

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2017**  
**Open to Public Inspection**

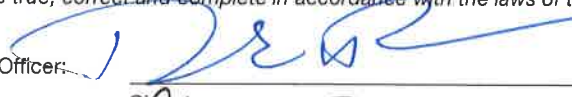
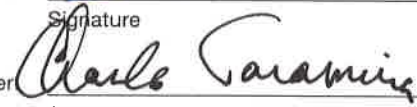
## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2017</b> and Ending (mm/dd/yyyy) <b>06/30/2018</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	Employer Identification Number (EIN): <b>13-5562202</b>
	Mailing Address: <b>633 THIRD AVENUE, 10TH FLOOR</b>	NY Registration Number: <b>00-40-48</b>
	City / State / ZIP: <b>NEW YORK, NY 10017</b>	Telephone: <b>212 614-5334 334</b>
	Website: <b>WWW.CSSNY.ORG</b>	Email: <b>CTARAMINA@CSSNY.ORG</b>
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*		
Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:		<b>DAVID R. JONES</b> <b>PRESIDENT/CEO</b>	<b>1/12/17</b>
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		<b>CHARLES TARMINA</b> <b>CONTROLLER</b>	<b>11/6/18</b>
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2017

Open to Public  
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.  
**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
COMMUNITY SERVICE SOCIETY OF NEW YORK	00-40-48

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. US DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. 10,975,398.
2. NEW YORK STATE DEPARTMENT OF HEALTH	2. 5,227,436.
3. CORPORATION FOR NATIONAL AND COMMUNITY SERVICE	3. 704,545.
4. THE CITY OF NEW YORK	4. 755,064.
5. CENTER FOR EMPLOYMENT OPPORTUNITIES	5. 25,000.
6. NEW YORK STATE IOLA	6. 117,292.
7. NYS JUDICIARY CIVIL LEGAL SERVICES	7. 94,857.
8. NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICE	8. 250,000.
9. NEW YORK STATE OFFICE FOR THE AGING	9. 138,386.
10. NEW YORK CITY DEPARTMENT OF THE AGING	10. 18,000.
11. NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE	11. 499,208.
12. NEW YORK CITY COUNCIL	12. 136,329.
13. NEW YORK CITY DEPARTMENT OF PROBATION	13. 20,000.
14. NEW YORK CITY DEPARTMENT FOR HOMELESS SERVICES	14. 164,000.
15.	15.
Total Government Grants:	Total: 19,125,515.

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>		<b>D</b> Employer identification number <b>13-5562202</b>
	Doing business as		<b>E</b> Telephone number <b>212-254-8900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>64,677,486.</b>
	<b>633 THIRD AVENUE, 10TH FLOOR</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10017</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>DAVID R. JONES</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.CSSNY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1939</b>
<b>M</b> State of legal domicile: <b>NY</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE COMMUNITY SERVICE SOCIETY OF NEW YORK (CSS) IS TO IDENTIFY PROBLEMS WHICH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>35</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>35</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>163</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2300</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	20,356,875.	21,045,158.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,627.	116,875.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,940,537.	5,486,372.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-6,157.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,440,039.	26,642,248.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	591,035.	529,145.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	16,707,910.	16,780,770.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,086,755.</b>	65,795.	70,514.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,056,904.	17,629,643.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,421,644.	35,010,072.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,981,605.	-8,367,824.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	254,263,375.	255,958,878.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	47,678,541.	47,515,304.
		206,584,834.	208,443,574.

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>DAVID R. JONES, PRESIDENT/CEO</b>	<b>1/17/19</b>
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>EDWARD K. BALTAZAR, CPA</b>	<i>[Signature]</i>	<b>1-15-2019</b>		<b>P00988228</b>
	Firm's name ▶ <b>DORFMAN ABRAMS MUSIC, LLC</b>	Firm's EIN ▶ <b>22-1655803</b>	Phone no. <b>201-403-9750</b>		
Firm's address ▶ <b>250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663</b>					

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 [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE COMMUNITY SERVICE SOCIETY OF NEW YORK (CSS) IS TO IDENTIFY PROBLEMS WHICH CREATE A PERMANENT POVERTY CLASS IN NEW YORK CITY, AND TO ADVOCATE THE SYSTEMIC CHANGES REQUIRED TO ELIMINATE SUCH PROBLEMS. CSS WILL FOCUS ON ENABLING, EMPOWERING AND PROMOTING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 18,043,310. including grants of \$ 50,630.) (Revenue \$ )
CSS'S HEALTH INITIATIVES DEPARTMENT CONDUCTS HEALTH COVERAGE POLICY RESEARCH, ADVOCATES FOR QUALITY AFFORDABLE COVERAGE FOR ALL, AND PROVIDES EDUCATION AND DIRECT HEALTH COVERAGE ASSISTANCE TO NEW YORK CONSUMERS. CSS'S HEALTH COVERAGE-RELATED DIRECT SERVICES PROGRAMS INCLUDE: COMMUNITY HEALTH ADVOCATES; THE CSS NAVIGATOR NETWORK; THE INDEPENDENT CONSUMER ADVOCACY NETWORK; THE ABD-FE PROGRAM; AND HARLEM HEALTH ADVOCACY PROJECT. FOR MANY OF THESE PROJECTS, CSS SUBCONTRACTS WITH NETWORKS OF COMMUNITY-BASED ORGANIZATIONS TO SERVE CONSUMERS ACROSS NEW YORK STATE. TOGETHER, IN FY 2018, CSS'S HEALTH COVERAGE DIRECT SERVICES PROGRAMS SERVED CONSUMERS IN OVER 100,000 DIRECT ASSISTANCE CASES. THE HEALTH INITIATIVES DEPARTMENT HAS 25 TRAINED AND ACTIVE VOLUNTEERS.

4b (Code: ) (Expenses \$ 1,736,577. including grants of \$ ) (Revenue \$ )
RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)
RSVP DEPLOYED 2,400 VOLUNTEERS PROVIDING IMPORTANT SERVICES IN ALL FIVE BOROUGHES. SOUP KITCHEN FOOD PANTRY INITIATIVE - 129 VOLUNTEERS CONTRIBUTED CLOSE TO 36,000 HOURS OF SERVICE, PROVIDING CRITICAL SUPPORT TO 26 SOUP KITCHENS AND FOOD PANTRIES. RSVP VOLUNTEERS PROVIDED ESSENTIAL SUPPORT TO STAFF AND CLIENTS BY ORGANIZING AND STOCKING SHELVES, MAKING GROCERY PACKAGES, PREPARING MEALS, ASSISTING WITH PARTICIPANT REGISTRATION, SERVING MEALS TO CLIENTS AND AIDING WITH CLEANUP. OVER 5,000 CLIENTS WERE SERVED.

68 ACES VOLUNTEERS PROVIDED BENEFIT COUNSELING SERVICES AT 39 PARTNER SITES. THE VOLUNTEERS HAD 6,056 BENEFIT COUNSELING SESSIONS WITH

4c (Code: ) (Expenses \$ 1,168,084. including grants of \$ ) (Revenue \$ 1,700.)
CSS'S LEGAL DEPARTMENT FOCUSES ON HELPING INDIVIDUALS WITH CRIMINAL CONVICTION HISTORIES OVERCOME BARRIERS TO REENTRY. WE BRING LITIGATION ON BEHALF OF INDIVIDUALS AND GROUPS WHO HAVE SUFFERED ACTIONABLE DISCRIMINATION BECAUSE OF THEIR RECORDS AND ENGAGE IN POLICY AND LEGISLATIVE ADVOCACY TO MAKE SYSTEMIC CHANGE. WE ALSO PROVIDE DIRECT SERVICES TO MORE THAN 700 LOW INCOME NEW YORKERS EACH YEAR THROUGH THE LEGAL DEPARTMENT'S NEXT DOOR PROJECT, WORKING WITH CLIENTS FROM ACROSS THE CITY TO OBTAIN, CORRECT MISTAKES IN AND CLOSELY REVIEW THEIR NEW YORK STATE RAP SHEETS. THE NEXT DOOR PROJECT'S WORK IS AUGMENTED BY THE EXPERT ASSISTANCE OF 10 TO 15 SPECIALLY TRAINED OLDER ADULT VOLUNTEERS. WE PROVIDE NEXT DOOR PROJECT SERVICES AT PARTNER AGENCIES' OFFICES IN DOWNTOWN BROOKLYN, BEDFORD STUYVESANT, HARLEM, THE SOUTH BRONX AND

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,020,076. including grants of \$ 478,515.) (Revenue \$ 115,175.)

4e Total program service expenses 27,968,047.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> 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? If "Yes," complete Schedule J	X	
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 35 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.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 35		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," 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, NJ, CT, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     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, address, and telephone number of the person who possesses the organization's books and records: **CHARLES TARMINA, CONTROLLER - 212-254-8900**  
**633 THIRD AVENUE, 10TH FLOOR, NEW YORK, NY 10010**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) TERRY AGRIS TRUSTEE	1.00	X						0.	0.	0.
(2) SYLVIA E. DI PIETRO, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(3) JOSEPH J. HASLIP TRUSTEE	1.00	X						0.	0.	0.
(4) NICHOLAS A. GRAVANTE JR., ESQ. TRUSTEE	1.00	X						0.	0.	0.
(5) JUDY CHAMBERS TRUSTEE	1.00	X						0.	0.	0.
(6) MICHAEL HORODNICEANU, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(7) JOYCE L. MILLER TRUSTEE	1.00	X						0.	0.	0.
(8) HON. KELLY O'NEILL LEVY, ESQ. TRUSTEE - TERM JUNE 2018	1.00	X						0.	0.	0.
(9) FLORENCE H. FRUCHER TRUSTEE	1.00	X						0.	0.	0.
(10) BARBARA NEVINS TAYLOR TRUSTEE - TERM JUNE 2018	1.00	X						0.	0.	0.
(11) DAVID J. POLLAK TRUSTEE	1.00	X						0.	0.	0.
(12) MARLA EISLAND SPRIE, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(13) MAGDA JIMENEZ TRAIN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(14) MARK E. LIEBERMAN TRUSTEE	1.00	X						0.	0.	0.
(15) CAROL L. O'NEALE TRUSTEE	1.00	X						0.	0.	0.
(16) KAREN Y. BITAR, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(17) MICAH C. LASHER TRUSTEE	1.00	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 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) ABBY WENZEL, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) JEFFREY J. WEAVER TRUSTEE	1.00	X						0.	0.	0.
(20) MARK A. WILLIS TRUSTEE	1.00	X						0.	0.	0.
(21) JERRY WEBMAN TRUSTEE	1.00	X						0.	0.	0.
(22) ROSALIE MARGOLIS, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(23) GEOFFREY NEWMAN TRUSTEE	1.00	X						0.	0.	0.
(24) KHALED HARAM TRUSTEE	1.00	X						0.	0.	0.
(25) REGAN KELLEY ORILLAC TRUSTEE	1.00	X						0.	0.	0.
(26) MARGARITA ROSA, ESQ. TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,693,470.	0.	303,794.
<b>d Total (add lines 1b and 1c)</b>								2,693,470.	0.	303,794.

