY CAMPAIGN USED SEVERAL STRATEGIES TO VOICE
THE NEEDS OF OLDER NEW YORKERS AND WAS CONDUCTED IN CONJUNCTION WITH
ADVOCACY ON THE STATE LEVEL. THE CITY CAMPAIGN INCLUDED EDUCATIONAL
MEETINGS WITH ELECTED OFFICIALS, GRASSROOTS MOBILIZATION OF COMMUNITY
BASED SENIOR SERVICE AGENCIES, A LETTER WRITING CAMPAIGN THAT YIELDED
7,000 LETTERS AND THE 17TH ANNUAL CITY HALL ADVOCACY DAY, HELD ON MAY
9, 2012 THAT BROUGHT 350 OLDER ADULTS LEADERS TO MEETINGS WITH THEIR
COUNCIL MEMBERS TO ADDRESS WAYS THAT THE CITY BUDGET WOULD AFFECT OLDER
NEW YORKERS. THE CAMPAIGN RESULTED IN A \$22 MILLION FUNDING RESTORATION
TO THE NYC DEPARTMENT FOR THE AGING TO FUND CRUCIAL SERVICES SUCH AS
CASE MANAGEMENT FOR HOMEBOUND ELDERLY, SUPPORT FOR ELDER ABUSE VICTIMS
AND SOCIAL ADULT DAY SERVICES FOR OLDER NEW YORKERS AND THEIR FAMILY
CAREGIVERS.

Name of the organization **COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC.**

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

**NYC'S LOW-INCOME OLDER ADULTS BY REDUCING BARRIERS TO AND COORDINATING
SNAP ENROLLMENT. IN FY2012, THE INITIATIVE ENGAGED OVER 70 VOLUNTEERS
AND REACHED OVER 34,000 SENIORS THROUGH MAILINGS AND OUTREACH IN THE
COMMUNITIES, AT SENIOR CENTERS, LIBRARIES, COMMUNITY BUSINESSES AND
MANY MORE.**

**BILL PAYER PROGRAM - THE BILL PAYER PROGRAM IS A FAST-GROWING AND
INNOVATIVE VOLUNTEER SERVICE THAT HELPS KEEP SENIORS IN THEIR HOMES,
REDUCES ISOLATION AND WORKS TO PREVENT FINANCIAL EXPLOITATION.
VOLUNTEER "BILL PAYERS" GIVE MONTHLY HANDS-ON HELP WITH THE TASKS OF
BILL PAYING. THEY WORK ONE-TO-ONE WITH CLIENTS IN THEIR OWN HOMES TO
PREPARE CHECKS, BALANCE THE CHECKBOOK, ACCESS CASH AND REVIEW BANK
STATEMENTS FOR ERROR OR FRAUD. VOLUNTEERS ALSO HELP PAY DOWN DEBT,
NEGOTIATE UTILITY DISCOUNTS AND INVESTIGATE UNRECOGNIZED CHARGES. ALL
BILL PAYER PROGRAM ACTIVITIES ARE PROFESSIONALLY-SUPERVISED AND
INSURED. BILL PAYER CLIENTS ARE MOSTLY OLDER ADULTS, ALMOST HALF AGE 80
OR OLDER, AND A LARGE MAJORITY (88%) LIVE ALONE. THEY ARE IN CHARGE OF
THEIR LIVES AND THEIR FINANCES BUT NEED A FEW HOURS OF PRACTICAL BILL
PAYING HELP TO REMAIN INDEPENDENT. MOST HAVE INCOMES UNDER 150% OF THE
FEDERAL POVERTY LEVEL; THE MEDIAN INCOME OF A BILL PAYER CLIENT IS
\$1285 A MONTH. MORE THAN HALF RECEIVE MEDICAID AND FOOD STAMPS.
REASONS FOR PARTICIPATING IN THE PROGRAM INCLUDE LOW VISION, PHYSICAL
DISABILITY, UNPAID BILLS AND THREAT OF EVICTION OR UTILITY SHUT-OFF, OR
SIMPLY BEING OVERWHELMED WITH PAPERWORK. THE BILL PAYER PROGRAM IS SO
EFFECTIVE THAT AFTER BEING MATCHED WITH A VOLUNTEER, CLIENTS MEET
PROGRAM OUTCOMES 97% OF THE TIME. THESE OUTCOMES ARE 1) ALL HOUSEHOLD**

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BILLS PAID, 2) NO UNEXPLAINED WITHDRAWALS, AND 3) NO OVERDRAFTS OR
BOUNCED CHECKS.

