# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

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<b>1.General Informat</b>				
For Fiscal Year Beginning	(mm/dd/yyyy) 07/01/20	16 and Ending (mn	n/dd/yyyy) 06/30/2	
Check if Applicable:	Name of Organization: COMMUNITY SERVIC	E SOCIETY OF	NEW YORK	Employer Identification Number (EIN): 13-5562202
Name Change	Mailing Address:			NY Registration Number:
Initial Filing	633 THIRD AVENUE	, 10TH FLOOR		00-40-48
Final Filing	City / State / ZIP:			Telephone:
Amended Filing		017		212 614-5334 334
Reg ID Pending	Website: WWW.CSSNY.ORG			Email: CTARAMINA@CSSNY.ORG
Check your organization'				
registration category:	7A only EPTL only	y X DUAL (7A & El		onfirm your Registration Category in the narities Registry at www.CharitiesNYS.com
2. Certification				
See instructions for certil	ication requirements. Improper ce	ertification is a violation of	law that may be subject t	o penalties.
We certify under j they a	openalties of perjury that we reviewe e true, correct and complete in ac Officer:	ed this report, including a scordance with the laws o	DAVID R. JO PRESIDENT/C Print Name CHARLES TAR	NES EO and Title Date
Chief Financial Officer of	r Treasurer:	unduring	CONTROLLER	
	Signature		Print Name	and Title Date
	_			
3. Annual Reportin	g Exemption	n an State and a second	wamption under one cate	appy (7A or EPT) only filers) or both
Check the exemption(s)	that apply to your filing. If your org	ganization is claiming an e	d 2 and submit the cortifie	gory (7A or EPTL only filers) or both
categories (DUAL filers)	hat apply to your registration, cor	mplete only parts 1, 2, an	U S, and submit the certific	ed Char500. No fee, schedules, or
additional attachments a	re required. If you cannot claim a	n exemption or are a DOF	AL MEL THAT CIAITIS ONLY ON	e exemption, you must file applicable
schedules and attachme	ents and pay applicable fees.			
exceed 9	ng exemption: Total contributions 25,000 <u>and</u> the organization did n ions during the fiscal year. Or the	not engage a professional	fund raiser (PFR) or fund	raising counsel (FNC) to solicit
	filing <u>exemption:</u> Gross receipts o e fiscal year.	did not exceed \$25,000 a	nd the market value of as	sets did not exceed \$25,000 at any time
4. Schedules and	Attachments			
	ITTAAIIII AIITA			
See the following page for a checklist of	Yes X No 4a. Did you	ir organization use a profe	essional fund raiser, fund r	aising counsel or commercial co-venture
schedules and	for fund rai	sing activity in NY State?	If yes, complete Schedule	e 4a.
attachments to			-	
	X Yes No 4b. Did the	organization receive gov	ernment grants? If yes, co	mplete Schedule 4b.
complete your filing.				
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
next page to calculate	, , , , , , , , , , , , , , , , , , ,	_		payable to:
fee(s). Indicate fee(s) yo				"Department of Law"
are submitting here:	\$ 25.	\$_1,500.	\$_1,525.	Department of adm

Form	99	0	Return of Organization Exempt From I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exe	ncome Tax	ome No. 1545-0047 s) <b>2016</b>
			Do not enter social security numbers on this form as it may be a social security numbers.		Open to Public
		he Treasury e Service	Information about Form 990 and its instructions is at www.ir.	s.gov/form990.	Inspection
A Fo	r the	2016 calenc	lar year, or tax year beginning JUL 1, 2016 and ending J	UN 30, 2017	
	licable;		forganization	D Employer identific	ation number
	Address change	COMM	UNITY SERVICE SOCIETY OF NEW YORK	12 51	62202
	Name change Initial		usiness as		
	return Final		r and street (or P.O. box if mail is not delivered to street address) Room/suite		254-8900
	return/ termin- ated		THIRD AVENUE, 10TH FLOOR town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	70,856,321.
	Amende		YORK, NY 10017	H(a) Is this a group re	tum
	return Applica tion		and address of principal officer: DAVID R. JONES	for subordinates	
	pending		AS C ABOVE	H(b) Are all subordinates In	cluded? Yes No
I Ta	ix-exe		X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) or 52		list. (see instructions)
			CSSNY_ORG	H(c) Group exemption	
K Fo	rm of	organization:	X Corporation Trust Association Other L Year	of formation: 1939 N	State of legal domicile: NY
Pa	rt I	Summar	/		ANTINITITY
ø	1 8	Briefly descri	be the organization's mission or most significant activities: THE MISSI	JN OF THE COL	WHICH
Governance	1	SERVIC	E SOCIETY OF NEW YORK (CSS) IS TO IDENT	LFY PRUBLIEMS	will Cil
ern	2 (	Check this b	ox F if the organization discontinued its operations or disposed of more	e man 25% of its her as	30
No.	3	Number of v	oting members of the governing body (Part VI, line 1a)		30
	4	Number of ir	dependent voting members of the governing body (Part VI, line 1b)		169
Activities &			r of individuals employed in calendar year 2016 (Part V, line 2a)		2125
tivit	6	Fotal numbe	r of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12		0.
Ac	7a	l otal unrelat	d business taxable income from Form 990-T, line 34	7b	0.
	b	Net unrelate	o business taxable income from Form soon, mile of	Prior Year	Current Year
		Centribution	s and grants (Part VIII, line 1h)	20,308,291.	20,356,875.
ILIE			vice revenue (Part VIII, line 2g)	166,117.	142,627.
Revenue			ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,287,548.	7,940,537.
Re	10 11	Other reven	Le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,761,956.	28,440,039.
-	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	612,790.	591,035.
	14	Benefits pai	d to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	15,494,039.	
Expenses	16a	Professiona	I fundraising fees (Part IX, column (A), line 11e)	65,500.	65,795.
be	Ь	Total fundra	ising expenses (Part IX, column (D), line 25) 🕨 <u>1,197,557.</u>	15 400 000	16,056,904.
யி	17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,480,220.	
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,652,549.	
-	19	Revenue les	ss expenses. Subtract line 18 from line 12	<u>-10,890,593</u>	End of Year
S OF			· · · · · · · · · · · · · · · · · · ·	Beginning of Current Year 241,342,826	
sset	20		s (Part X, line 16)	47,246,289	
Net Assets or Fund Balances	21	Total liabilit	es (Part X, line 26)	194,096,537	LINES IN THE CASE OF THE CASE OF THE
		Net assets	or fund balances. Subtract line 21 from line 20	194,090,001	
P	art II	Signau	ure Block y, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of r	ny knowledge and belief, it is
Und	ler pen	alties of perju	y, I declare that I have examined this return, including accompanying schools and date ete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
true	, corre	ct, and compl	ete. Declaration of preparer (other than officer) is based on an internation of which pre-	12/20	117
		Signa	ture of officer	Date	× *
Sig		1.6	VID R. JONES, PRESIDENT/CEO	6	
He	re	Type	or print name and title		
-		A second	preparer's signature	- Bate Check	PTIN
Pai	s b		D K. BALTAZAR, CPA	12-16-17 self-empl	
	u parer	Firm's nam	BORFMAN ABRAMS MUSIC, MC	Firm's EIN 🛌	22-1655803
	e Only	Firm's add	ess 250 PEHLE AVE., SUITE 702	)(**	
030	July		SADDLE BROOK, NJ 07663	Phone no.2	01-403-9750
5.4-	w the	IBS discuse	this return with the preparer shown above? (see instructions)		X Yes No
_			The Revealed Deduction Act Notice see the senarate instructions.		Form <b>990</b> (2016)
032	.00[ ]]	SEE SC	HEDULE O FOR ORGANIZATION MISSION STATE	MENT CONTINU	ATION

