

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY INC Doing Business As <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 49 WEST 45TH STREET <hr/> City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036	D Employer identification number 13-2967277 <hr/> E Telephone number (212) 398-6565 <hr/> G Gross receipts \$ 1,896,273
F Name and address of principal officer IGAL JELLINEK 49 WEST 45TH STREET NEW YORK, NY 10036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW CSCS-NY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1979 M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities CSCS SERVES ITS MEMBER ORGANIZATIONS THROUGH ADVOCACY ON THE CITY, STATE AND FEDERAL LEVELS, TRAINING PROGRAMS, PROGRAMMATIC INITIATIVES, PUBLICATIONS AND MORE			
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 2013 (Part V, line 2a)	5		12
6	Total number of volunteers (estimate if necessary)	6		162
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b	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)	1,047,206		1,509,223
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	210,637		304,551
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,274		6,471
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,142		-4,231
		1,304,259		1,816,014
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)	755,651		930,139
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 95,277			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	551,218		744,522
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,306,869		1,674,661	
19 Revenue less expenses Subtract line 18 from line 12	-2,610		141,353	
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)	634,011		831,557
	22 Net assets or fund balances Subtract line 21 from line 20	159,294		182,314
	474,717		649,243	

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	2015-05-14 Date	
	IGAL JELLINEK EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name GARRETT HIGGINS CPA	Preparer's signature	Date
	Firm's name ▶ O'CONNOR DAVIES LLP	Check <input type="checkbox"/> if self-employed PTIN P00543209	
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022	Firm's EIN ▶ 27-1728945 Phone no (212) 286-2600	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

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 IS RECOGNIZED AS THE LEAD NYC ORGANIZATION THAT CONNECTS RESOURCES, BUILDS SUPPORTS AND FOSTERS INNOVATION SO THAT OLDER NEW YORKERS CAN AGE WITH CONFIDENCE, GRACE AND VITALITY WE HAVE A MEMBERSHIP BASE OF OVER 100 ORGANIZATIONS THAT PROVIDE MORE THAN 600 COMMUNITY BASED PROGRAMS, WHICH RANGE FROM INDIVIDUAL COMMUNITY-BASED CENTERS TO LARGE MULTI-SERVICE ORGANIZATIONS OUR POLICY, ADVOCACY AND RESEARCH FOCUS ON ISSUES CRITICAL TO OLDER ADULTS SUCH AS AFFORDABLE HOUSING, ELDER HUNGER, ECONOMIC SECURITY AND COMMUNITY SERVICES THE DIRECT SERVICES WE PROVIDE HAVE AN IMMEDIATE IMPACT ON OLDER ADULTS SUCH AS BRINGING NEEDED SNAP BENEFITS AND BILL PAYING ASSISTANCE TO THOSE IN NEED WE ALSO SUPPORT COMMUNITY PROGRAMS BY PROVIDING CAPACITY BUILDING ASSISTANCE, EDUCATIONAL OPPORTUNITY