SENIOR ACTIVATORS - THE ACTIVATORS CORP IS A PROGRAM THAT HARNESSSES THE
POWER OF INDIVIDUAL OLDER ADULTS TO MAKE CHANGE AND INFLUENCE POLICY
DECISIONS. THE UNIQUE PROGRAM BRINGS TOGETHER OLDER NEW YORKERS AND
TRAINS THEM ON PUBLIC SPEAKING AND POLICY ISSUES. ONCE TRAINED, THESE
"SENIOR ACTIVATORS" ARE ABLE TO BRING INFORMATION AND ADVOCACY SKILLS
BACK TO THEIR COMMUNITIES. THE SENIOR ACTIVATORS PARTICIPATE IN CSCS'
ADVOCACY CAMPAIGNS BY SPEAKING AT PRESS CONFERENCES, ATTENDING MEETINGS
WITH ELECTED OFFICIALS AND INFORMING THEIR COMMUNITIES ABOUT TIMELY
ISSUES. THE SENIOR ACTIVATOR CORP USES A MODEL THAT IS BASED ON
INFORMATION-EXCHANGE SO THAT OLDER ADULTS CAN LEARN ABOUT AND ACT ON
ISSUES THAT AFFECT THEIR LIVES.

NEW YORK CITY FAMILY CAREGIVER COALITION (NYCFCC) - AS A PROGRAM OF
CSCS, THE NYCFCC ADDRESSES CAREGIVERS' NEEDS AND RAISES THE PUBLIC'S
AWARENESS OF CAREGIVING ISSUES. THROUGH THE NYCFCC, CSCS ENGAGES OVER
200 INDIVIDUALS REPRESENTING PRIVATE INDUSTRY, GOVERNMENT, ELDER LAW
PRACTICES, ACADEMIC RESEARCH, NON-PROFIT UMBRELLA ORGANIZATIONS AND
COMMUNITY-BASED PROVIDERS. IN FY2012, CSCS RAN EDUCATIONAL EVENTS,
HOSTED WORKSHOPS AND WEBINARS AND ADVOCATED FOR POLICIES THAT SUPPORT
NYC'S CAREGIVERS AND THEIR LOVED ONES.

TRAININGS AND WORKSHOPS - EACH YEAR, CSCS PROVIDES MULTI-MODAL
TRAININGS FOR SENIOR SERVICE PROFESSIONALS TO BRING INNOVATIVE IDEAS,
BEST PRACTICES AND REAL-LIFE SKILLS TO NEW YORK'S AGING SERVICES
NETWORK. TRAININGS HIGHLIGHT TOPICS SUCH AS CARE TRANSITIONS, FOOD AS

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MEDICINE AND MARKETING SERVICES TO BOOMERS. CSCS ALSO TARGETS REAL-LIFE ISSUES THAT STAFF MEMBERS OF SENIOR SERVICES AGENCIES FACE EVERY DAY, FROM BOOKKEEPING AND FINANCIAL MANAGEMENT TO DEVELOPING NEW PROGRAM OPTIONS AND EXPANDING SERVICES TO CAREGIVERS. THANKS TO CSCS' TRAININGS AND WORKSHOPS, OLDER ADULTS THROUGHOUT NEW YORK CITY HAVE ACCESS TO INNOVATIVE PROGRAMMING AND BEST PRACTICES WITHIN THEIR OWN COMMUNITIES.

HIGHLIGHTED TRAININGS INCLUDE:

1)THE 23RD ANNUAL CONFERENCE ON AGING: HELD ON JANUARY 19, 2012, TITLED THE POWER OF AGING: CREATING A FUTURE FOR OLDER NEW YORKERS, THE CONFERENCE WAS ATTENDED BY 411 PARTICIPANTS FROM OVER 150 SENIOR SERVICE ORGANIZATIONS. THE KEYNOTE SPEAKER WAS LARRY MINNIX, PRESIDENT & CEO OF LEADING AGE. THE 2012 CONFERENCE FEATURED 2 PLENARY SESSIONS, 15 WORKSHOPS AND A VENDOR EXPO.

2)THE NEW DIRECTORS TRAINING: THIS FOUR PART FULL-DAY WORKSHOP SERIES HELD EACH FALL TRAINS NEW SENIOR SERVICE DIRECTORS ABOUT THE INS AND OUTS OF THE AGING FIELD IN NYC. IN FY2012, 18 PROFESSIONALS PARTICIPATED IN THE NEW DIRECTORS TRAINING SERIES.

3)CAREGIVING WEBINAR SERIES: HELD IN THE SPRING OF FY2012, THE SERIES BROUGHT TOGETHER EXPERTS IN ELDER LAW, ACADEMIC RESEARCH AND SOCIAL SERVICES TO EDUCATE AND INFORM BOTH CAREGIVING SERVICE PROFESSIONALS AND CAREGIVERS THEMSELVES. PARTICIPATION IN THE WEBINAR SERIES TOTALED 216 INDIVIDUALS.

4)HIV/AIDS EDUCATIONAL TRAININGS: A COLLABORATION WITH THE AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA (ACRIA), THIS TRAINING INITIATIVE CONTINUED TO GROW IN ITS WORK AND SCOPE IN FY2012. IN ADDITION TO THE PROGRAM'S TRADITIONAL HIV/AIDS TRAININGS, THE INITIATIVE CONDUCTED TRAININGS TO HIV/AIDS SERVICE ORGANIZATIONS TO EDUCATE THOSE PROVIDERS ON THE NEEDS AND ISSUES OF OLDER ADULTS. IN

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FY2012, 508 PROFESSIONALS PARTICIPATED IN 30 HIV/AIDS TRAININGS
THROUGHOUT THE FIVE BOROUGHES.