	1 990 (2016) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF 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?
	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?
	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 \$ 17,084,107. including grants of \$ 132,818.) (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 2017, 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 \$ 1,674,901. including grants of \$) (Revenue \$)
	RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)
	RSVP DEPLOYED SOME 2,500 VOLUNTEERS THROUGHOUT THE FIVE BOROUGHS TO MEET CRITICAL COMMUNITY NEEDS THROUGHOUT A NETWORK OF 280
	ORGANIZATIONS. THEY CONTRIBUTED APPROXIMATELY 500,000 HOURS OF UNPAID
	SERVICE.
	EXTENSIVELY TRAINED RSVP VOLUNTEER FINANCIAL COACHES HELPED OVER 700
	LOW-INCOME CLIENTS WITH ISSUES RELATED TO BANKING, BUDGETING, REVIEWING
	AND CORRECTING CREDIT REPORTS, MANAGING DEBT, STUDENT LOANS, AND
	SETTING FINANCIAL GOALS. VOLUNTEERS PROVIDED COMPANIONSHIP,
	CAMARADERIE, SOCIAL SUPPORT AND MEDICAL ESCORTING TO VETERANS MAKING
	SURE THAT PATIENTS HAVE A MORE POSITIVE, PRODUCTIVE, AND LESS STRESSFUL
-	EXPERIENCE WHILE AT THE VA FACILITIES. TWO HUNDRED AND THIRTY
4c	(Code: ) (Expenses \$ 584,935. including grants of \$ 35.) (Revenue \$ 103,677.)
	THE BENEFITS PLUS LEARNING CENTER IS DESIGNED TO EDUCATE SOCIAL SERVICE PROFESSIONALS ON GOVERNMENT BENEFIT AND HOUSING PROGRAMS THROUGH OUR
	SEARCHABLE ONLINE RESOURCE MANUAL (BENEFITS PLUS ONLINE - OVER 2,000
	PAGES) AND OUR TRAINING WORKSHOPS. IN FY 2017, THE LEARNING CENTER
	RETAINED A SOFTWARE CONSULTANT TO REDESIGN AND ADDRESS ONGOING PROBLEMS
	WITH THE BENEFITS PLUS ONLINE MANUAL, AS WELL AS TO CREATE A NEW
	WEBSITE FOR ALL OF THE LEARNING CENTER'S PRODUCTS. CENTER STAFF
	CREATED EIGHT NEW WORKSHOPS AND FACILITATED 58 TRAINING WORKSHOPS FOR
	NEARLY 1,500 SOCIAL SERVICE PROFESSIONALS. STAFF ALSO MAINTAINED AND
	UPDATED THE BENEFITS PLUS ONLINE MANUAL THROUGHOUT THE YEAR. THE
	CENTER ALSO BEGAN TO INCORPORATE SOCIAL MEDIA INTO OUR MARKETING
	EFFORTS, INCLUDING TWITTER, FACE BOOK AND LINKED IN.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 7,199,923. including grants of \$ 458,182.) (Revenue \$ 38,950.)
<u>4e</u>	Total program service expenses ► 26,543,866.
	Form <b>990</b> (2016)

Form 990 (2016)	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK
Part IV Checklist of	<b>Required Schedu</b>	lles				

rai	the offection of frequired ochedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
	Part VI	11a	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		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11a	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Calendula D. Parta VI and VII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		x
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	UPT		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18		X

19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	
	complete Schedule G, Part III	19

Form 990 (2016)

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### COMMUNITY SERVICE SOCIETY OF NEW YORK Form 990 (2016) COMMUNITY SERVICE Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	X	
22	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	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			x
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
90	Note. All Form 990 filers are required to complete Schedule O	38	x	
				_

Form 990 (2016)

Form	990 (2016) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562	202	P	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	********	*****	
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 225		21,	5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		li, in	100
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 0	1.	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		17.11	
	filed for the calendar year ending with or within the year covered by this return 2a 169			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:		1.0	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1.5.6	1.1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	8246	77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d		Des D	v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		A
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8.00	121.4	20.00
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	191210		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1983	
а	Initiation fees and capital contributions included on Part VIII, line 12	1	100	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i dom
11	Section 501(c)(12) organizations. Enter:		193	
а	Gross income from members or shareholders 11a		10	181
b	Gross income from other sources (Do not net amounts due or paid to other sources against	83.4		19.5
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	12.25	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	No. COR	-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1.17	
	organization is licensed to issue qualified health plans		1.1	
	Enter the amount of reserves on hand	4.		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2016)

13-5562202

Part VI	Govern	a
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Form 990 (2016)

COMMUNITY SERVICE SOCIETY OF NEW YORK

ince, 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

					Yes	No
<b>1</b> a	If there are material differences in voting rights among members of the governing body, or if the governing	1a	30			
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	1b	30	124	-71	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			1.5	Sul,	x
	officer, director, trustee, or key employee?		Contraction in the second s	2		
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		A CONTRACT OF A	5		Х
6	Did the organization have members or stockholders?		war avera stated he	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	ppoint one or	r	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s persons other than the governing body?	stockholders,	or	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
a	The governing body?			8a	Х	
b				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X

			Yes	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	_
с				
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	gén y		1.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.20		and
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	_	X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.2.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	100
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1.1.1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	DC Z		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NY</b> , <b>NJ</b> , <b>CT</b> , <b>FL</b>			
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)	availat	le	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	To public inspection, indicate now you made these available. One can that apply,			

	LA Own website	Another's website	La Upon request	
19	Describe in Schedule	O whether (and if so, how) the	organization made its gov	verning documents, conflict of interest policy, and financial
	statements available t	to the public during the tax yea	ar.	