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 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 \$ 1,385,171 including grants of \$) (Revenue \$ 304,551) POLICY, ADVOCACY & RESEARCH - CSCS' POLICY, ADVOCACY AND RESEARCH FOCUSES ON PROMOTING THE RIGHTS OF OLDER ADULTS TO AGE WITH DIGNITY AND INDEPENDENCE CSCS' WORK IS CARRIED OUT THROUGH THE FOLLOWING KEY ACTIVITIES ACTIVE ENGAGEMENT WITH COMMUNITY BASED SENIOR SERVICE ORGANIZATIONS TO INFORM POLICY CAMPAIGNS AND RESEARCH, ANNUAL CITY AND STATE POLICY CAMPAIGNS THAT CORRESPOND TO THE BUDGETARY AND LEGISLATIVE PROCESS, DEVELOPMENT OF RESEARCH AND PUBLICATIONS TO INFORM POLICY DECISIONS, EFFECTIVE USE OF COMMUNICATION STRATEGIES INCLUDING TRADITIONAL AND SOCIAL MEDIA (SUCH AS FACEBOOK AND TWITTER), OUTREACH AND TRAINING FOR OLDER COMMUNITY MEMBERS TO LEARN MORE ABOUT AGING POLICY ISSUES, YEAR-ROUND POLICY AND ADVOCACY FOCUSED EVENTS INCLUDING SYMPOSIUMS, FORUMS AND CONFERENCES TO HIGHLIGHT KEY AREAS RELATING TO AGING ISSUES, ONGOING EDUCATION FOR PUBLIC OFFICIALS ON THE NEEDS OF OLDER ADULTS AND THE SERVICES UPON WHICH THEY RELY TO AGING WITHIN THEIR COMMUNITIES AS A RESULT OF THIS WORK, CSCS PRESENTS A UNIFIED VOICE ON BUDGETARY, LEGISLATIVE AND POLICY ISSUES THAT AFFECT ELDERLY NEW YORKERS INCLUDING BUT NOT LIMITED TO COMMUNITY BASED SUPPORTS, CAREGIVING, HEALTH AND WELLNESS, ELDER HUNGER, ECONOMIC SECURITY, AFFORDABLE HOUSING, QUALITY OF LIFE AND CIVIC ENGAGEMENT ACCOMPLISHMENTS AND HIGHLIGHTED 2013 WORK INCLUDE 1 STATE POLICY - \$2 75 MILLION IN NEW FUNDING WAS APPROVED MAKING NEW YORK STATE'S AGING BUDGET TOTAL \$228 7 MILLION THESE DOLLARS HELP ADDRESS THE NEED OF 260,000 VICTIMS ELDER ABUSE, 2 2 MILLION CAREGIVERS, TENS OF THOUSANDS OF OLDER NEW YORKERS WHO RELY ON HOME DELIVERED OR CONGREGATE MEALS NEW FUNDING WAS MADE AVAILABLE TO REDUCE PREVENTABLE HOSPITAL RE-ADMISSIONS, EXPAND CAREGIVING AND RESPITE SERVICES AND IMPLEMENT EVIDENCE BASED HEALTH AND WELLNESS PROGRAMS 2 CITY POLICY - \$25 7 MILLION WAS RESTORED TO THE CITY BUDGET TO SUPPORT SERVICES FOR ELDERLY THIS FUNDING PROVIDES 4,339,023 HOME DELIVERED MEALS FOR HOMEBOUND ELDERLY, 7,758,490 CONGREGATE MEALS FOR OLDER ADULTS LIVING IN THE COMMUNITY, 331,676 CASE MANAGEMENT CONTACTS FOR HOMEBOUND OR DISABLED ELDERLY, 28,525 HOURS OF RESPITE FOR CAREGIVERS, 125,779 HEALTH SCREENING SESSIONS FOR OLDER ADULTS WITHOUT ACCESS TO HEALTH SERVICES, AND NUMEROUS OTHER EFFECTIVE AND NEEDED SERVICES THAT ENCOMPASS THE SAFETY NET FOR ELDERLY ADULTS SO THAT THEY CAN AGE WITH DIGNITY AND INDEPENDENCE 3 HOUSING INITIATIVE - CSCS CREATED ITS HOUSING INITIATIVE AFTER RECOGNIZING THAT THE NEED FOR AFFORDABLE HOUSING IS AN ISSUE