CAPACITY BUILDING - CSCS PROVIDES FREE CUSTOMIZED CAPACITY BUILDING
ASSISTANCE TO COMMUNITY-BASED SENIOR SERVICE PROVIDERS TO FACILITATE
THEIR ABILITY TO SUCCEED IN SERVING OLDER NEW YORKERS. TAILORED TO EACH
NEED, CSCS SENDS QUALIFIED PROFESSIONALS OUT TO COMMUNITY BASED
PROGRAMS TO WORK ONE ON ONE WITH STAFF AND/OR BOARD MEMBERS. FOR SOME
ORGANIZATIONS, MINIMAL ASSISTANCE IS REQUIRED. FOR OTHERS, SIGNIFICANT
TIME AND EFFORT ARE SPENT TO ENSURE THAT A PLAN IS REALIZED AND A
SYSTEM IS CREATED TO MEET EACH AGENCY'S NEEDS.

THE MARKETPLACE AT CSCS - A GROUP PURCHASING PROGRAM, THE MARKETPLACE
AT CSCS WAS CREATED AS A VEHICLE FOR MEMBERS TO SAVE MONEY ON ESSENTIAL
GOODS AND SERVICES BY HARNESSING THE COLLECTIVE PURCHASING POWER OF THE
SENIOR SERVICES NETWORK. PRODUCTS AND SERVICES INCLUDE FOOD, MEDICAL
AND OFFICE SUPPLIES, CAPITAL EQUIPMENT, VEHICLE AND DISABILITY
INSURANCE, DELIVERY VEHICLES, PRINTING SERVICES, BACK OFFICE SUPPORT
FUNCTIONS AND MORE. WHILE BUDGET CUTBACKS GROW, MARKETPLACE MEMBERS USE
THEIR SAVINGS TO FOCUS ON THE NEEDS OF SENIORS AND THE DELIVERY OF
SERVICES. IN CALENDAR YEAR 2011, MARKETPLACE SALES VOLUME WAS \$7.2M
COMPARED TO \$6.2M IN 2010. FOOD AND DAIRY CONTINUED TO BE THE LARGEST
VOLUME CATEGORIES IN FY2012 ALLOWING SENIOR SERVICE PROGRAMS TO PROVIDE
NEEDED NUTRITIOUS MEALS.

COMMUNITY-ACADEMIC PARTNERSHIPS - CSCS SERVES AS A CONNECTOR AND
CATALYST FOR COMMUNITY-ACADEMIC PARTNERSHIPS THROUGHOUT NEW YORK CITY.

AS THE LEAD COMMUNITY PARTNER TO THE WEILL CORNELL ROYBAL CENTER, CSCS

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USES ITS KNOWLEDGE OF THE AGING NETWORK AND RELATIONSHIPS WITH ACADEMIC RESEARCHERS TO CREATE COLLABORATIONS. CSCS ALSO HAS CLOSE WORKING RELATIONSHIPS WITH NEW YORK UNIVERSITY'S MEDICAL AND DENTAL SCHOOL, COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH, HOSPITAL FOR SPECIAL SURGERY, FORDHAM UNIVERSITY GRADUATE SCHOOL OF SOCIAL SERVICE, HUNTER COLLEGE SCHOOL OF PUBLIC HEALTH AND THE BROOKDALE CENTER FOR HEALTHY AGING AT HUNTER COLLEGE. PARTNERSHIPS THAT ARE DEVELOPED THANKS TO CSCS RELATIONSHIP-BUILDING FOCUS ON DIVERSE RESEARCH AREAS SUCH AS: PAIN IN LATER LIFE, CAREGIVING AND CANCER SUPPORTS, SENIOR CENTER OUTCOME RESEARCH, PALLIATIVE CARE INTERVENTIONS AND ORAL HEALTH PROGRAMS AMONG HOMEBOUND OLDER ADULTS.

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 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 B, LINE 11: THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN INDEPENDENT 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

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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: A CONFLICT OF INTEREST POLICY IS IN PLACE AND IS MONITORED ANNUALLY. 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 15A: THE COMPENSATION COMMITTEE EVALUATES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THROUGH A PROCESS 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. THE FORM 990 CAN ALSO BE VIEWED AT GUIDESTAR.ORG. IN ADDITION, THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY ARE KEPT AT THE ORGANIZATION'S OFFICE AND CAN BE VIEWED BY ANY INQUIRING PARTY DURING NORMAL OFFICE HOURS. HARD COPIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization COUNCIL OF SENIOR CENTERS AND SERVICES
OF NEW YORK CITY, INC.

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NET UNREALIZED GAINS ON INVESTMENTS: 2,264.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR
YEAR.

- 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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC	Employer identification number (EIN) or <input checked="" type="checkbox"/> 13-2967277
	Number, street, and room or suite no. If a P O box, see instructions. 49 WEST 45TH STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10036	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

TRUSHAR 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, 2013**

5 For calendar year _____, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

6 If the tax year entered in line 5 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 NECESSARY TO COMPILE THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

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: **2/6/13**