20	State the name, address, and telep	hone number of the person who possesses the orga	nization's books and records: 🕨
	CHARLES TARAMINA,	CONTROLLER - 212-254-8900	
	633 THIRD AVENUE,	10TH FLOOR, NEW YORK, NY	10010

X

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and	d Independe	ent Contra	ctors				

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

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

(A)	(B)	l	AT 112.0		C)	nper	iout	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation from	compensation from related	amount of other
	week (list any	tor						the	organizations	compensation
	hours for	r direc				fed		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee.			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TERRY AGRISS	1.00									
TRUSTEE		X						0.	0.	0.
(2) SYLVIA E. DI PIETRO, ESQ.	1.00									
TRUSTEE		Х						0.	0.	0.
(3) JOSEPH J. HASLIP	1.00									
TRUSTEE		X						0.	0.	0.
(4) NICHOLAS A. GRAVANTE JR., ESQ.	1.00									
TRUSTEE		X						0.	0.	0.
(5) JUDY CHAMBERS	1.00									
TRUSTEE	1	X						0.	0.	0.
(6) MICHAEL HORODNICEANU, PH.D.	1.00									
TRUSTEE		X						0.	0.	0.
(7) JOYCE L. MILLER	1.00									0
TRUSTEE		X						0.	0.	0.
(8) HON. KELLY O'NEILL LEVY, ESQ.	1.00									0
TRUSTEE		X				-		0.	0.	0.
(9) FLORENCE H. FRUCHER	1.00									0
TRUSTEE	1	X						0.	0.	0.
(10) BARBARA NEVINS TAYLOR	1.00								0	0
TRUSTEE		X				_		0.	0.	0.
(11) DAVID J. POLLAK	1.00									0
TRUSTEE	4 0 0	X		_				0.	0.	0.
(12) MARLA EISLAND SPRIE, ESQ	1.00									0
TRUSTEE	1 00	X		_		_		0.	0.	0.
(13) MAGDA JIMENEZ TRAIN, ESQ.	1.00							0		
TRUSTEE	1 00	X						0.	0.	0.
(14) MARK E. LIEBERMAN	1.00							0	0.	0.
TRUSTEE	1 00	X		-	-	-	-	0.	0.	0.
(15) CAROL L. O'NEALE	1.00							0.	0.	0.
TRUSTEE	1 00	X		-	-		-	0.	0.	<u> </u>
(16) KAREN Y. BITAR, ESQ.	1.00	x						0.	0.	0.
TRUSTEE	1.00			-	-		-	0.	0.	0.
(17) MICAH C. LASHER	1.00	x			1			0.	0.	0.
TRUSTEE			_			I		U.		Earm 990 (2016)

632007 11-11-16

Form 990 (2016)

5)	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13-5562	2202
ction A. O	officers, Directors, Trust	ees, Key Emplo	yees, and Highe	st Co	mpensa	ted Employe	es (continued)	
(A		(B)	(C)			(D)	(E)	