THAT AFFECTS THOUSANDS OF OLDER ADULTS IN NEW YORK THE POLICY WORK OF THE INITIATIVE FOCUSES ON THE PRESERVATION, REGULATION AND PRODUCTION OF AFFORDABLE HOUSING WITH SUPPORTIVE SERVICES FOR OLDER NEW YORKERS 4 FAMILY CAREGIVER INITIATIVE - CSCS CONNECTS MEMBER AGENCIES AND ORGANIZATIONAL PARTNERS TO DEVELOP STRATEGIES AND POLICY AGENDAS AT THE CITY AND STATE LEVEL THE WORK FOCUSES ON BUILDING RESOURCES AND SUPPORT FOR THE CAREGIVERS AND THEIR LOVED ONES WHO LIVE IN NEW YORK 5 ELDER ABUSE INITIATIVE - CSCS' ELDER ABUSE INITIATIVE IS DEVELOPING STRATEGIC POLICY AND ADVOCACY AGENDAS TO REPRESENT THE NEEDS OF ELDER ABUSE VICTIMS AND TO SPECIFICALLY TARGET THE SYSTEMIC ISSUES THAT ALLOW ABUSE TO PERSIST THE INITIATIVE FOCUSES ON THE ISSUES OF FINANCIAL ABUSE AND LAW ENFORCEMENT BY BRINGING TOGETHER OVER 40 ORGANIZATIONAL AND GOVERNMENTAL PARTNERS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$) DIRECT SERVICE, CAPACITY BUILDING & MEMBERSHIP SUPPORT - CSCS CONDUCTS A BROAD ARRAY OF PROGRAMS AND INITIATIVES THAT HELP OLDER NEW YORKERS AGE WITH CONFIDENCE, GRACE AND VITALITY INCLUDED IN THOSE PROGRAMS ARE DIRECT SERVICES TO ADDRESS ELDER HUNGER AND FINANCIAL SECURITY, CAPACITY BUILDING TO HELP ENSURE THAT THE ELDERLY CAN ACCESS NEEDED COMMUNITY BASED SERVICES, AND MEMBERSHIP SUPPORT TO ADDRESS THE NEEDS OF CSCS' OVER 100 MEMBER ORGANIZATIONS THAT PROVIDE OVER 600 COMMUNITY PROGRAMS TO NEW YORK'S OLDER ADULTS THIS WORK IS CARRIED OUT IN THE FOLLOWING KEY WAYS WORKING DIRECTLY WITH LOW-INCOME OLDER ADULTS, TRAINING/SUPERVISING VOLUNTEERS, PROVIDING ONGOING, YEAR-ROUND TRAINING AND TECHNICAL ASSISTANCE, HOSTING EDUCATIONAL AND NETWORKING EVENTS SUCH AS SYMPOSIUMS, AN ANNUAL CONFERENCE, AND FORUMS TO INFORM PARTICIPANTS ABOUT BEST PRACTICES AND LOCAL ISSUES, AND DEVELOPING ONGOING RELATIONSHIPS WITH ACADEMIC, PUBLIC AND PRIVATE PARTNERS TO MAXIMIZE RESOURCES AND CREATE NEW RELATIONSHIPS THROUGH THIS WORK, CSCS SERVES 1 4 MILLION OLDER NEW YORKERS FROM EVERY COMMUNITY IN NYC ACCOMPLISHMENTS AND HIGHLIGHTED WORK IN 2013 INCLUDES 1 BILL PAYER PROGRAM - THE BILL PAYER PROGRAM IS A FAST-GROWING AND INNOVATIVE 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 BILL PAYERS ALSO HELP PAY DOWN DEBT, NEGOTIATE UTILITY DISCOUNTS AND INVESTIGATE UNRECOGNIZED CHARGES ALL BILL PAYER PROGRAM ACTIVITIES ARE PROFESSIONALLY SUPERVISED AND INSURED IN 2013, CSCS SERVED 300 OLDER ADULTS WITH BILL PAYING SERVICES AND ENGAGED OVER 150 VOLUNTEERS 2 THE OLDER ADULT SNAP ENROLLMENT INITIATIVE - THE OLDER ADULT SNAP ENROLLMENT INITIATIVE IS A PARTNERSHIP BETWEEN COUNCIL OF SENIOR CENTERS AND SERVICES OF NYC, THE NYC DEPARTMENT FOR THE AGING, AND AARP NY THE PURPOSE