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 23

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LAKE RESEARCH PARTNERS, 1726 M STREET NW, SUITE 1100, WASHINGTON DC, DC 20036	SURVEY WORK	279,503.
COLLINS BUILDING SERVICES, INC 24-01 44TH ROAD, LONG ISLAND CITY, NY 11101	CLEANING SERVICES	168,264.
ACUTEDGE, INC, 660 AMERICAN AVE, SUITE 204, KING OF PRUSSIA, PA 19406	CONSULTING	156,962.
FAIRCOM NEW YORK INC 12 WEST 27TH STREET, NEW YORK, NY 10001	PROFESSIONAL FUNDRAISING	151,783.
TONIO BURGOS & ASSOCIATES, INC 115 BROADWAY, NEW YORK, NY 10006	CONSULTING	120,000.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KHARY LAZARRE-WHITE, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(28) PHYLLIS TAYLOR TRUSTEE	1.00	X						0.	0.	0.
(29) PATRICIA GLAZER TRUSTEE	1.00	X						0.	0.	0.
(30) KEN SUNSHINE TRUSTEE	1.00	X						0.	0.	0.
(31) RICHARD W. EADDY TRUSTEE	1.00	X						0.	0.	0.
(32) DONALD W. SAVELSON, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(33) ALEXANDER BARRETT TRUSTEE	1.00	X						0.	0.	0.
(34) ROBERT MCCABE TRUSTEE	1.00	X						0.	0.	0.
(35) DEBORAH M. SALE CHAIRPERSON	1.00	X	X					0.	0.	0.
(36) HON. BETSY GOTBAUM SECRETARY	1.00	X	X					0.	0.	0.
(37) RALPH DACOSTA-NUNEZ, PH.D. TREASURER	1.00	X	X					0.	0.	0.
(38) STEVEN BROWN VICE CHAIRMAN-TERM JUNE 2018	1.00	X	X					0.	0.	0.
(39) DAVID R. JONES, ESQ. PRESIDENT/CEO	35.00			X				652,464.	0.	77,498.
(40) STEVEN L. KRAUSE EXECUTIVE V.P./COO	35.00			X				525,657.	0.	71,874.
(41) JEFFREY F. RIZZO CFO - TERM NOV. 2017	35.00			X				163,695.	0.	35,607.
(42) ELISABETH RYDEN BENJAMIN VP HEALTH INITIATIVES	35.00				X			246,986.	0.	19,378.
(43) ALINA MOLINA VP OF PROGRAM SERVICES	35.00				X			186,624.	0.	20,453.
(44) NANCY RANKIN VP OF POLICY, RESEARCH AND	35.00					X		213,863.	0.	15,485.
(45) JUDITH WHITING GENERAL COUNSEL	35.00					X		196,424.	0.	6,520.
(46) JEFFREY MACLIN VP OF GOVERNMENT AND PUBLI	35.00					X		193,371.	0.	32,438.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MELISSA KOSTOVSKI VP OF DEVELOPMENT AND PLAN	35.00					X		176,737.	0.	19,077.
(48) CHARLES TARAMINA CONTROLLER	35.00					X		137,649.	0.	5,464.
<b>Total to Part VII, Section A, line 1c</b> .....								<b>2,693,470.</b>		<b>303,794.</b>

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	1 b	Membership dues						
	1 c	Fundraising events	29,605.					
	1 d	Related organizations						
	1 e	Government grants (contributions)	19,125,515.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	1,890,038.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f	21,045,158.					
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	116,875.	116,875.			
		b						
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f	116,875.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,093,568.			3,093,568.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	40,379,290.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	37,986,486.			
			c	Gain or (loss)	2,392,804.			
	d	Net gain or (loss)	2,392,804.			2,392,804.		
	8 a	Gross income from fundraising events (not including \$ 29,605. of contributions reported on line 1c). See Part IV, line 18	a	42,595.				
			b	Less: direct expenses	48,752.			
c			Net income or (loss) from fundraising events	-6,157.			-6,157.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.		26,642,248.	116,875.	0.	5,480,215.		

**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  X

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 domestic organizations and domestic governments. See Part IV, line 21	198,400.	198,400.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	330,745.	330,745.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,902,560.	1,049,106.	778,334.	75,120.
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	10,146,299.	8,046,043.	1,594,215.	506,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,980.	95,322.	33,769.	6,889.
9 Other employee benefits	3,870,418.	3,027,200.	658,630.	184,588.
10 Payroll taxes	725,513.	677,087.	5,258.	43,168.
11 Fees for services (non-employees):				
a Management				
b Legal	106,250.		106,250.	
c Accounting	88,000.		88,000.	
d Lobbying	120,000.	120,000.		
e Professional fundraising services. See Part IV, line 17	70,514.			70,514.
f Investment management fees	660,708.		660,708.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,087,924.	11,833,994.	250,930.	3,000.
12 Advertising and promotion	44,155.	37,467.	6,124.	564.
13 Office expenses	96,532.	35,524.		61,008.
14 Information technology				
15 Royalties				
16 Occupancy	661,679.	490,749.	147,196.	23,734.
17 Travel	299,721.	189,477.	106,479.	3,765.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	311,175.	143,578.	159,971.	7,626.
20 Interest	539,604.		539,604.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,553,697.	1,169,630.	336,432.	47,635.
23 Insurance	146,453.	20,252.	126,201.	
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 <b>EQUIPMENT RENTAL</b>	375,228.	151,413.	211,964.	11,851.
b <b>TELEPHONE AND COMMUNICA</b>	295,164.	194,383.	92,049.	8,732.
c <b>SUPPLIES</b>	102,794.	86,525.	13,244.	3,025.
d <b>OTHER EXPENSES</b>	86,491.	48,787.	28,896.	8,808.
e All other expenses	54,068.	22,365.	11,016.	20,687.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	35,010,072.	27,968,047.	5,955,270.	1,086,755.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	1,015,307.	1	1,084,002.
	2	Savings and temporary cash investments .....	2,333,282.	2	1,676,039.
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	10,158,101.	4	12,483,421.
	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 instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	899,310.	9	426,204.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 38,876,223.		
	b	Less: accumulated depreciation .....	10b 4,460,837.		
			35,858,614.	10c	34,415,386.
	11	Investments - publicly traded securities .....	151,046,786.	11	155,224,256.
	12	Investments - other securities. See Part IV, line 11 .....	16,892,413.	12	13,158,988.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	36,059,562.	15	37,490,582.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	254,263,375.	16	255,958,878.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	7,856,943.	17	8,286,012.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	34,913.
	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 .....	39,821,598.	25	39,194,379.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	47,678,541.	26	47,515,304.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	115,634,313.	27	115,908,489.
	28	Temporarily restricted net assets .....	25,795,641.	28	25,949,391.
	29	Permanently restricted net assets .....	65,154,880.	29	66,585,694.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	206,584,834.	33	208,443,574.	
34	<b>Total liabilities and net assets/fund balances</b> .....	254,263,375.	34	255,958,878.	



**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	26,642,248.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,010,072.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,367,824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,584,834.
5	Net unrealized gains (losses) on investments	5	8,733,573.
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	1,492,991.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,443,574.

**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		X
b	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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	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	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	Employer identification number <b>13-5562202</b>
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**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,592,645.	17,727,591.	20,308,291.	20,356,875.	21,066,816.	92,052,218.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	12,592,645.	17,727,591.	20,308,291.	20,356,875.	21,066,816.	92,052,218.
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) .....						371,508.
6 <b>Public support.</b> Subtract line 5 from line 4.						91,680,710.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	12,592,645.	17,727,591.	20,308,291.	20,356,875.	21,066,816.	92,052,218.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,600,914.	2,228,574.	1,287,548.	7,940,537.	5,487,966.	20,545,539.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	84,401.					84,401.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	94,109.					94,109.
11 <b>Total support.</b> Add lines 7 through 10						112,776,267.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,054,902.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	81.29 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	80.86 %
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			





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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**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.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	Employer identification number <b>13-5562202</b>
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**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

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

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

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

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

**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) .....														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	120,000.													
c	Total lobbying expenditures (add lines 1a and 1b) .....	120,000.													
d	Other exempt purpose expenditures .....	27,852,127.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	27,972,127.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	176,736.	219,084.	153,000.	120,000.	668,820.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
(Form 990).

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COMMUNITY SERVICE SOCIETY OF NEW YORK** Employer identification number **13-5562202**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	30,406,056.	30,406,056.	31,616,056.	31,616,056.	32,127,824.
b Contributions					
c Net investment earnings, gains, and losses	2,206,368.	3,334,290.	-587,426.	636,973.	3,942,582.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,206,368.	3,334,290.	622,574.	636,973.	4,454,350.
f Administrative expenses					
g End of year balance	30,406,056.	30,406,056.	30,406,056.	31,616,056.	31,616,056.