Х

Х

3

4

5

Х

Y SERVIC	CE	SC	DC:	ΓE'	ГY	OE	NEW YORK		13-5562	202 Page 8
tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Empl	oyee	s (continued)	
(B)			_				(D)		(E)	(F)
Average	(da		Pos	itior	thee		Reportable		Reportable	Estimated
hours per	ours per box, unless person is both an						compensation		compensation	amount of
week							from		from related	other
1 1 2	ector						the		Ŷ I	compensation
	ordi	8			ated		0		(W-2/1099-MISC)	from the
	ustee	trust		es.	bens		(1099-10150	<i>י</i> ן ו		organization and related
	ual tr	tional		ploye	st con yee					organizations
line)	ndivid	nstitut	Officer	ey em	Highes	orme				organizatione
1.00		-		×						
	X							0.	0.	0.
1.00										
	X							0.	0.	0.
1.00										0
	X							0.	0.	0.
1.00										0
	X				_			0.	0.	0.
1.00									0	0
	X							0.	υ.	0.
1.00									0	0
1 00	X							0.	0.	0.
1.00					0.1					0
1 00	X							0.	U .	0.
1.00									0	0.
1 00	X							0.	0.	0.
1.00									0	0.
	L				L					0.
								-		356,105.
										356,105.
· · · · · · · · · · · · · · · · · · ·		links	196724 A. A. A.							550,105.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 or reportable compensation from the organization										
		_								Yes No
	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	itees, Key Employ         (B)         Average       (do         hours per       week         (list any       organizations         below       line)         1.000       X         1.000       X	itees, Key Employees         (B)       (do not c box, unle officer an veek (list any hours for related organizations below line)         1.000       X         1.000       X	itees, Key Employees, an         (B)       (()         Average hours per week       (()         (list any hours for related organizations below line)       aa itees, Key Employees, an         1.000       x         1.000       x	stees, Key Employees, and Hi         (B)       (C)         Average       (C)         hours per       Position         (list any       officer and a direct         (list any       officer and a direct         pours for       assnit from the constraints         below       assnit from the constraints         below       assnit from the constraints         1.000       X         X       I         1.000       X         X       I         1.000       X         X       I         X       I         X       I         X       I         <	itees, Key Employees, and Higher         (B)       (C)         Average       Position         hours per       (a)         week       (list any         hours for       assist         related       assist         000       x         1.000       x         x       x<	stees, Key Employees, and Highest C         (B)       (C)         Average       (C)         hours per       Position         (list any       (do not check more than one box, unless person is both an officer and a director/trustee)         istanz       (a)         position       (do not check more than one box, unless person is both an officer and a director/trustee)         istanz       (a)         position       (a)         position       (a)         organizations       a)         below       a)         line)       a)         1.000       X         X       a)         1.000       X <td>stees, Key Employees, and Highest Compensated Employees, here is a compensated Employee (B)         (B)       (C)       (D)         Average hours per week       (Ist any hours for related organizations below line)       (Ist any hours for related organization from the organization for the state of th</td> <td>(B)       (C)       (D)         Average hours per week       Ion check more than one box, unless person is both an officer and a director/trustee)       (D)         (list any hours for related organizations below       Ion and a director/trustee)       Ion and a director/trustee)       Ion and a director/trustee)         1.00       Ion and intercommentation       Ion and a director/trustee)       Ion and a director/trustee)       Ion and a director/trustee)         1.00       Ion and intercommentation       Ion and intercommentation       Ion and intercommentation         1.00       X       Ion and intercommentation       Ion and intercommentation         X       Ion and intercommentation       Ion and intercommentation       Ion and intercommentation         X       Ion and intercommentation       X       Ion and intercommentation       Ion and intercommentation         X</td> <td>tetees, Key Employees, and Highest Compensated Employees (continued)         (B)       (C)       (D)       (E)         Average hours per week (list any hours for related organizations below line)       (C)       (D)       (E)       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations (W-2/1099-MISC)         1 . 00       X       0       0.       0.         1.00       X       0.       0.         X       0.       0.       0.         X       0.       0.       0.         1.00       X       0.       0.       0.         X       0.       0.       0.       0.         1.00       X       0.       0.       0.       0.         X       0.       0.       0.       0.       0.         1.00       X       0.       0.       0.       0.         X       0.       0.</td>	stees, Key Employees, and Highest Compensated Employees, here is a compensated Employee (B)         (B)       (C)       (D)         Average hours per week       (Ist any hours for related organizations below line)       (Ist any hours for related organization from the organization for the state of th	(B)       (C)       (D)         Average hours per week       Ion check more than one box, unless person is both an officer and a director/trustee)       (D)         (list any hours for related organizations below       Ion and a director/trustee)       Ion and a director/trustee)       Ion and a director/trustee)         1.00       Ion and intercommentation       Ion and a director/trustee)       Ion and a director/trustee)       Ion and a director/trustee)         1.00       Ion and intercommentation       Ion and intercommentation       Ion and intercommentation         1.00       X       Ion and intercommentation       Ion and intercommentation         X       Ion and intercommentation       Ion and intercommentation       Ion and intercommentation         X       Ion and intercommentation       X       Ion and intercommentation       Ion and intercommentation         X	tetees, Key Employees, and Highest Compensated Employees (continued)         (B)       (C)       (D)       (E)         Average hours per week (list any hours for related organizations below line)       (C)       (D)       (E)       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations (W-2/1099-MISC)         1 . 00       X       0       0.       0.         1.00       X       0.       0.         X       0.       0.       0.         X       0.       0.       0.         1.00       X       0.       0.       0.         X       0.       0.       0.       0.         1.00       X       0.       0.       0.       0.         X       0.       0.       0.       0.       0.         1.00       X       0.       0.       0.       0.         X       0.       0.

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual

	into fut in the product of the second s	***************************************
4	For any individual listed on line 1a, is the sum of reportable	e compensation and other compensation from the organization
	and related organizations greater than \$150,000? If "Yes,"	complete Schedule J for such individual

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 Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 1 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	<b>(C)</b> Compensation
GANNON VITOLO CONTRACTING, LLC 49 WEST 38TH STREET, NEW YORK, NY 10018	RENOVATIONS	626,375.
LAKE RESEARCH PARTNERS, 1726 M STREET NW, SUITE 1100, WASHINGTON DC, DC 20036	SURVEY WORK	282,140.
	TEMPORARY EMPLOYEE SERVICES	196,572.
COLLINS BUILDING SERVICES, INC 24-01 44TH ROAD, LONG ISLAND CITY, NY 11101	CLEANING SERVICES	171,258.
FAIRCOM NEW YORK INC	PROFESSIONAL FUNDRAISING	148,267.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 5	d above) who received more than	

	SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS	Form <b>990</b> (2016)
63200	8 11-11-16							

Form 990

GENERAL COUNSEL			100,200
(42) JEFFREY MACLIN	35.00		
VP OF GOVERNMENT AND PUBLI		X	171,065
(43) MELISSA KOSTOVSKI	35.00		
VP OF DEVELOPMENT AND PLAN		X	171,236
(44) JANEENE FREEMAN	35.00		
DIRECTOR OF GOVERNMENT RELATIONS			139,537
			2,693,519
Total to Part VII, Section A, line 1c			4,095,519

## COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Part VII Section A. Officers, Directors, 7		nplo	oyee			ligh	est			
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average				ition		h. A	Reportable	Reportable compensation	Estimated amount of
	hours per		heck		that	app	iy)	compensation from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ctor				mplo)		organization	(W-2/1099-MISC)	from the
	hours for	or dire				tted er		(W-2/1099-MISC)		organization
	related	Stee C	ruste			beusa				and related
	organizations	ual tru	onal 1		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1	
27) KHARY LAZARRE-WHITE, ESQ	1.00									
TRUSTEE		Х						0.	0.	0.
28) PHYLLIS TAYLOR	1.00	1								_
RUSTEE		Х						0.	0.	0
29) PATRICIA GLAZER	1.00			_						
RUSTEE		X						0.	Ο.	0 -
30) KEN SUNSHINE	1.00									
RUSTEE		X						0.	0.	0
(31) DEBORAH M. SALE	1.00	-								
CHAIRPERSON		X		X				0.	0.	0
(32) BETSY GOTBAUM	1.00									
ECRETARY		X		X				0.	0.	0
33) RALPH DACOSTA-NUNEZ	1.00									
REASURER		X		X				0.	0.	0
34) STEVEN BROWN	1.00									
VICE CHAIRMAN		X		Х				0.	0	0
(35) DAVID R. JONES, ESQ.	35.00									
PRESIDENT/CEO				X				655,547.	0.	87,223
(36) STEVEN L. KRAUSE	35.00									
EXECUTIVE V.P./COO				X				571,389.	0.	83,510
(37) JEFFREY F. RIZZO	35.00									
CHIEF FINANCIAL OFFICER				X				203,380.	0.	45,890
38) ELISABETH BENJAMIN	35.00									
/P HEALTH INITIATIVES					X			214,151.	0.	21,434
(39) ALINA MOLINA	35.00								0	04 460
/P OF PROGRAM SERVICES					Х			179,925.	0.	24,469
(40) NANCY RANKIN	35.00								0	F 0.60
/P OF POLICY, RESEARCH AND						X		199,009.	0 .	5,062
(41) JUDITH WHITING	35.00							100.000		6 0 5 0
GENERAL COUNSEL	0.0.00	-				X		188,280.	0.	6,258
(42) JEFFREY MACLIN	35.00							101 005		20 604
/P OF GOVERNMENT AND PUBLI	0.5.00	_				X		171,065.	0.	30,684
(43) MELISSA KOSTOVSKI	35.00							181 000		01 566
VP OF DEVELOPMENT AND PLAN		_				X		171,236.	0.	21,566
(44) JANEENE FREEMAN	35.00							100 505		20.000
DIRECTOR OF GOVERNMENT RELATIONS			-		_	X	-	139,537.	0.	30,009
		I	I		<u> </u>	1				
otal to Part VII, Section A, line 1c								2,693,519.		356,105