OF THE INITIATIVE IS TO ADDRESS ELDER HUNGER BY EDUCATING, SCREENING AND ENROLLING ELIGIBLE OLDER ADULTS INTO THE SNAP BENEFIT (FOOD STAMPS) THROUGH COORDINATED COMMUNITY OUTREACH THROUGHOUT 2013, CSCS ASSISTED OVER 2,000 OLDER NEW YORKERS WHO ARE LIVING IN HUNGER TO SCREEN THEM FOR THEIR SNAP ELIGIBILITY THAT TRANSLATES INTO \$1 1 MILLION INTO THE POCKETS OF ELDERLY NEW YORKERS THROUGH SNAP BENEFITS 3 SENIOR ACTIVATORS - THE SENIOR ACTIVATORS CORP IS A PROGRAM THAT HARNESSSES THE POWER OF INDIVIDUAL OLDER ADULTS TO MAKE CHANGE AND INFLUENCE POLICY DECISIONS THE UNIQUE PROGRAM BRINGS OLDER NEW YORKERS TOGETHER AND TRAINS AND EMPOWERS THEM TO GET INVOLVED IN PUBLIC SPEAKING AND POLICY ISSUES IN 2013, 60 ACTIVATORS WERE TRAINED AND PARTICIPATED IN BRING POLICY INFORMATION INTO THEIR COMMUNITIES 4 MANAGEMENT WORKSHOPS - THE PRIMARY AIM OF EDUCATIONAL WORKSHOPS IS TO BUILD CONCRETE SKILLS AND AVAILABLE RESOURCES FOR COMMUNITY BASED PROGRAMS SO THAT THEY CAN BETTER SERVE OLDER NEW YORKERS TO ACCOMPLISH THAT AIM, CSCS HOSTS WORKSHOPS ON VARYING TOPICS THAT INCLUDE TRAINING FOR NEW DIRECTORS, FISCAL ADMINISTRATION AND HEALTH PROGRAMMING IN 2013, 400 PARTICIPANTS ATTENDED THE MANAGEMENT WORKSHOPS 5 CSCS ANNUAL CONFERENCE ON AGING - THE 23RD ANNUAL CONFERENCE ON AGING AND VENDOR EXPO WAS HELD ON JANUARY 24, 2013 AT THE CUNY GRADUATE CENTER IN MANHATTAN AND HOSTED OVER 400 PARTICIPANTS FROM 160 ORGANIZATIONS EACH YEAR, THE FULL DAY EVENT BRINGS INNOVATIVE PRACTICES AND PERSPECTIVES FROM ACROSS THE US TO THE AGING FIELD IN NYC 6 THE HIV/AIDS OLDER ADULTS INITIATIVE - IN COLLABORATION WITH THE AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA (ACRIA), THIS INITIATIVE CONTINUES TO GROW IN ITS WORK AND SCOPE IN ADDITION TO THE PROGRAM'S TRADITIONAL HIV/AIDS TRAININGS, THE INITIATIVE CONDUCTS TRAININGS TO HIV/AIDS SERVICE ORGANIZATIONS TO EDUCATE THOSE PROVIDERS ON THE NEEDS AND ISSUES OF OLDER ADULTS IN 2013, 350 PARTICIPANTS ATTENDED THESE TRAININGS 7 CUSTOMIZED TECHNICAL ASSISTANCE - TECHNICAL ASSISTANCE (TA) IS AN INTEGRAL WAY THAT CSCS BUILDS THE CAPACITY OF COMMUNITY SERVICES SO THAT THEY CAN PROVIDE SEAMLESS, EFFECTIVE PROGRAMS FOR ELDERLY NEW YORKERS CSCS IS UNIQUE IN PROVIDING THIS ASSISTANCE FREE-OF-CHARGE AND TAILORED TO SPECIFIC NEEDS OF AN AGENCY THROUGH TA, CSCS ADDRESSES THE ISSUES THAT OUR MEMBERS FACE WHICH CAN PUT THEIR AGENCIES' SURVIVAL IN JEOPARDY 8 THE MARKETPLACE @ CSCS - THE MARKETPLACE @ CSCS IS A GROUP PURCHASING PROGRAM THAT 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 IN 2013, 60 MEMBER AGENCIES REPRESENTING 355 COMMUNITY PROGRAMS UTILIZED THE MARKETPLACE TO PURCHASE \$9 1 MILLION IN GOODS AND SERVICES