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

- a Board designated or quasi-endowment  1.49 %
- b Permanent endowment  78.60 %
- c Temporarily restricted endowment  19.91 %

The percentages on 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		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

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

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" on 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		5,034,552.		5,034,552.
b Buildings		23,550,930.	1,761,288.	21,789,642.
c Leasehold improvements		8,566,541.	1,619,945.	6,946,596.
d Equipment		1,724,200.	1,079,604.	644,596.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  34,415,386.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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		
(3) Other		
(A) BR STRATEGIC INCOME OPP		
(B) PTF INST	4,477,282.	END-OF-YEAR MARKET VALUE
(C) BR ALLOCATION SHARES		
(D) SERIES P	2,040,801.	END-OF-YEAR MARKET VALUE
(E) BR ALLOCATION SHARES		
(F) SERIES A	1,616,000.	END-OF-YEAR MARKET VALUE
(G) DFA REAL ESTATE		
(H) SECURITIES	2,631,438.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>13,158,988.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	37,490,582.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>37,490,582.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-EMPLOYMENT BENEFITS	15,621,123.
(3) LINE OF CREDIT	23,573,256.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>39,194,379.</b>

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	36,381,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,733,573.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,005,544.	
e	Add lines 2a through 2d	2e		9,739,117.
3	Subtract line 2e from line 1	3		26,642,248.
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		26,642,248.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	34,352,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,885.	
e	Add lines 2a through 2d	2e		2,885.
3	Subtract line 2e from line 1	3		34,349,364.
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	660,708.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		660,708.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		35,010,072.

**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.

**PART V, LINE 4:**

COMMUNITY SERVICE SOCIETY OF NEW YORK ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR DIRECT SERVICE PROGRAMS.

**PART X, LINE 2:**

AS OF JUNE 30, 2018, MANAGEMENT BELIEVES THAT BASED ON EVALUATION OF THE SOCIETY'S TAX POSITIONS THAT ANY LIABILITY AS A RESULT OF UNCERTAIN TAX POSITIONS WOULD NOT BE MATERIAL. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS TO ASSIST IN EVALUATING THE SOCIETY'S TAX POSITIONS. ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, WOULD BE RECOGNIZED AS PART OF AN INCOME TAX PROVISION. INCOME TAX RETURNS ARE



Part XIII Supplemental Information (continued)

FILED ONLY WITH THE U.S. FEDERAL JURISDICTION AS STATE AND LOCAL TAX RETURNS ARE NOT APPLICABLE. U.S. FEDERAL INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2014 ARE CLOSED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTEREST INCOME ON BOOKS OF FRIENDS OF RSVP	154.
INVESTMENT EXPENSES NETTED AGAINST INVESTMENT RETURN	-660,708.
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,666,098.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,005,544.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ON BOOKS OF FRIENDS OF RSVP	2,885.
--------------------------------------	--------



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COMMUNITY SERVICE SOCIETY OF NEW YORK** Employer identification number **13-5562202**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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

2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
FAIRCOM NEW YORK, INC. - 12 WEST 27TH STREET, 13TH FL,	DIRECT MAIL AND ONLINE APPEALS		X	157,002.	70,514.	157,002.
<b>Total</b>				157,002.	70,514.	157,002.

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.

NY, NJ, FL, CT

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	72,200.		72,200.	
	2	Less: Contributions	29,605.		29,605.	
	3	Gross income (line 1 minus line 2)	42,595.		42,595.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	37,450.		37,450.	
	8	Entertainment	800.		800.	
	9	Other direct expenses	10,502.		10,502.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				48,752.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-6,157.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted 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 to be 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 provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.

(I) ADDRESS OF FUNDRAISER:

12 WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY SERVICE SOCIETY OF NEW YORK**

Employer identification number

**13-5562202**

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

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY LIMITS NEWS, INC 394 BROADWAY NEW YORK, NY 10013	27-0218689	501(C)(3)	103,415.	0.			PUBLIC INTEREST
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501(C)(3)	25,000.	0.			DIRECT SERVICES
HARTLEY HOUSE, INC. 1441 BROADWAY, SUITE 6049 NEW YORK, NY 10018	13-1656652	501(C)(3)	13,771.	0.			DIRECT SERVICES
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	5,000.	0.			DIRECT SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

**3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL SUPPORT	68	14,397.	0.		
TRANSPORTATION	386	33,183.	0.		
EDUCATION - TRAINING	135	15,045.	0.		
VACATION - CAMPING	17	16,799.	0.		
DENTAL & MEDICAL FEES	56	31,189.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE AGENCY MAINTAINS FINANCIAL GUIDELINES THAT DICTATE WHO  
MAY RECEIVE A GRANT AND WHAT THE AMOUNTS OF THOSE GRANTS WILL BE. THE  
FINANCIAL GUIDELINES ALSO DICTATE THE KIND OF SUPPORTING DOCUMENTATION A  
POTENTIAL GRANTEE NEEDS TO PROVIDE IN ORDER TO BE ELIGIBLE AND RECEIVE  
PAYMENT FOR A GRANT. CASE MANAGERS WHO WORK DIRECTLY WITH THE CLIENTS  
ASSESS THEIR NEEDS AND MAINTAIN A FILE WITH ALL REQUIRED DOCUMENTATION AND  
ENSURE THAT GRANT FUNDS ARE APPROPRIATELY USED. THE FINANCE DEPARTMENT  
AUDITS REQUESTS FOR GRANTS AND VERIFIES THAT ALL DOCUMENTS SUBMITTED ARE



**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD - INDIVIDUAL	14.	3,516.	0.		
UTILITIES/UTILITIES IN ARREARS	14.	1,798.	0.		
RENT/RENT ARREARS/SECURITY DEPOSIT	235.	207,228.	0.		
EMPLOYMENT RELATED ASSISTANCE	28.	458.	0.		
RENT SUBSIDY - OTHER	4.	5,204.	0.		
MOVING AND STORAGE EXPENSES	3.	1,928.	0.		



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2017**

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

▶ Attach to Form 990.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY SERVICE SOCIETY OF NEW YORK**

Employer identification number

**13-5562202**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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 checked="" type="checkbox"/> Tax indemnification and gross-up payments                     <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>X</b>	
<p><b>3</b> 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.</p> <p> <input type="checkbox"/> Compensation committee                     <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>X</b>	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<b>X</b>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<b>X</b>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>X</b>	
<p><b>8</b> Were any amounts reported on 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 .....</p>		<b>X</b>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

Schedule J (Form 990) 2017

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID R. JONES, ESQ. PRESIDENT/CEO	(i)	481,413.	96,595.	74,456.	38,500.	38,998.	729,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN L. KRAUSE EXECUTIVE V.P./COO	(i)	312,046.	86,425.	127,186.	32,951.	38,923.	597,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY F. RIZZO CFO - TERM NOV. 2017	(i)	162,994.	0.	701.	5,274.	30,333.	199,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELISABETH RYDEN BENJAMIN VP HEALTH INITIATIVES	(i)	218,063.	28,647.	276.	6,000.	13,378.	266,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALINA MOLINA VP OF PROGRAM SERVICES	(i)	164,696.	21,412.	516.	4,652.	15,801.	207,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY RANKIN VP OF POLICY, RESEARCH AND	(i)	184,589.	27,750.	1,524.	3,900.	11,585.	229,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JUDITH WHITING GENERAL COUNSEL	(i)	173,734.	22,174.	516.	5,262.	1,258.	202,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY MACLIN VP OF GOVERNMENT AND PUBLI	(i)	168,079.	24,500.	792.	5,024.	27,414.	225,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELISSA KOSTOVSKI VP OF DEVELOPMENT AND PLAN	(i)	157,306.	19,251.	180.	4,650.	14,427.	195,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 1A:**

THE CEO/PRESIDENT, DAVID R. JONES RECEIVED THE FOLLOWING

BENEFITS DURING THE CALENDAR YEAR 2017:

MEMBERSHIP FEES TO VARIOUS ORGANIZATIONS

LONGTERM DISABLITY AND LIFE INSURANCE PREMIUMS

PERSONAL USE OF VEHICLE

THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION.

**PART I, LINE 4B:**

SECTION 457F PLAN:

DAVID R. JONES: \$15,000

STEVEN L. KRAUSE: \$15,000

**PART I, LINE 7:**

THE CURRENT BONUS STRUCTURE FOR CSS NON-BARGAINING UNIT

STAFF IS BASED UPON A COMPENSATION PROGRAM DEVELOPED IN CONJUNCTION WITH

THE HAY GROUP. IN ESSENCE IT PROVIDES FOR BONUSES TO BE PAID TO MANAGEMENT

STAFF BASED UPON TOTAL PERFORMANCE AND THE MEETING OF INDIVIDUAL AND

ORGANIZATIONAL GOALS. THE HIGHER THE LEVEL OF THE POSITION HELD BY A STAFF

**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.

MEMBER THE GREATER THE EMPHASIS ON ORGANIZATIONAL GOALS VERSUS INDIVIDUAL GOALS AND THE HIGHER THE POTENTIAL PERCENTAGE BONUS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

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

CREATE A PERMANENT POVERTY CLASS IN NEW YORK CITY, AND TO ADVOCATE THE  
SYSTEMIC CHANGES REQUIRED TO ELIMINATE SUCH PROBLEMS. CSS WILL FOCUS ON  
ENABLING, EMPOWERING AND PROMOTING OPPORTUNITIES FOR POOR FAMILIES AND  
INDIVIDUALS TO DEVELOP THEIR FULL POTENTIAL, TO CONTRIBUTE TO SOCIETY,  
AND TO REALIZE SOCIAL, ECONOMIC AND POLITICAL OPPORTUNITIES.