Forn	n 990 (			VICE SOCI	ETY OF NE	W YORK	13-5562	202 Page 9
Pa	rt VII	I Statement of Rever	านe					,
		Check if Schedule O cont	ains a response	or note to any line	e 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	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines <b>Total.</b> Add lines 1a-11	1b           1c           1d           ions)         1e           ts, and         1f           1a-1f: \$		20,356,875.			
Program Service Revenue	2a b c d f g	PROGRAM SERVICE FEES		Business Code 611420	142,627.	142,627.		
	c d	Investment income (including other similar amounts) Income from investment of ta Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	dividends, intere	est, and	3,343,184.			3,343,184.
Other Revenue	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	g events (not of 1c). See	(ii) Other	4,597,353.			4,597,353.
Other	с 9 а b с 10 а b	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale						
		All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			28,440,039.	142,627.	0.	7,940,537.

## 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 respon Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21	190,262.	190,262.		
2 Grants and other assistance to domestic	25072020		STATES OF STREET	
individuals. See Part IV, line 22	400,773.	400,773.	Contractor and the second second	
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16			event of the second	
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	1,948,427.	926,595.	956,585.	65,247.
6 Compensation not included above, to disqualified		,		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)		1		
7 Other salaries and wages	9,357,438.	7,495,972.	1,331,927.	529,539.
8 Pension plan accruals and contributions (include		.,		
section 401(k) and 403(b) employer contributions)	135,170.	92,875.	33,268.	9,027.
9 Other employee benefits	4,541,362.	3,172,119.	1,140,561.	228,682.
10 Payroll taxes	725,513.	627,802.	53,332.	44,379.
11 Fees for services (non-employees):				
a Management				
	41,331.	1,099.	40,232.	
b Legal c Accounting	114,735.		114,735.	
d Lobbying	153,000.	153,000.		
e Professional fundraising services. See Part IV, line 17	65,795.	THE DESCRIPTION OF	100 B 100 B 100 B	65,795.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	11,402,603.	11,015,928.	351,845.	34,830.
12 Advertising and promotion	51,896.		5,521.	1,429.
13 Office expenses	176,575.	72,760.	19,200.	84,615.
14 Information technology	3,757.		3,757.	
15 Royalties				
16 Occupancy	638,804.	475,563.	137,911.	25,330.
17 Travel	319,317.	197,368.	114,386.	7,563.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	317,010.	137,604.	171,398.	8,008.
20 Interest	375,354.		375,354.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,542,337.	1,161,078.	333,972.	47,287.
23 Insurance	155,317.	22,530.	132,787.	
Other expenses. Itemize expenses not covered	10 N. 10 M. 10 M. 10 M.			<ul> <li>Manual Anna</li> </ul>
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 0.) a EQUIPMENT RENTAL	282,319.	77,749.	189,985.	14,585.
THE POLICIE AND COMMINICA	279,439.	179,392.	94,528.	5,519.
CUDDI TEC	137,084.	68,019.	65,779.	3,286
DOGBACE	60,287.	26,560.	11,291.	22,436
	5,739.	3,872.	1,867.	
e All other expenses	33,421,644.	26,543,866.	5,680,221.	1,197,557.
	55, 201, 074 ·	10,010,000	5,007221	=,=>.,001
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
curvational campaign and fundialing solicitation.		I		

3-5562202 Page 11

Form 990 (2016)	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13-
Part X Balance Sheet							

Par	τΑ	Balance Sneet			T_T
	_	Check if Schedule O contains a response or note to any line in this Part X		********	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,045,364.	_1	1,015,307.
	2	Savings and temporary cash investments	3,570,427.	2	2,333,282.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	10,158,101.
	5	Loans and other receivables from current and former officers, directors,		10.01	MINVE TESTIVE
		trustees, key employees, and highest compensated employees. Complete		(11).	Water Parks we want
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	and a state of the		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1. STAT 18 1. 28	1 m	
		employers and sponsoring organizations of section 501(c)(9) voluntary		Ц.,	No. In the second
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ኛ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	899,310.
	10a	Land, buildings, and equipment: cost or other		85.7	
		basis. Complete Part VI of Schedule D 10a 38,765,754		11.1	
	b	Less: accumulated depreciation 10b 2,907,140	37,362,480.	10c	35,858,614.
	11	Investments - publicly traded securities	137,552,370.	11	151,046,786.
	12	Investments - other securities. See Part IV, line 11		12	16,892,413
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	36,059,562
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 9 4 1 9 4 9 9 9 6	16	254,263,375
	17	Accounts payable and accrued expenses	E E14 OOE	17	7,856,943.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
1	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,		10-	to the second second
		key employees, highest compensated employees, and disqualified persons.	「長禄氏」、「各自己」	70.	1994 Barris
Liabilities		Complete Part II of Schedule L		22	
ב	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	41,731,484.	25	39,821,598.
	26	Total liabilities. Add lines 17 through 25	47,246,289.	26	47,678,541.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 and			18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
s		complete lines 27 through 29, and lines 33 and 34.		11	S. A. S. B. S. M. A. S. V.S.
Net Assets of Fund Balances	27	Unrestricted net assets	106,335,975.	27	115,634,313
	28	Temporarily restricted net assets	24,928,340.	28	25,795,641.
	29	Permanently restricted net assets	62,832,222.	29	65,154,880
		Organizations that do not follow SFAS 117 (ASC 958), check here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A
5		and complete lines 30 through 34.		12010	ALC: NO SERVICE IN
2	30	Capital stock or trust principal, or current funds		30	
1221	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲.   	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	194,096,537.	33	206,584,834.
	34	Total liabilities and net assets/fund balances		34	254,263,375.