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 1,385,171

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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 (see instructions)</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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>	22		No
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>	23	Yes	
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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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>	35b		
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line 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?		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?		No
b	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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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 as charitable contributions?		No
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).		
a	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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
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?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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?		No
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?	Yes	
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 Other (explain in Schedule O)
- 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 49 WEST 45TH STREET
 NEW YORK, NY 10036 (212) 398-6565

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

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(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) JOAN L RYAN PRESIDENT	3 00	X		X			0	0	0	
(2) DAVID V POMERANZ VICE PRESIDENT	3 00	X		X			0	0	0	
(3) ISABEL CHING SECRETARY	1 00	X		X			0	0	0	
(4) JOSEPH H GIRVEN TREASURER	1 00	X		X			0	0	0	
(5) MARK E BROSSMAN ESQ DIRECTOR	1 00	X					0	0	0	
(6) DONNA CORRADO DIRECTOR	1 00	X					0	0	0	
(7) WILLIAM J DIONNE DIRECTOR	1 00	X					0	0	0	
(8) SULEIKA CABRERA DRINANE DIRECTOR	1 00	X					0	0	0	
(9) O LEWIS HARRIS DIRECTOR	1 00	X					0	0	0	
(10) DR LINDA LEEST DIRECTOR	1 00	X					0	0	0	
(11) MARK LINDSAY DIRECTOR	1 00	X					0	0	0	
(12) NANCY D MILLER DIRECTOR	1 00	X					0	0	0	
(13) STEVEN NEWMAN DIRECTOR	1 00	X					0	0	0	
(14) JAMES C O'NEAL DIRECTOR	1 00	X					0	0	0	
(15) JEANETTE PURYEAR DIRECTOR	1 00	X					0	0	0	
(16) MICHAEL SULLIVAN DIRECTOR	1 00	X					0	0	0	
(17) MARVIN TOLKIN DIRECTOR	3 00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) LORAIN B TSAVERIS DIRECTOR	1 00	X						0	0	0	
(19) JOHN W WHITE DIRECTOR	1 00	X						0	0	0	
(20) JUDY WILLIG DIRECTOR	1 00	X						0	0	0	
(21) WANDA WOOTEN DIRECTOR	1 00	X						0	0	0	
(22) JUDITH ZANGWILL DIRECTOR	1 00	X						0	0	0	
(23) IGAL JELLINEK EXECUTIVE DIRECTOR	35 00			X				146,963	0	32,804	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								146,963	0	32,804	

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>		No
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>	Yes	
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>		No

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

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**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 60,000				
	b	Membership dues	1b 219,265				
	c	Fundraising events	1c 147,366				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 508,108				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 574,484				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,509,223			
Program Service Revenue	2a	ANNUAL CONFERENCE	Business Code 624200	183,847	183,847		
	b	MARKET PLACE INITIATIV	624200	98,730	98,730		
	c	WORKSHOP	624200	21,974	21,974		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		304,551			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,471		6,471
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	46,768			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	46,768			
d		Net rental income or (loss)		46,768		46,768	
7a		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)					
8a		Gross income from fundraising events (not including \$ 147,366 of contributions reported on line 1c) See Part IV, line 18	a	29,260			
			b Less direct expenses	80,259			
	c Net income or (loss) from fundraising events			-50,999		-50,999	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses					
		c Net income or (loss) from gaming activities					
10a	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					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,816,014	304,551	0	2,240	

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)