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

OPPORTUNITIES FOR POOR FAMILIES AND INDIVIDUALS TO DEVELOP THEIR FULL  
POTENTIAL, TO CONTRIBUTE TO SOCIETY, AND TO REALIZE SOCIAL, ECONOMIC  
AND POLITICAL OPPORTUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CSS'S LEGAL DEPARTMENT FOCUSES ON HELPING INDIVIDUALS WITH CRIMINAL  
CONVICTION HISTORIES OVERCOME BARRIERS TO REENTRY. WE BRING LITIGATION  
ON BEHALF OF INDIVIDUALS AND GROUPS WHO HAVE SUFFERED ACTIONABLE  
DISCRIMINATION BECAUSE OF THEIR RECORDS AND ENGAGE IN POLICY AND  
LEGISLATIVE ADVOCACY TO MAKE SYSTEMIC CHANGE. WE ALSO PROVIDE DIRECT  
SERVICES TO MORE THAN 700 LOW INCOME NEW YORKERS EACH YEAR THROUGH THE  
LEGAL DEPARTMENT'S NEXT DOOR PROJECT, WORKING WITH CLIENTS FROM ACROSS  
THE CITY TO OBTAIN, CORRECT MISTAKES IN AND CLOSELY REVIEW THEIR NEW  
YORK STATE RAP SHEETS. THE NEXT DOOR PROJECT'S WORK IS AUGMENTED BY THE  
EXPERT ASSISTANCE OF 10 TO 15 SPECIALLY TRAINED OLDER ADULT VOLUNTEERS.  
WE PROVIDE NEXT DOOR PROJECT SERVICES AT PARTNER AGENCIES' OFFICES IN  
DOWNTOWN BROOKLYN, BEDFORD STUYVESANT, HARLEM, THE SOUTH BRONX AND  
MANHATTAN'S LOWER EAST SIDE AS WELL AS AT CSS'S MIDTOWN HEADQUARTERS

Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
---	--

AND HAVE PROVIDED SERVICES FOR CLIENTS OF THE NYC DEPT. OF PROBATION. THE DEPARTMENT'S GENERAL COUNSEL ALSO PERFORMS TAX-EXEMPT LEGAL WORK FOR CSS, INCLUDING CONTRACT REVIEW AND REAL ESTATE MATTERS, AND USES PRO BONO SERVICES FROM A HOST OF NATIONAL AND LOCAL LAW FIRMS IN SPECIALIZED AREAS SUCH AS INTELLECTUAL PROPERTY.

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

CLIENTS (3,595 NEW CLIENTS AND 2,461 ONGOING CLIENTS) ASSISTING WITH 7,539 PUBLIC BENEFIT ISSUES. THEY COMPLETED 2,769 APPLICATIONS AND RECERTIFICATIONS FOR CLIENTS.

THE FINANCIAL COACHING CORPS HAD A TOTAL OF 37 ACTIVE FINANCIAL COACHES SERVING IN 23 PARTNER SITES. THE PROJECT ASSISTED 734 CLIENTS. 90% OF CLIENTS SURVEYED REPORTED AN INCREASE IN UNDERSTANDING OF ONE OR MORE PERSONAL FINANCE TOPICS.

IN THE MENTORING PROGRAM, 113 MENTORS PROVIDED SERVICES TO 330 YOUTH.

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

MANHATTAN'S LOWER EAST SIDE AS WELL AS AT CSS'S MIDTOWN HEADQUARTERS AND HAVE PROVIDED SERVICES FOR CLIENTS OF THE NYC DEPT. OF PROBATION. THE DEPARTMENT'S GENERAL COUNSEL ALSO PERFORMS TAX-EXEMPT LEGAL WORK FOR CSS, INCLUDING CONTRACT REVIEW AND REAL ESTATE MATTERS, AND USES PRO BONO SERVICES FROM A HOST OF NATIONAL AND LOCAL LAW FIRMS IN SPECIALIZED AREAS SUCH AS INTELLECTUAL PROPERTY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES



Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

EXPENSES \$ 7,020,076. INCLUDING GRANTS OF \$ 478,515. REVENUE \$ 115,175.

FORM 990, PART VI, SECTION B, LINE 11B:

ELECTRONICALLY DISTRIBUTE THE 990 TO ALL BOARD OF TRUSTEE MEMBERS FOR INFORMATION, REVIEW, AND FEEDBACK.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AND SIGNED ANNUALLY AT THE JUNE BOARD MEETING. ALL TRUSTEES/OFFICERS/BOARD MEMBERS HAVE ONGOING DUTY TO DISCLOSE ANY CONFLICTS ARISING THROUGHOUT THE YEAR. THE HUMAN RESOURCES COMMITTEE OF THE BOARD MONITORS AND REVIEWS COMPLETED FORMS. IF THERE IS A CONFLICT THE BOARD IS NOTIFIED OF THE CONFLICT. IF SUCH CONFLICT CANNOT BE RESOLVED THE BOARD MEMBER/TRUSTEE/OFFICER IS ASKED TO RESIGN OR TAKE A LEAVE OF ABSENCE. EMPLOYEES ARE NOT REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE PRESIDENT & CEO IS SET BY THE BOARD OF TRUSTEES. BOARD ACTION IS BASED ON PERIODIC REVIEW BY OUTSIDE INDEPENDENT COMPENSATION AND CLASSIFICATION EXPERTS UNDERTAKEN AT THE DIRECTION OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD. THE INDEPENDENT COMPENSATION CONSULTANT CONDUCTS A COMPENSATION SURVEY AND PRESENTS THE FINDINGS TO THE HUMAN RESOURCES COMMITTEE. THE BOARD SIGNS A WRITTEN EMPLOYMENT CONTRACT WITH THE PRESIDENT AND CEO. THE MOST RECENT OUTSIDE INDEPENDENT COMPENSATION REVIEW WAS COMPLETED IN SPRING 2016.

FORM 990, PART VI, SECTION C, LINE 19:

THE AGENCY'S FINANCIAL STATEMENTS AND INFORMATIONAL RETURNS ARE AVAILABLE

Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
---	--

TO THE PUBLIC VIA THE AGENCY'S WEBSITE. THE AGENCY'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS HEADQUARTERS; 633 THIRD AVENUE, TENTH FLOOR, NEW YORK NY 10017.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,267,565.
MANAGEMENT AND GENERAL EXPENSES	250,930.
FUNDRAISING EXPENSES	3,000.
TOTAL EXPENSES	1,521,495.

SUBCONTRACTING EXPENSE - NAVIGATOR:

PROGRAM SERVICE EXPENSES	4,832,353.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,832,353.

SUBCONTRACTING EXPENSE - CHA:

PROGRAM SERVICE EXPENSES	2,182,603.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,182,603.

SUBCONTRACTING EXPENSE - ABD:

PROGRAM SERVICE EXPENSES	1,051,463.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

TOTAL EXPENSES	1,051,463.
----------------	------------

## SUBCONTRACTING EXPENSE - SOFA:

PROGRAM SERVICE EXPENSES	75,000.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	75,000.
----------------	---------

## SUBCONTRACTING EXPENSE - ICAN:

PROGRAM SERVICE EXPENSES	2,425,010.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	2,425,010.
----------------	------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,087,924.
--	-------------

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

## CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL

TRUSTS	1,666,098.
--------	------------

PENSION ADJUSTMENT	-173,107.
--------------------	-----------

TOTAL TO FORM 990, PART XI, LINE 9	1,492,991.
------------------------------------	------------

## FORM 990, PART XII, LINE 2C

ANNUALLY, THE AUDIT COMMITTEE MEETS WITH AUDITORS TO REVIEW DRAFT

FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED SINCE PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public  
Inspection

Name of the organization

**COMMUNITY SERVICE SOCIETY OF NEW YORK**

Employer identification number  
**13-5562202**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRIENDS OF RSVP, INC. - 13-3335293 C/O CSS NY 633 THIRD AVE 10TH FLOOR NEW YORK, NY 10017	FUNDRAISING FOR RSVP PROGRAM	NEW YORK	501 (C) (3)	PF	CSS	X	
INSTITUTE FOR COMMUNITY EMPOWERMENT - 13-3473143, C/O CSS NY 633 THIRD AVE 10TH FLOOR, NEW YORK, NY 10017	PERFORM CERTAIN ELECTORAL ADVOCACY, RESEARCH AND LOBBYING ACTIVITIES	NEW YORK	501 (C) (4)		CSS	X	

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF RSVP, INC.	N	0	NO FEES WERE CHARGED
(2) FRIENDS OF RSVP, INC.	O	0	NO FEES WERE CHARGED
(3) INSTITUTE FOR COMMUNITY EMPOWERMENT	N	0	NO FEES WERE CHARGED
(4) INSTITUTE FOR COMMUNITY EMPOWERMENT	O	0	NO FEES WERE CHARGED
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	





Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Name and title of officer

CHARLES TARAMINA, CONTROLLER  
PRESIDENT/CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>26,642,248.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DORFMAN ABRAMS MUSIC, LLC to enter my PIN 79691  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 1/17/19

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20095179691  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 1-15-2019

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# Application for Automatic Extension of Time To File an Exempt Organization Return

ETIK  
MW 10/16/18

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	<b>Enter filer's identifying number</b> Employer identification number (EIN) or <b>13-5562202</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>633 THIRD AVENUE, 10TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10017</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHARLES TARMINA, CONTROLLER**

• The books are in the care of ▶ **633 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10010**  
Telephone No. ▶ **212-254-8900** Fax No. ▶ \_\_\_\_\_

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

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



***CONSOLIDATED FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITORS' REPORT***

***YEARS ENDED JUNE 30, 2018 AND 2017***

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## INDEPENDENT AUDITORS' REPORT

To The Board of Trustees  
Community Service Society of New York and Affiliates  
New York, New York

### ***Report on the Financial Statements***

We have audited the accompanying consolidated financial statements of Community Service Society of New York and Affiliates, which comprise the consolidated statements of financial position as of June 30, 2018 and 2017, and the related consolidated statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Community Service Society of New York and Affiliates as of June 30, 2018 and 2017, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Dorfman Abrams Music, LLC*

Saddle Brook, New Jersey

October 25, 2018

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
(in thousands)