Form 990 (2016)

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COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK
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Form	1990 (2016) COMMUNITY SERVICE SOCIETY OF NEW YORK	13	-55622	202	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				***1.5	X
			0.0		~ ^	20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,			
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194,			
5	Net unrealized gains (losses) on investments	5	13,	64	5,6	76.
6	Donated services and use of facilities	6				
7	Investment expenses	7		57	5,1	58.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,	39	9,3	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		000			~ •
	column (B))	10	206,	58	4,8	34.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	******				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			1	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		mmmm _	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1	
	separate basis, consolidated basis, or both:					12
	Separate basis Consolidated basis Both consolidated and separate basis			έn.		1.80
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	S,	100	1	
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis			1.77	1.1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		L.	18al
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0.	1	Zer 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				15Y	
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	Jdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form 990 (2016)

13

SCHEDULE A		Dublic Obe				unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		Public Charity Status and Public Support complete if the organization is a section 501(c)(3) organization or a section						2016
			1/2ation is a section 501 47(a)(1) nonexempt cha			or a section	Ĩ.	LUIU
Department of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
Internal Revenue Service	🕨 🕨 Informati	ion about Schedule A	(Form 990 or 990-EZ) and i	its instructi	ions is at W	ww.lrs.gov/fo	orm990.	Inspection
Name of the organizat							identification number	
N-22-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			ICE SOCIETY					3-5562202
			All organizations must co				S.	
The organization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
· · · · · · · · · · · · · · · · · · ·			on of churches described			1)(A)(i).		
2 A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
	•		anization described in <b>se</b>					
		ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,
city, and sta				1			الروح والمراجع	a al im
			llege or university owned	or operat	ted by a g	overnmental	unit describ	ed in
		Complete Part II.)	nembel unit described in a	nation 47	0161141141	6.0		
			nental unit described in s Intial part of its support f				the general	public described in
		omplete Part II.)	initial part of its support i	ion a gov	enninentai		ine general	
And and a state of the state of			(1)(A)(vi). (Complete Part	· II.)				
prisone and a second seco			in section 170(b)(1)(A)(		ed in coniu	inction with a	land-grant	college
			ulture (see instructions).					
university:		5 5 5	· · · · · · · · · · · · · · · · · · ·					
10 An organizat	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
activities rela	ated to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of	its support	from gross investment
income and	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
and the second se		mplete Part III.)						
			ively to test for public sa					
			ively for the benefit of, to					
		-	ed in section 509(a)(1) of					check the box in
			of supporting organization					alulaa
			upervised, or controlled					
		complete Part IV, Se	gularly appoint or elect a	a majority (			ees of the s	apporting
×			or controlled in connect	tion with it	s support	ed organizati	on(s), by ha	vina
			anization vested in the s					
		t complete Part IV,						
			g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
•••	-		s). You must complete F					
d 🛄 Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
that is not	functionally int	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
requireme	nt (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
	Ų		written determination fro			а Туре I, Туре	e II, Type III	
	-		nally integrated support		zation.			
g Provide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
organizatio		(1) 211	(described on lines 1-10	in your governi Yes	ng document? No	support (see i		support (see instructions)
			above (see instructions))	100				
Total			and the second	111111	_			

## Schedule A (Form 990 or 990 EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	13,817,729.	12,592,645.	17,727,591.	20,308,291.	20,356,875.	84,803,131.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	13,817,729.	12,592,645.	17,727,591.	20,308,291.	20,356,875.	84,803,131.	
5	The portion of total contributions		T K IN	1				
	by each person (other than a	Contraction of the second				1841 m (83)		
	governmental unit or publicly							
	supported organization) included	9. 2. 7. 141. 49	11111111111	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	on line 1 that exceeds 2% of the		110 - 27 193		1. J. G. S. S. S.	a shi shi shi shi shi sh		
	amount shown on line 11,		C. 1957-074	<ul> <li>STATES ();</li> </ul>				
	column (f)				1		610,139.	
	Public support. Subtract line 5 from line 4.	ALL VICE - SAL		No.4 million 1	ast we have	1 Surgunation	84,192,992.	
-	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	13,817,729.	12,592,645.	17,727,591.	20,308,291.	20,356,875.	84,803,131.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	3,710,007.	3,600,914.	2,228,574.	1,287,548.	7,940,537.	18,767,580.	
9	Net income from unrelated business		6			r.		
	activities, whether or not the							
	business is regularly carried on	263,931.	84,401.			1	348,332.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	105,913.	94,109.				200,022.	
	Total support. Add lines 7 through 10	ी महत्वमा भित्र व		fin heries 1	E A C		104,119,065.	
	Gross receipts from related activities,				*********		,096,696.	
13	First five years. If the Form 990 is for		a first, second, thir	d, fourth, or fifth to	ix year as a sectio	n 501(c)(3)	. []	
Co	organization, check this box and stor		roontago	••••••				
	ction C. Computation of Publ		17 4 16 1 1 1 1 7 1 <del>7</del> 1	1 (0)		44	80.86 %	
	Public support percentage for 2016 (		-			14 15	00 00	
	Public support percentage from 2015							
16a	33 1/3% support test - 2016. If the c							
	otop horer me organization quantos de a passiel esperior el ganzante a su ante ante ante ante ante ante ante a							
C	<b>b 33 1/3% support test - 2015.</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							
47.	and stop here. The organization qualifies as a publicly supported organization							
178	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	-							
	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-						
C	more, and if the organization meets the	-						
	organization meets the "facts-and-circ							
10	Private foundation. If the organization							
10	Frivate roundation. If the organizatio	in alla not check a	DOX OFFICE TO, TO	u, 100, 17a, 01 17L				

### Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3 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.)