Check if Schedule O contains a response or note to any line 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.	186,622	153,982	23,365	9,275
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	568,003	468,659	71,113	28,231
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,767	17,960	2,726	1,081
9	Other employee benefits.	97,274	80,261	12,179	4,834
10	Payroll taxes.	56,473	46,596	7,070	2,807
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	42,000	30,900	5,258	5,842
d	Lobbying.	22,000	22,000		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	280,880	273,017	6,124	1,739
12	Advertising and promotion.	20,000		20,000	
13	Office expenses.	56,091	41,157	7,074	7,860
14	Information technology.	417	417		
15	Royalties.				
16	Occupancy.	165,287	121,602	20,694	22,991
17	Travel.	10,210	7,512	1,278	1,420
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	106,306	99,473	3,237	3,596
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,118	822	140	156
23	Insurance.	16,030	11,793	2,007	2,230
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	EQUIPMENT RENTALS & REP	12,260	9,020	1,535	1,705
b	DUES AND SUBSCRIPTIONS	9,977		9,977	
c	DEVELOPMENT AND FUNDRAI	1,510			1,510
d					
e	All other expenses	436		436	
25	Total functional expenses. Add lines 1 through 24e.	1,674,661	1,385,171	194,213	95,277
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	150	1	163,049
	2 Savings and temporary cash investments	115,884	2	105,511
	3 Pledges and grants receivable, net	108,866	3	240,903
	4 Accounts receivable, net	61,817	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	1,549
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 153,522		
	b Less accumulated depreciation	10b 147,933	0	10c 5,589
	11 Investments—publicly traded securities	321,669	11	289,331
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	25,625	15	25,625
16 Total assets. Add lines 1 through 15 (must equal line 34)	634,011	16	831,557	
Liabilities	17 Accounts payable and accrued expenses	159,294	17	182,314
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	159,294	26	182,314
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,220	27	17,632
	28 Temporarily restricted net assets	191,497	28	336,611
	29 Permanently restricted net assets	270,000	29	295,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	474,717	33	649,243	
34 Total liabilities and net assets/fund balances	634,011	34	831,557	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,816,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,674,661
3	Revenue less expenses Subtract line 2 from line 1	3	141,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	474,717
5	Net unrealized gains (losses) on investments	5	33,173
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	649,243

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	Yes	
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	Yes	
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-2967277

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,172,083	866,262	1,001,515	1,047,206	1,509,223	5,596,289
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	1,172,083	866,262	1,001,515	1,047,206	1,509,223	5,596,289
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)						249,185
6 Public support. Subtract line 5 from line 4						5,347,104

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,172,083	866,262	1,001,515	1,047,206	1,509,223	5,596,289
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,616	51,884	51,420	53,700	53,239	261,859
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)						5,858,148
12 Gross receipts from related activities, etc. (see instructions)					12	1,137,788
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	91.280%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	83.800%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527. Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 the 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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)	417													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	25,387													
c	Total lobbying expenditures (add lines 1a and 1b)	25,804													
d	Other exempt purpose expenditures	1,648,857													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,674,661													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	233,733													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	58,433													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	190,470	195,367	205,687	233,733	825,257
b Lobbying ceiling amount (150% of line 2a, column(e))					1,237,886
c Total lobbying expenditures	37,038	27,621	29,384	25,804	119,847
d Grassroots nontaxable amount	47,618	48,842	51,422	58,433	206,315
e Grassroots ceiling amount (150% of line 2d, column (e))					309,473
f Grassroots lobbying expenditures	1,632	504	552	417	3,105

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, number of easements, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Table for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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 XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 XIII. Check here if the explanation has been provided in Part XIII

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	421,669	384,588	322,415	287,732	214,232
b Contributions	50,000	50,000	53,559		100,000
c Net investment earnings, gains, and losses	39,644	21,669	8,614	34,683	23,500
d Grants or scholarships					
e Other expenditures for facilities and programs	6,471	34,588			50,000
f Administrative expenses					
g End of year balance	504,842	421,669	384,588	322,415	287,732

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

- a** Board designated or quasi-endowment ▶ 34.750 %
 - b** Permanent endowment ▶ 58.400 %
 - c** Temporarily restricted endowment ▶ 6.850 %
- 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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		139,285	133,696	5,589
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,589