ASSETS

	June 30,	
	<u>2018</u>	<u>2017</u>
Assets:		
Cash and cash equivalents	\$ 2,813	\$ 3,401
Investments	168,383	167,939
Government and other receivables	12,485	10,716
Prepaid and other assets	428	348
Beneficial interest in perpetual trusts	37,491	36,060
Property and equipment, net	<u>34,416</u>	<u>35,860</u>
Total assets	<u>\$ 256,016</u>	<u>\$ 254,324</u>

LIABILITIES AND NET ASSETS

Liabilities:		
Accounts payable and accrued expenses	\$ 8,320	\$ 7,859
Accrued pension and post-retirement liability	15,621	14,714
Line of credit	<u>23,574</u>	<u>25,107</u>
Total liabilities	<u>47,515</u>	<u>47,680</u>
Net assets:		
Unrestricted:		
Undesignated	115,097	114,779
Board designated - general reserve	<u>816</u>	<u>914</u>
Total unrestricted	<u>115,913</u>	<u>115,693</u>
Temporarily restricted	26,002	25,796
Permanently restricted	<u>66,586</u>	<u>65,155</u>
Total net assets	<u>208,501</u>	<u>206,644</u>
Total liabilities and net assets	<u>\$ 256,016</u>	<u>\$ 254,324</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF ACTIVITIES  
(in thousands)

	Year ended June 30, 2018			Year ended June 30, 2017				
	Unrestricted	Temporarily restricted	Permanently restricted	Total	Unrestricted	Temporarily restricted	Permanently restricted	Total
Operating revenue and support:								
Government grants	\$ 19,126	\$	\$	\$ 19,126	\$ 17,395	\$	\$	\$ 17,395
Direct contributions and federated campaigns	715	865		1,580	449	2,128		2,577
Bequests	288			288	316			316
Program fees and other revenue	117			117	143			143
Investment return used for operations, net	5,376	3,348		8,724	3,243	5,552		8,795
Special events, net expenses of \$49 in 2018 and \$38 in 2017	45			45	32			32
Net assets released from restrictions	7,133	(7,133)			10,080	(10,080)		
<b>Total operating revenue and support</b>	<b>32,800</b>	<b>(2,920)</b>		<b>29,880</b>	<b>31,658</b>	<b>(2,400)</b>		<b>29,258</b>
Operating expenses:								
Program services:								
Direct program services	23,540			23,540	22,680			22,680
Policy, research and advocacy	3,121			3,121	2,965			2,965
Public interest	1,311			1,311	898			898
<b>Total program services</b>	<b>27,972</b>			<b>27,972</b>	<b>26,543</b>			<b>26,543</b>
Supporting services:								
Management and general	5,295			5,295	5,684			5,684
Fundraising	1,087			1,087	1,160			1,160
<b>Total supporting services</b>	<b>6,382</b>			<b>6,382</b>	<b>6,844</b>			<b>6,844</b>
<b>Total operating expenses</b>	<b>34,354</b>			<b>34,354</b>	<b>33,387</b>			<b>33,387</b>
Deficit of operating revenue over operating expenses	(1,554)	(2,920)		(4,474)	(1,729)	(2,400)		(4,129)
Non-operating activities:								
Investment return in excess of amount used for operations, net	1,947	3,126	1,431	6,504	7,255	4,415	2,322	13,992
<b>Total non-operating activities</b>	<b>1,947</b>	<b>3,126</b>	<b>1,431</b>	<b>6,504</b>	<b>7,255</b>	<b>4,415</b>	<b>2,322</b>	<b>13,992</b>
Change in net assets before pension and post-retirement related charges	393	206	1,431	2,030	5,526	2,015	2,322	9,863
Pension and post-retirement related charges other than net periodic pension costs	(173)			(173)	2,624			2,624
Change in total net assets	220	206	1,431	1,857	8,150	2,015	2,322	12,487
Net assets, beginning of year	115,693	25,796	65,155	206,644	107,543	23,781	62,833	194,157
<b>Net assets, end of year</b>	<b>\$ 115,913</b>	<b>\$ 26,002</b>	<b>\$ 66,586</b>	<b>\$ 208,501</b>	<b>\$ 115,693</b>	<b>\$ 25,796</b>	<b>\$ 65,155</b>	<b>\$ 206,644</b>

The accompanying notes are an integral part of these consolidated financial statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF CASH FLOWS

(in thousands)

	Year ended June 30,	
	2018	2017
Cash flows from operating activities:		
Change in net assets	\$ 1,857	\$ 12,487
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	1,554	1,542
Net realized and unrealized gain on investments	(9,696)	(15,922)
Increase in beneficial interest in perpetual trusts	(1,431)	(2,322)
Pension and post-retirement related changes other than net periodic pension cost	173	(2,624)
Bad debt expense	1	6
Changes in operating assets and liabilities:		
Increase in:		
Government and other receivables	(1,770)	(2,517)
Prepaid and other assets	(80)	(295)
Increase in:		
Accounts payable and accrued expenses	461	493
Accrued pension and post-retirement liability	734	1,210
Net cash used by operating activities	<u>(8,197)</u>	<u>(7,942)</u>
Cash flows from investing activities:		
Purchases of investments	(31,127)	(40,807)
Proceeds from sale/maturity of investments	40,379	47,014
Purchases of property and equipment	(110)	(40)
Net cash provided by investing activities	<u>9,142</u>	<u>6,167</u>
Cash flows from financing activities:		
Principal repayments	(1,533)	(497)
Net cash used by financing activities	<u>(1,533)</u>	<u>(497)</u>
Net decrease in cash and cash equivalents	(588)	(2,272)
Cash and cash equivalents, beginning of year	<u>3,401</u>	<u>5,673</u>
Cash and cash equivalents, end of year	<u>\$ 2,813</u>	<u>\$ 3,401</u>

Supplemental Cash Flow Information

Cash paid for interest	<u>\$ 541</u>	<u>\$ 375</u>
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The accompanying notes are an integral part of these consolidated financial statements.



COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
(in thousands)

Years Ended June 30, 2018 and 2017

	Program services expenses							
	Direct program services		Policy, research and advocacy		Public interest		Total	
	2018	2017	2018	2017	2018	2017	2018	2017
Salaries	\$ 6,780	\$ 6,376	\$ 1,626	\$ 1,433	\$ 445	\$ 397	\$ 8,851	\$ 8,206
Fringe benefits and payroll taxes	3,122	3,187	723	722	199	200	4,044	4,109
Total salaries and related expenses	9,902	9,563	2,349	2,155	644	597	12,895	12,315
Professional fees	11,197	10,689	383	422	414	104	11,994	11,215
Supplies	64	55	17	11	6	2	87	68
Telephone and communication	164	152	24	20	7	8	195	180
Postage and shipping	21	24	1	2			22	26
Occupancy	390	374	82	83	19	18	491	475
Insurance	8	8	12	15			20	23
Printing and other office expenses	26	28	10	4	1	1	37	33
Transportation	164	168	24	28	2	1	190	197
Conferences, conventions and meetings	76	73	48	47	20	18	144	138
Direct assistance	331	401					331	401
Support payments	97	73	3	8	98	109	198	190
Equipment rentals and expenses	73	58	14	14	64	5	151	77
Interest								4
Bad debt expense		4						4
Other expenses	24	14	18	21	6	5	48	40
Depreciation	1,003	996	136	135	30	30	1,169	1,161
Total operating expenses	\$ 23,540	\$ 22,680	\$ 3,121	\$ 2,965	\$ 1,311	\$ 898	\$ 27,972	\$ 26,543

The accompanying notes are an integral part of these consolidated financial statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

(in thousands)

Years Ended June 30, 2018 and 2017

	Supporting services expenses						Total program and supporting services expenses	
	Management and general		Fundraising		Total		2018	2017
	2018	2017	2018	2017	2018	2017		
Salaries	\$ 2,138	\$ 2,013	\$ 564	\$ 580	\$ 2,702	\$ 2,593	\$ 11,553	\$ 10,799
Fringe benefits and payroll taxes	932	1,503	252	297	1,184	1,800	5,228	5,909
<b>Total salaries and related expenses</b>	<b>3,070</b>	<b>3,516</b>	<b>816</b>	<b>877</b>	<b>3,886</b>	<b>4,393</b>	<b>16,781</b>	<b>16,708</b>
Professional fees	451	519	75	64	526	583	12,520	11,798
Supplies	13	66	3	3	16	69	103	137
Telephone and communication	92	95	9	6	101	101	296	281
Postage and shipping	10	11	21	22	31	33	53	59
Occupancy	147	138	24	25	171	163	662	638
Insurance	126	133			126	133	146	156
Printing and other office expenses			61	72	61	72	98	105
Transportation	106	114	4	8	110	122	300	319
Conferences, conventions and meetings	160	171	8	8	168	179	312	317
Direct assistance							331	401
Support payments							198	190
Equipment rentals and expenses	212	190	12	15	224	205	375	282
Interest	541	375			541	375	541	375
Bad debt expense	1	2			1	2	1	6
Other expenses	29	20	6	13	35	33	83	73
Depreciation	337	334	48	47	385	381	1,554	1,542
<b>Total operating expenses</b>	<b>\$ 5,295</b>	<b>\$ 5,684</b>	<b>\$ 1,087</b>	<b>\$ 1,160</b>	<b>\$ 6,382</b>	<b>\$ 6,844</b>	<b>\$ 34,354</b>	<b>\$ 33,387</b>

The accompanying notes are an integral part of these consolidated financial statements.

# COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

### 1. Summary of significant accounting policies

This summary of significant accounting policies of Community Service Society of New York (CSS) and its affiliated organizations: Institute for Community Empowerment (Institute); and Friends of R.S.V.P., Inc. (CSS and its affiliates are collectively referred to as the Society), is presented to assist in understanding the Society's consolidated financial statements. The consolidated financial statements and notes are representations of the Society's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America as promulgated in *FASB Accounting Standards Codification* (the Codification) and have been consistently applied in the preparation of the consolidated financial statements.