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,991,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	33,173	
b	Donated services and use of facilities	2b	142,369	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	175,542
3	Subtract line 2e from line 1		3	1,816,014
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,816,014

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,817,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	142,369	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	142,369
3	Subtract line 2e from line 1		3	1,674,661
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,674,661

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
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 OR DISCLOSURE CSCS IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS PRIOR TO FISCAL 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Employer identification number 13-2967277

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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
		ANNUAL AWARDS BENEFIT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	176,626			176,626
	2 Less Contributions	147,366			147,366
	3 Gross income (line 1 minus line 2)	29,260			29,260
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	80,259			80,259
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(80,259)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-50,999	

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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 _____

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	13a	%
b An outside facility	13b	%

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number

13-2967277

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in 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 directors, trustees, officers, including 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, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only 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?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 and Title		(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 EXECUTIVE DIRECTOR	(i)	146,173	0	790	12,182	20,622	179,767	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference**Explanation**

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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

Employer identification number

13-2967277

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO CLASSES OF MEMBERS. GENERAL MEMBERS ARE COMPRISED OF AND LIMITED TO NOT-FOR-PROFIT SENIOR SERVICE ORGANIZATIONS SERVING ALL OR PART OF NEW YORK. AFFILIATE MEMBERS ARE COMPRISED OF AND LIMITED TO INDIVIDUALS, FOR-PROFIT BUSINESSES AND NOT-FOR-PROFIT ORGANIZATIONS THAT ARE NOT ELIGIBLE TO BE A GENERAL MEMBER.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>EACH GENERAL MEMBER IS ENTITLED TO ONE VOTE AT THE ANNUAL MEETING AND ALL MEETINGS OF THE MEMBERSHIP THIS VOTE SHALL BE EXERCISED BY A PRIMARY REPRESENTATIVE OR ALTERNATE REPRESENTATIVE OF THE GENERAL MEMBER BOTH OF THEM TO HAVE BEEN PREVIOUSLY IDENTIFIED IN WRITING TO THE CORPORATION BY THE GENERAL MEMBER DIRECTORS ARE ELECTED BY THE PLURALITY OF VOTES CAST AT A MEETING OF THE MEMBERS BY THE MEMBERS ENTITLED TO VOTE IN THE ELECTION DIRECTORS ARE ELECTED BY THE GENERAL MEMBERS AT THE ANNUAL MEETING OF MEMBERS THE BOARD OF DIRECTORS SHALL BE COMPRISED OF A COMBINATION OF GENERAL MEMBERS AND AFFILIATE MEMBERS REPRESENTING AS A COLLECTIVE BODY , A BALANCE OF PROFESSIONAL LEADERS IN THE FIELD OF AGING, PERSONS WHO ARE KNOWLEDGABLE OF AND COMMITTED TO THE INTERESTS OF THE GENERAL MEMBERS, AND PERSONS WHO SHARE THE MISSION OF THE CORPORATION, AND WILL MAKE POSITIVE CONTRIBUTIONS TO THE CORPORATION'S GOVERNANCE NEEDS 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</p>

Return Reference	Explanation
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 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.

Return Reference	Explanation
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.

Return Reference	Explanation
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 FROM THE FORM 990 FROM OTHER SIMILAR NON-PROFIT ORGANIZATIONS, AND INDUSTRY EXPERTISE FROM MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS WHICH VOTES ON THE COMPENSATION. THE DISCUSSIONS AND DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING AND RETAINED IN THE ORGANIZATION'S BOOK AND RECORDS. THIS PROCESS IS ADDRESSED EACH FISCAL YEAR, AND WAS LAST IMPLEMENTED ON 6/24/14.

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS PROGRAM SERVICE EXPENSES 263,821 MANAGEMENT AND GENERAL EXPENSES 4,559 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 268,380 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 9,196 MANAGEMENT AND GENERAL EXPENSES 1,565 FUNDRAISING EXPENSES 1,739 TOTAL EXPENSES 12,500

Return Reference	Explanation
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