#### Nature of the Organization

CSS, Institute and Friends of R.S.V.P., Inc. are affiliated through common board control. CSS is a 501(c)(3) not-for-profit corporation operating under a Certificate of Consolidation granted by the State of New York in 1939, merging the New York Association for Improving the Condition of the Poor and The Charity Organization Society of the City of New York. It is a private, nonsectarian, voluntary social service agency. The mission of Community Service Society of New York is to identify problems which create a permanent poverty class in New York City and to advocate the systemic changes required to eliminate such problems. CSS's primary goals are to advocate for better job opportunities to break the cycle of intergenerational poverty that particularly affects communities of color; promote policies and programs that advance the economic security of the poor and working poor; and promote health care reform as an essential strategy for alleviating barriers to employment and economic stability.

The Institute is a 501(c)(4) not-for-profit corporation which was established in November 1988 to perform certain electoral advocacy, research, and lobbying activities with other community-based organizations. The Institute did not engage in any activities during either of the years ended June 30, 2018 or 2017.

Friends of R.S.V.P., Inc. is a 501(c)(3) private foundation created in 1986 as a fund-raising vehicle for the Retired and Senior Volunteer Program administered by CSS. On January 23, 2005, the Board of Trustees voted to dissolve the Friends of R.S.V.P., Inc. Implementation of this decision has yet to occur citing the potential of a name change or reorganization.

The Society's primary sources of revenues are contributions, government grants and investment income.

#### Principles of consolidation

The consolidated financial statements include the accounts of CSS, Institute and Friends of R.S.V.P., Inc. All material intercompany balances and transactions have been eliminated in consolidation.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Basis of presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Society and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations. Included in unrestricted net assets are board-designated funds of \$816 and \$914 as of June 30, 2018 and 2017, respectively.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Society and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Society. Generally, the donors of these assets permit the Society to use all or part of the income earned on any related investments for general or specific purposes.

Cash and cash equivalents

Cash consists of demand deposit accounts which are highly liquid financial instruments with maturities of three months or less. Cash equivalents that are held in the Society's investment portfolio are classified as investments and are not considered to be cash for the purposes of the statement of cash flows.

Support and revenue

Contributions, which are comprised of individual and foundation grants, as well as unconditional pledges, are recorded at fair value as made. All contributions are available for unrestricted use unless specifically restricted by the donor. Conditional pledges are recognized when the conditions on which they depend are substantially met. Donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. However, if a restriction is fulfilled in the same accounting period the contribution is received, the Society reports the support as unrestricted.

Governmental support is reported in the year earned at net realized amounts for services rendered under reimbursement agreements. Rates under reimbursement agreements are subject to change based on subsequent review by funding agencies. Accordingly, contract support and grants are reported net of estimated retroactive adjustment of rates and may be adjusted in future periods, as final settlements are determined. Rate appeals may also be initiated by the Society; revenues from such appeals are recorded in the period such appeals are determined to be probable of collection. Funds received in periods prior to the cost being incurred are deferred until future periods.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Donated services

The Society records the value of donated facilities or services when there is an objective basis available to measure their value and when they enhance non-financial assets or require a specialized skill which the Organization would otherwise need to purchase.

The Society does not record contribution revenue for the donated services of volunteers, since such services primarily supplement the efforts of the Society's professional staff in providing its essential services. The activities of such volunteers include working with and providing assistance to the elderly and children of minority group families, providing legal and financial assistance to low-income families, serving on advisory committees, and assisting in fundraising activities.

The Society recognized no in-kind donations during either of the years ended June 30, 2018 or 2017.

Investment in The United Charities

The investment in The United Charities was recorded on the equity method. The Society has a 50% undivided interest in the ownership The United Charities (the Corporation), a charitable corporation which was organized to provide a center in which certain benevolent organizations, including the Society, would maintain their headquarters.

During the year ended June 30, 2015, the Corporation sold its building at 105 East 22<sup>nd</sup> Street. The Society received its final distributions during the year ended June 30, 2016. As of June 30, 2018, the Corporation is in the process of dissolution.

Beneficial interest in perpetual trusts

The Society has beneficial interests in various perpetual trusts. The Society's interest in these trusts is reported as a contribution in the year received at their fair value. Changes in the fair value of the underlying assets are recognized in permanently restricted non-operating activities on the statement of activities.

Allowance for uncollectible accounts and doubtful pledges

Receivables are charged to bad debt expense when they are determined to be uncollectible based upon a periodic review of client balances by management. Factors used to determine whether an allowance should be recorded include the age of the receivable and a review of payments subsequent to year end. As of June 30, 2018 and 2017, management determined that an allowance was not necessary.

Investments

Investments are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the statement of financial position. The Society invests in various types of investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, based on the markets' fluctuations, and that such changes could materially affect the amounts reported in the Society's consolidated financial statements. Investment fees are netted against the investment return.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Property and equipment

Property and equipment are stated at cost, if purchased, or if donated, at fair value at the date of gift, less accumulated depreciation. Property and equipment are depreciated on the straight-line basis over the following estimated useful lives:

Building	39 years
Building improvements	15 years
Computer and office equipment	3 - 7 years

The cost of assets sold or otherwise disposed of and the accumulated depreciation thereon are eliminated from the accounts and the resulting gain or loss is reflected in income. Expenditures for maintenance and repairs are charged to expense as incurred; replacements and betterments that extend the useful lives are capitalized.

Fair value of financial instruments

The carrying amounts reported on the consolidated statement of financial position of the Society approximate their fair value.

Use of estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional allocation of expenses

The costs of providing various programs and support services have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain expenses have been allocated among the programs and supporting services based on management's best estimates.

Uncertain tax positions

As of June 30, 2018, management believes that based on evaluation of the Society's tax positions that any liability as a result of uncertain tax positions would not be material. Management continually evaluates expiring statutes of limitations, changes in tax law, and new authoritative rulings to assist in evaluating the Society's tax positions. Accrued interest and penalties associated with uncertain tax positions, if any, would be recognized as part of an income tax provision. Income tax returns are filed only with the U.S. federal jurisdiction as state and local tax returns are not applicable. U.S. federal income tax returns prior to fiscal year 2014 are closed.

Reclassifications

Certain 2017 amounts have been reclassified to conform to the 2018 presentation.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

2. Risks and uncertainties

Financial instruments that potentially subject the Society to concentrations of credit risk consist principally of cash, cash equivalents, investments, and governmental and other receivables. The Society maintains its cash in bank deposit accounts, the balances of which, at times, may exceed federally insured limits. Exposure to credit risk is reduced by placing such deposits in high quality financial institutions. The Organization limits its exposure by performing periodic evaluations of the financial institution where it maintains its cash and cash equivalents. Investment securities are exposed to various risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. Concentration of credit risk with respect to receivables is limited due to the fact that they are mainly derived from governmental agencies.

3. Government and other receivables

Government and other receivables consist of the following at June 30:

	<u>2018</u>	<u>2017</u>
Government receivables:		
U.S. Department of Health and Human Services:		
Community Health Advocate (CHA)	\$ 2,060	\$ 1,491
Navigator Program Grant	2,877	3,095
ABD Healthcare Program Grant	<u>669</u>	<u>413</u>
	5,606	4,999
Corporation for National and Community Service:		
RSVP Program	174	195
New York State Department of Health:		
ICAN Healthcare Program Grant	3,581	3,030
New York City DOHMH:		
Harlem Healthcare Program Grant	500	508
Other government receivables	<u>1,139</u>	<u>626</u>
Total government receivables	11,000	9,358
Non-government receivables	<u>1,485</u>	<u>1,358</u>
	<u>\$ 12,485</u>	<u>\$ 10,716</u>

At both June 30, 2018 and 2017, all receivables were expected to be collected within one year.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

4. Fair value measurements

The Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Society has the ability to access at the measurement date;

Level 2 - Inputs other than quoted prices that are observable for the assets or liability either directly or indirectly, including inputs that are not considered to be active;

Level 3 - Inputs that are unobservable.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad criteria data, liquidity statistics, and other factors.

An investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Society. The Society considers observable data to be that market data which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, provided by multiple, independent sources that are actively involved in the relevant market.

The categorization of an investment within the hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to the Society's perceived risk of that investment.

The following is a description of the valuation methodologies used for assets measured at fair value.

**Money market funds, fixed-income securities and equities, and U.S. Government obligations** - Valued at the closing price reported on the active market on which the individual securities are traded.

**Real estate fund** - Valued at the net asset value (NAV) of shares held at year end as determined by the managers of the underlying funds.

**Alternative investment** - There are no observable inputs and certain of the underlying investments are not publicly traded and there is no secondary market for such funds. The funds are valued by the managers of the underlying funds at the NAV of shares held by CSS at year end or other pricing methodologies.

**Beneficial interest in perpetual trusts** - Beneficial interest in perpetual trusts is valued at fair value of the Society's beneficial interest in the fair value of underlying assets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Society believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.



COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

Investment securities are stated at fair value and are summarized as follows at June 30:

	2018		2017	
	Cost	Fair value	Cost	Fair value
Cash equivalents	\$ 2,078	\$ 2,078	\$ 824	\$ 824
Money market funds	810	810	16,994	16,994
Fixed income:				
U.S government and agency	15,399	14,989	14,188	14,038
Corporate bonds	8,618	8,460	10,305	10,427
Mutual funds:				
Equity	19,739	27,533	24,309	29,966
Fixed income	14,702	14,288	6,065	5,984
Alternative investment	8,325	8,134	8,171	7,978
U.S. equity	46,972	54,003	41,598	44,379
Non-U.S. equity	28,662	33,063	25,504	28,434
Alternative investment				
Real estate fund	5,040	5,025	9,245	8,915
	<u>\$ 150,345</u>	<u>\$ 168,383</u>	<u>\$ 157,203</u>	<u>\$ 167,939</u>

The classification of the Society's investment securities at fair value are as follows at June 30, 2018 and 2017:

	2018			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 2,078	\$	\$	\$ 2,078
Money market funds	810			810
Fixed income:				
U.S. government and agency	14,989			14,989
Corporate bonds	8,460			8,460
Mutual funds:				
Equity	27,533			27,533
Fixed income	14,288			14,288
Alternative investment			8,134	8,134
U.S. equity	54,003			54,003
Non-U.S. equity	33,063			33,063
Alternative investment				
Real estate fund			5,025	5,025
	<u>155,224</u>		<u>13,159</u>	<u>168,383</u>
Beneficial interest in perpetual trusts			37,491	37,491
	<u>\$ 155,224</u>	<u>\$</u>	<u>\$ 50,650</u>	<u>\$ 205,874</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

	2017			Total
	Level 1	Level 2	Level 3	
Cash equivalents	\$ 824	\$	\$	\$ 824
Money market funds	16,994			16,994
Fixed income:				
U.S. government and agency	14,038			14,038
Corporate bonds	10,427			10,427
Mutual funds:				
Equity	29,966			29,966
Fixed income	5,984			5,984
Alternative investment			7,978	7,978
U.S. equity	44,379			44,379
Non U.S. equity	28,434			28,434
Alternative investment				0
Structured debt fund				0
Real estate fund			8,915	8,915
	151,046		16,893	167,939
Beneficial interest in perpetual trusts			36,060	36,060
	<u>\$ 151,046</u>	<u>\$</u>	<u>\$ 52,953</u>	<u>\$ 203,999</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

4 Fair value measurements (continued)

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2018:

	BlackRock Strategic Income Opprtnts PTF Inst	BlackRock Allocation Shares Series P	BlackRock Allocation Shares Series A	Legg Mason BW Absolute	Wells Fargo Absolute	DFA Real Estate Securities	DFA International Real Estate Securities	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 4,038	\$ 1,963	\$ 1,977	\$	\$	\$ 4,449	\$ 4,466	\$ 16,893	\$ 36,060	\$ 52,953
Purchases	510							510		510
Sales			(459)			(1,815)	(2,039)	(4,313)		(4,313)
Fees						125	196	650		650
Interest/dividend income	218	11	100			18	(33)	(243)	1,431	1,188
Unrealized gains/(loss)	(289)	67	(6)			(146)	(196)	(338)		(338)
Realized gains/(loss)			4							
Net change	439	78	(361)			(1,818)	(2,072)	(3,734)	1,431	(2,303)
Balance, end of year	\$ 4,477	\$ 2,041	\$ 1,616	\$	\$	\$ 2,631	\$ 2,394	\$ 13,159	\$ 37,491	\$ 50,650

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2017:

	BlackRock Strategic Income Opprtnts PTF Inst	BlackRock Allocation Shares Series P	BlackRock Allocation Shares Series A	Legg Mason BW Absolute	Wells Fargo Absolute	DFA Real Estate Securities	DFA International Real Estate Securities	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 5,810	\$ 1,851	\$	\$ 1,325	\$ 1,280	\$	\$	\$ 10,266	\$ 33,738	\$ 44,004
Purchases			1,964			4,444	4,802	11,210		11,210
Sales	(2,123)	(21)		(1,323)	(1,307)	(111)	(375)	(5,260)		(5,260)
Fees				3	10	111	375	653		653
Interest/dividend income	133	21					(336)	(12)	2,322	2,310
Unrealized gains/(losses)	199	112	13			5		36		36
Realized gains/(loss)	19			(5)	17					
Net change	(1,772)	112	1,977	(1,325)	(1,280)	4,449	4,466	6,627	2,322	8,949
Balance, end of year	\$ 4,038	\$ 1,963	\$ 1,977	\$	\$	\$ 4,449	\$ 4,466	\$ 16,893	\$ 36,060	\$ 52,953

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

The following table describes the investments that are included in level 3 of the fair value hierarchy.

Fund name	Redemption period	Notice period	Description of fund	2018	2017
BlackRock Strategic Income Opportunities Fund			Employs a flexible investment approach across fixed income sectors without constraints on maturity, sector, quality or geography. The Fund actively manages two main risks in fixed income, interest rate risk and credit risk, to provide a compelling combination of income, low volatility and attractive returns.	\$ 4,477	\$ 4,038
BlackRock Allocation Shares Series P			The Fund seeks to provide adoration that is the inverse of its benchmark. The fund pursues its investment objectives primarily by engaging in short sales of U.S. Treasury securities and investing in derivative instruments that provide returns that are inverse to those available by investing directly in U.S. Treasury securities. Derivative instruments that the Fund may invest in include: futures, options, forward contacts and/or swaps, including interest rate swaps, swap options and total return swaps. This Fund is non-diversified.	2,041	1,963
BlackRock Allocation Shares Series A			The Fund seeks to provide its unitholders with a balance of long-term capital growth and income by investing in a diversified and balanced portfolio that is comprised of Canadian and global equity securities and, to a lesser extent, Canadian fixed income securities. The Fund will invest primarily in iShares ETFs (or other mutual funds) that are managed by BlackRock Canada or an affiliate (the "underlying funds"), but may also invest directly in fixed income securities, equity securities, and cash or cash equivalents.	1,616	1,977
DFA Real Estate Securities			The investment objective of the DFA Real Estate Securities Portfolio is to achieve long-term capital appreciation. The DFA Real Estate Securities Portfolio will concentrate investments in readily marketable equity securities of companies whose principal activities include ownership, management, development, construction, or sale of residential, commercial or industrial real estate.	2,631	4,449
DFA Real Estate International Securities			The investment objective of the DFA International Real Estate Securities Portfolio is to achieve long-term capital appreciation. The Portfolio will concentrate its investments in a broad and diverse set of securities of non-U.S. companies principally engaged in the real estate industry with a particular focus on non-U.S. REITs and companies the Advisor considers to be REIT-like entities.	2,394	4,466
				<u>\$ 13,159</u>	<u>\$ 16,893</u>

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4. Fair value measurements (continued)

The following schedule summarizes the investment return. The classification of the investment return is reported on the statement of activities.

	<u>2018</u>	<u>2017</u>
Interest and dividend income	\$ 3,787	\$ 3,343
Net realized and unrealized gain on investments	10,433	18,244
Perpetual trust investment income	1,666	1,775
Less investment management fees	<u>(658)</u>	<u>(575)</u>
	<u>\$ 15,228</u>	<u>\$ 22,787</u>

Consistent with the Society's spending policy for the years ended June 30, 2018 and 2017, \$8,724 and \$8,795 was appropriated and spent, respectively.

5. Property and equipment

Property and equipment consists of the following at June 30:

	<u>2018</u>	<u>2017</u>
Land	\$ 5,035	\$ 5,035
Building and improvements	32,118	32,042
Computer and office equipment	<u>1,725</u>	<u>1,691</u>
	38,878	38,768
Less accumulated depreciation	<u>4,462</u>	<u>2,908</u>
	<u>\$ 34,416</u>	<u>\$ 35,860</u>

Depreciation expense was \$1,554 and \$1,542 for the years ended June 30, 2018 and 2017, respectively.

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6. Temporarily restricted net assets and net assets released from restrictions

Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2018</u>	<u>2017</u>
Direct service programs	\$ 23,622	\$ 22,793
Policy research and advocacy	446	642
Public interest	80	437
Program administration	543	613
Unappropriated investment income from endowments	<u>1,311</u>	<u>1,311</u>
	<u>\$ 26,002</u>	<u>\$ 25,796</u>

Temporarily restricted net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by the passage of time. The net assets released from restriction for the years ended June 30, 2018 and 2017 were as follows:

	<u>2018</u>	<u>2017</u>
Direct service programs	\$ 3,330	\$ 6,097
Policy research and advocacy	2,382	2,688
Public interest	1,082	901
Management and general	<u>339</u>	<u>394</u>
	<u>\$ 7,133</u>	<u>\$ 10,080</u>

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7. Permanently restricted net assets

Community Service Society of New York and Affiliates' endowment consists of individual donor-restricted endowment funds established for Direct Service Programs. As required by accounting principles generally accepted in the United States of America, net assets associated with the endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. The Board of Directors of the Society is responsible for the long-term investment policies for donor-restricted endowment funds, unless otherwise specified by the donor.

The Board of Directors of Community Service Society of New York and Affiliates has adopted the New York Prudent Management of Institutional Funds Act (NYPMIFA). NYPMIFA moves away from the "historic dollar value" standard, and permits charities to apply a spending policy to endowments based on certain specified standards of prudence. The Society is now governed by the NYPMIFA spending policy, which establishes a maximum prudent spending limit of 7% of the average of its previous five years' balance. As a result of this interpretation, the Society classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standards of prudence prescribed by NYPMIFA.

Permanently restricted net assets consist of the following at June 30:

	<u>2018</u>	<u>2017</u>
Endowment:		
Direct service program:		
Income restricted for specific purposes	\$ 4,741	\$ 4,741
Income restricted for program administration	455	455
Income available for general purposes	<u>23,899</u>	<u>23,899</u>
Total endowment	<u>29,095</u>	<u>29,095</u>
Beneficial interest in perpetual trusts - income restricted	15,885	14,854
Beneficial interest in perpetual trusts - income unrestricted	<u>21,606</u>	<u>21,206</u>
Total beneficial interest in perpetual trusts	<u>37,491</u>	<u>36,060</u>
	<u>\$ 66,586</u>	<u>\$ 65,155</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

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June 30, 2018 and 2017

7. Permanently restricted net assets (continued)

Return objectives, strategies employed and spending policy

The overall financial objective of the endowment is to provide the operations of the Society with a relatively stable stream of spendable revenue that increases over time and matches the general rate of inflation, as measured by the Consumer Price Index.

The long-term investment objective for the total endowment is to attain a total return (net of investment management fees) of at least 6% per year in excess of inflation. This objective assumes that withdrawals from the Fund will average, long term, no more than 6% of the Fund's value over time.

Funds with deficiencies

The Society does not have any funds with deficiencies.

Changes in endowment net assets for the year ended June 30, 2018 are as follows:

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Investment return:			
Interest and dividend income	\$ 652	\$	\$ 652
Realized gain	293		293
Unrealized gain	<u>1,261</u>		<u>1,261</u>
Total investment return	2,206		2,206
Appropriation of endowment assets for expenditures	<u>(2,206)</u>		<u>(2,206)</u>
Net change			
Endowment net assets, beginning of year	<u>1,311</u>	<u>29,095</u>	<u>30,406</u>
Endowment net assets, end of year	<u>\$ 1,311</u>	<u>\$ 29,095</u>	<u>\$ 30,406</u>



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7. Permanently restricted net assets (continued)

Changes in endowment net assets for the year ended June 30, 2017 are as follows:

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Investment return:			
Interest and dividend income	\$ 672	\$	\$ 672
Realized gain	702		702
Unrealized gain	<u>1,961</u>		<u>1,961</u>
Total investment return	3,335		3,335
Appropriation of endowment assets for expenditures	<u>(3,335)</u>		<u>(3,335)</u>
Net change			
Endowment net assets, beginning of year	<u>1,311</u>	<u>29,095</u>	<u>30,406</u>
Endowment net assets, end of year	<u>\$ 1,311</u>	<u>\$ 29,095</u>	<u>\$ 30,406</u>

8. Line of credit

The Society has a \$26,000 revolving line of credit with a financial institution that bears interest at LIBOR plus 0.70% per annum. The loan is secured by certain investments and expires on November 10, 2018. Amounts outstanding at June 30, 2018 and 2017 were \$23,574 and \$25,107 respectively.

Interest expense incurred under the facility amounted to \$541 and \$375 for the years ended June 30, 2018 and 2017, respectively.

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9. Commitments and contingencies

The Society leases various equipment and automobiles under operating leases which expire through July 2022. Rent expense for these leases were \$119 and \$78 for the years ended June 30, 2018 and 2017, respectively.

Minimum annual rental commitments for the remaining term of the Society's noncancelable operating leases are as follows:

Year ending June 30:	
2019	\$ 66
2020	74
2021	74
2022	<u>65</u>
	<u>\$ 279</u>

10. Employee benefit plans

Pension plan and other post-retirement benefits

The Society has a noncontributory defined benefit pension plan (DB plan) covering substantially all employees. The Society also maintains life insurance benefits and contributory group medical benefits for full-time employees (i.e., those who worked 30 hours or more per week) employed prior to July 1, 1978 who retired at or after age 55 and were not covered by the terms of the collective bargaining agreement providing health benefits through the 1199 National Benefit Fund. The Society is required to accrue the estimated cost of these retiree benefit payments during the employees' active service period. The Society pays the cost of post-retirement benefits as incurred.

The following tables summarize each plan's funded status at June 30:

	2018		
	<u>Pension benefits</u>	<u>Other benefits</u>	<u>Total</u>
Projected benefit obligation	\$ (51,533)	\$ (706)	\$ (52,239)
Fair value of plan assets	<u>36,618</u>		<u>36,618</u>
Funded status - recognized in the statement of financial position	<u>\$ (14,915)</u>	<u>\$ (706)</u>	<u>\$ (15,621)</u>
	2017		
	<u>Pension benefits</u>	<u>Other benefits</u>	<u>Total</u>
Projected benefit obligation	\$ (48,387)	\$ (721)	\$ (49,108)
Fair value of plan assets	<u>34,394</u>		<u>34,394</u>
Funded status - recognized in the statement of financial position	<u>\$ (13,993)</u>	<u>\$ (721)</u>	<u>\$ (14,714)</u>

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10. Employee benefit plans (continued)

The following table provides information about the weighted average assumptions during the years ended June 30:

	Pension benefits		Other benefits	
	2018	2017	2018	2017
Weighted-average assumptions as of June 30:				
Discount rate	4.00%	3.75%	4.00%	3.75%
Expected return on plan assets	7.25%	7.25%	N/A	N/A
Rate of compensation increase	4.50%	4.50%	N/A	N/A

The following table provides information about the contributions to the Plans and benefits paid for the years ended June 30:

	2018			2017		
	Pension benefits	Other benefits	Total	Pension benefits	Other benefits	Total
Society's contributions	\$ 900	\$ 191	\$ 1,091	\$ 900	\$ 173	\$ 1,073
Employee's contributions	\$	\$ 1	\$ 1	\$	\$ 2	\$ 2
Benefits paid	\$ 1,680	\$ 192	\$ 1,872	\$ 1,640	\$ 175	\$ 1,815

The accumulated benefit obligation for the defined benefit pension plan was \$45,751 and \$42,738 at June 30, 2018 and 2017, respectively.

The Mortality table RP2000 with Generational Projection Scale AA used for both pension and other benefits as of June 30, 2017 was updated to RP2006 with Generational Projection Scale MP-2016 as of June 30, 2018.

For 2018 and 2017, an assumed long-term rate of return of 7.25% and 7.25% was used for the pension plan. In developing this rate, the Society evaluated input from its actuaries on asset class return expectations and long-term inflation.

For measurement purposes with respect to other benefits, a 7.70% and 6.9% health care cost trend rate was assumed for 2018 and 2017, respectively.

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10. Employee benefit plans (continued)

Amounts recognized as changes in unrestricted net assets, but not yet included in net periodic benefit cost, consist of following at June 30, 2018:

	<u>Pension benefits</u>	<u>Other benefits</u>	<u>Total</u>
Beginning balance of cumulative pension related changes other than net periodic pension cost	\$ (13,670)	\$ (152)	\$ (13,822)
Changes:			
Amortization	1,031	45	1,076
Asset loss	<u>(1,103)</u>	<u>(146)</u>	<u>(1,249)</u>
Net change	<u>(72)</u>	<u>(101)</u>	<u>(173)</u>
Ending balance of cumulative pension related changes other than net periodic pension cost	<u>\$ (13,742)</u>	<u>\$ (253)</u>	<u>\$ (13,995)</u>

Amounts recognized as changes in unrestricted net assets, but not yet included in net periodic benefit cost, consist of following at June 30, 2017:

	<u>Pension benefits</u>	<u>Other benefits</u>	<u>Total</u>
Beginning balance of cumulative pension related changes other than net periodic pension cost	\$ (16,265)	\$ (181)	\$ (16,446)
Changes:			
Amortization	1,487	1	1,488
Asset loss	<u>1,108</u>	<u>28</u>	<u>1,136</u>
Net change	<u>2,595</u>	<u>29</u>	<u>2,624</u>
Ending balance of cumulative pension related changes other than net periodic pension cost	<u>\$ (13,670)</u>	<u>\$ (152)</u>	<u>\$ (13,822)</u>

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June 30, 2018 and 2017

10. Employee benefit plans (continued)

The components of net pension cost and net post-retirement benefit cost are as follows for the years ended June 30:

	2018		
	Pension benefits	Other benefits	Total
Service costs	\$ 1,340	\$	\$ 1,340
Interest cost	1,810	30	1,840
Expected return on assets	(2,430)		(2,430)
Net amortization and deferral	1,031	45	1,076
Amortization of prior service cost	-	-	-
Net cost	<u>\$ 1,751</u>	<u>\$ 75</u>	<u>\$ 1,826</u>

	2017		
	Pension benefits	Other benefits	Total
Service costs	\$ 1,338	\$	\$ 1,338
Interest cost	1,673	27	1,700
Expected return on assets	(2,245)		(2,245)
Net amortization and deferral	1,485	(9)	1,476
Amortization of prior service cost	2	10	12
Net cost	<u>\$ 2,253</u>	<u>\$ 28</u>	<u>\$ 2,281</u>

The future expected benefits to be paid for the plans are as follows for the years ended June 30:

	Pension benefits	Other benefits	Total
2019	\$ 1,990	\$ 116	\$ 2,106
2020	2,078	104	2,182
2021	2,164	94	2,258
2022	2,278	80	2,358
2023	2,374	69	2,443
2024 - 2028	13,170	232	13,402
	<u>\$ 24,054</u>	<u>\$ 695</u>	<u>\$ 24,749</u>

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10. Employee benefit plans (continued)

403(b) Plan

In addition, the Society has established a 403(b) plan for all employees; however, only non-union employees are eligible to participate for purposes of matching contributions. The Society matches employee contributions to the plan at a rate of 50% up to the first 6% of each employee's salary. Salary deferrals in excess of \$12,000 are not matched. The Society's contributions to the plan were \$160 during the years ended June 30, 2018 and 2017.

11. Government grants and contracts

The Society operates under various contracts with government agencies which generally cover a one-year period, subject to annual renewals. The terms of these contracts allow the grantors the right to audit the costs incurred thereunder and adjust contract funding based upon the amount of program income received. Any costs disallowed by the grantor would be absorbed by the Society and any adjustments by grantors would be recorded when amounts are known, however, it is the opinion of management that disallowances, if any, would be immaterial and adjustments, if any, would not have a material adverse effect on the financial position of the Society.

12. Significant source of support

The Society received approximately 79% and 77% of its operating revenue and support, excluding investment returns, for the years ended June 30, 2018 and 2017, respectively, from New York State agencies. Amounts due the Society from these agencies were \$9,334 and \$9,358 at June 30, 2018 and 2017, respectively. Contracts with the funding agencies were renewed at comparable amounts for the upcoming fiscal year.

13. Collective bargaining agreement

Certain employees are covered by a collective bargaining agreement. The agreement with 1199 SEIU United Healthcare Workers East is effective through December 31, 2019. Payments made to the National Benefits fund were \$695 and \$666 for the years ended June 30, 2018 and 2017, respectively.

14. Subsequent events

Subsequent events have been evaluated through October 25, 2018, which is the date the consolidated financial statements were available to be issued. All subsequent events requiring recognition or disclosure as of June 30, 2018, have been incorporated into these consolidated financial statements.