16       Public support percentage from 2015 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage       16       %         17       Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))       17       %	Sec	tion A. Public Support						
methods are ynol.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any 'unusual grants.')	1	Gifts, grants, contributions, and						
2 Gross recipits from admissions, performed, or facilities turnished in any activity that is related to the organization's tax-event purpose 3 Gross recipits from admissions tata are not an unrelated trade or business under action 513 a a structure to the organization's tax-event purpose 3 Gross recipits from admissions tata are not an unrelated trade or business under action 513 a a structure trade or business under action 513 a a structure trade or business under action 513 a a structure trade or busines under action 513 a a structure trade or business under action 513 a a structure trade or business under action 513 a a structure trade or business under action 513 a a structure trade or business and are structure to the organization without charge 5 The value of services or inclities a structure to the stru		membership fees received. (Do not						
mechandis add or services per- formed, or fisches furmised in any activity that is related to the organization's backwampt purpose <ul> <li>a drass receipts from activities that are not an invested trade or bus- iness under section 513</li> <li>b tax revenies levels for the organization's benefit and ether paid to or expended on fis behalf</li> <li>b tax vesting levels for the organization's benefit and ether paid to or expended on fis behalf</li> <li>c tax used in the organization's benefit and ether paid to or expended on fis behalf</li> <li>c total, Add lines 1 through 5</li> <li>c Amounts included on lines 1, 2, and 3 received from disqualified persons</li> <li>b Amauts included on line 1, 2, and 3 received from disqualified persons</li> <li>b Amauts included on line 1, 2, and 3 received from disqualified persons</li> <li>c Add lines 1 through 5</li> <li>c Add lines 1 through 6</li> <li>d and 7b</li> <li>g Add lines 1 and 7b</li></ul>		include any "unusual grants.")						
formed, or facilities function in any activity that is related to the organization's tax-exempt purpose	2	Gross receipts from admissions,						
any activity that is related to the organization tax exempt purpose								
originization's tax-exempt purpose Gross records from activities that are not an unrelated trade or bus- iness under section 513 Tax rowneus levies for the organ- ization's benefit and either paid to or expended on its behalf Tax rowneus levies for the organ- ization's benefit and either paid to or expended on its behalf Tax rowneus levies for the organ- ization's benefit and either paid to or expended on its behalf Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- ization without charge Tax rowneus levies for the organ- tax rowneus levies levies levies levies levies levies levies								
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leviel for the organ- ization'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's benefit and either paid to or expended on its behalf 6 Total. Add ines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 3 received for misquilified persons 4 mounts included on lines 1, 2, and 4 mounts included persons 4 mounts included on lines 1, 2, and 4 mounts included persons 4 moun				0				
are not an unrelated trade or bus- iness under section 513	2							
iness under section 513       4         1 Tax reverues levied for the organization schematic and either paid to or expended on its behalf       1         5 The value of services or facilities furnished by a governmental unit to the organization without change       1         6 Total, Add fines 1 through 5       1         7a Amounts included on lines 1, 2, and 3       1         3 received from disqualified persons       1         be monter line 3.1, 2, and 3       1         a received from disqualified persons       1         be monter line 3.1, 2, and 3       1         a received from disqualified persons       1         be monter line 3.1, 2, and 3       1         a received from disqualified persons       1         be monter line 16 the traps       1         Section B. Total Support       1         Cald dillines 7 and 7b       1         Diandary sar (of facel year beginning in) (a) (a) 2012       (b) 2013       (c) 2014       (d) 2015       (f) Total         9 Amounts from line 6       1       1       1       1       1       1       1         10a Gross income from line 10a, wymmet received on securities loan, ereties, royaties and anot tob securities loan, ereties, royaties and anot tob securities loan, ereties water anot anothe secure distange to the secure distand (b) 1       1       1	Ŭ							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0	
toring spended on its behalf		131343000X4000332						
or expended on its behalf The value of services of facilities Thumished by a governmental unit to the organization without charge To Total, Add lines 1, 2, and To Anounts included on lines 1, 2, and To Anounts include a number of the the anounts include game of the the anounts include a number of the anount include a number of the ano	4	•						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 11 frough 5       Image: Constraint of the provided of the provided of the organization straint of the provided of the services that exceed the greater of 8.000 r W of the amount on in a 10 the provided of the provide								
furnished by a governmental unit to the organization without charge	_							
the organization without charge       6       Total. Add lines 1 through 5	5							
6 Total. Add lines 1 through 5		, 0						
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3 received from disqualified persons     b mounts included on lines 2 and 3 received     the other handbagailide particular to receive the other handbagailide partend the other handbagai		-						
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#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** 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** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 Part VI 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.*
- 5a 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 Part VI, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.*
- 7 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).*
- 8 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).
- **9a** 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* **Part VI.**
- **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 Part VI.*
- c 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 Part VI.
- **10a** 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** 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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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### Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 5 Part IV Supporting Organizations (continued)

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.5		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
		11b		_
		11c		
Sec	tion B. Type I Supporting Organizations		Vee	Na
			Yes	No
1	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	(a. 1)	100	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		3.50	
	controlled the organization's activities. If the organization had more than one supported organization,	1.	2.1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1.3	121	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1110	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	~	1111	
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vaa	Ma
		11.0	Yes	No
1	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 <b>Part VI</b> how control	100	19.5	
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Di Ul		Tes	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	25.3	1 A A	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1.12	14.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1. 13	120	2
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2	A 100	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1.1		5.11
	significant voice in the organization's investment policies and in directing the use of the organization's		144	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3	12	
Coo	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	_		
1	The organization satisfied the Activities Test, Complete <b>line 2</b> below.			
a L	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions	E.	
c	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	i i i i i	100	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	41871		re H
	the supported organization(a) to which the organization was responsive. <i>If the supported organization and explain</i> how these activities directly furthered their exempt purposes,	100		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	27.4	а Ц	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u>, 1</u>	Ner'	
	activities but for the organization's involvement.	2b		_
2	Parent of Supported Organizations. Answer (a) and (b) below.			
3	man and the second s			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

# Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Support 13-5562202 Page 6

# 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.

Sect	ion 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	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	6300	A State of the second state	
	instructions for short tax year or assets held for part of year):			all, sheat the
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	T - S		a di Suurrita di Maria
	factors (explain in detail in Part VI):		In the many state of the	
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	Minimum Asset Amount (add line 7 to line 6)	8		
	ion 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	and the second second	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting org	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

### Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
	on D - Distributions		(asarini) hassaj	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
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	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
-	(provide details in Part VI). See instructions	1		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-	De Elfsenz de Higgerie		T TREAT TO TREAT AND
-	able cause required- explain in Part VI). See instructions	10. P		R
3	Excess distributions carryover, if any, to 2016:			A State of Later 1
a			1 A. 11	
b				
	From 2013			
	From 2014			THE R. P. LEWIS CO.
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributions of phot years		ISU LANCE STREET	
-	Carryover from 2011 not applied (see instructions)			AND DESCRIPTION OF STREET, STRE
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		and the local of	a na prosiver, ale
	Distributions for 2016 from Section D,			Contraction States States
4				지 않는지 말을 안 다 있는지
	2 Contract C	ALC Y DISCUSSION		
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4			
		0.00.00.00.00.00.00.00.00.00		
5	Remaining underdistributions for years prior to 2016, if	in the second		Line Production
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			ALL PROPERTY AND
6	Remaining underdistributions for 2016. Subtract lines 3h		The second second second	
6	•			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j		12 · · · · · · · · · · · · · · · · · · ·	
	and 4c	101- 10-2-1045-2117	The second second	
8	Breakdown of line 7:		The second state of the second	The second second
a	Exercise from 2012		rent first and set v	
	Excess from 2013			
	Excess from 2014			the provide states of the second s
	Excess from 2015			the second of the
e	Excess from 2016			

Schedule A	(Form 9	90 or 9	90-EZ	2016	COM	IUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13	-556	52202	Page 8
Part VI	Supp	leme	ntal I	Infori	mation	Provide the	ne explanations	required by Part	II, line	10; Part	II, line 17a or	17b;	Part III,	, line 12;	
	Part IV	. Sectio	on A. li	ines 1.	2.3b.3	c. 4b. 4c. 5	a. 6. 9a. 9b. 9c. 1	11a. 11b. and 11	c; Par	t IV. Sec	tion B, lines 1	and 2	2; Part I	IV, Sectio	n C,
	line 1; I	Part IV,	Sections 5 6	on D, I and I	ines 2 ar 8: and P:	nd 3; Part IV art V. Sectio	/, Section E, line	s 1c, 2a, 2b, 3a, nd 6. Also comp	and 31 lete th	o; Part v lis part fo	, line 1; Part v or anv additio	, Sect nal inf	ormatic	ine re; Pa on.	artv,
	(See in	structio	ons.)		o, and i		511 E, 11100 E, 0, 0			no port r					
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#### OMB No. 1545-0047 Political Campaign and Lobbying Activities SCHEDULE C (Form 990 or 990-EZ) h 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. Open to Public Department of the Treasury Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Inspection 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. Employer identification number Name of organization COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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?

4a Was a correction made?

exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

political action committee (PAC). If additional space is needed, provide information in Part IV.

(b) Address

 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

line 17b \_\_\_\_\_ ► \$\_\_\_\_ 4 Did the filing organization file Form 1120-POL for this year?

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

(c) EIN

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2016

Ves

Yes

Yes

(e) Amount of political

contributions received and

promptly and directly

delivered to a separate political organization. If none, enter -0-.

▶ \$

(d) Amount paid from

filing organization's

funds. If none, enter -0-.

No

No

b If "Yes," describe in Part IV.

(a) Name

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org section 501(h)).	COMMU	NITY S on is exer	ERVICE SOCI: npt under section	ETY OF NEW n 501(c)(3) and fi		562202 Page 2 ection under
	tion belon	os to an affil	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar					5 1	
			d "limited control" pro	visions apply.		
Limit	ts on Lobl	oying Exper			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ience nub	lic opinion (c	arass roots lobbying)			
b Total lobbying expenditures to influ	•				153,000.	
c Total lobbying expenditures (add li					153,000.	
d Other exempt purpose expenditure					26,390,866.	
e Total exempt purpose expenditure					26,543,866.	
f Lobbying nontaxable amount. Enter					1,000,000.	
If the amount on line 1e, column (a) of			oying nontaxable amo			The second second
Not over \$500,000	. (5) 10.		he amount on line 1e.		station in the second	
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	oss over \$500.000	at the seat should	
Over \$1,000,000 but not over \$1,500			0 plus 10% of the exc		2	
Over \$1,500,000 but not over \$1,5			0 plus 5% of the exce		sets from the set	N 10/2 - 17 17 - 2017
Over \$17,000,000 but not over \$17,	000,000	\$1,000,0		33 0/01 \$1,500,000.		a di sera da Cari
Over \$17,000,000		\$1,000,C				
g Grassroots nontaxable amount (en	tor 25% o	fline 1ft			250,000.	
h Subtract line 1g from line 1a. If zer		- 22			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than ze						
reporting section 4911 tax for this			ine n, did the organiza		ſ	Yes No
(Some organizations th	nat made	4-Year Ave a section 50	raging Period Under	section 501(h) have to complete all		
	Lobi	oying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						6,000,000.
c Total lobbying expenditures	13	0,663.	176,736.	219,084.	153,000.	679,483.
d Grassroots nontaxable amount	25	0,000.	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						

#### Schedule C (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of th	olobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
o h	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
-	Total. Add lines 1c through 1i	1-5 1-5 1-5	The second		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				Star L
	If "Yes," enter the amount of any tax incurred under section 4912	Sec. 2017.0	1.4		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ting to d			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			Jacob Mark	1.1
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
(a) % + (c)	501(c)(6).				
·				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) "No," Of	(5), or se R (b) Par	ction t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical	10.X		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 a	and 2 (see	

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

SCH	EDU	LE	D
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(Form 990)

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

OMB No. 1545-0047
2016
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number 13-5562202

Schedule D (Form 990) 2016

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		IS OF ACCOUNTS. Complete if the
	organization answered Tes on Formeroo, Farthy, inte	(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 w	riting that the assets held in donor adv	ised funds
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		10/08/20
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>o i</b>		
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struc	sture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by tl	he organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ease		5
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
De	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tragguras or	Other Similar Assets
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9		other Similar Assets.
-	If the organization elected, as permitted under SFAS 116 (ASC		mont and balance sheet works of art
Ta	historical treasures, or other similar assets held for public exhil		
			ance of public service, provide, intrat Xill,
	the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art historical
D	treasures, or other similar assets held for public exhibition, edu		
		cation, of research in furtherance of p	ublic 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 If the organization received or held works of art, historical treas		
2			a gan, provide
-	the following amounts required to be reported under SFAS 110 Beyonus included on Form 990, Part VIII, line 1		▶ \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		a second a s
. n	Assets included in Forth 990, Fart A		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Sche	actioner from the order and the order of the	TY SERVICE							Page 2
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a s	significant	use of it	s collectior	n items
	(check all that apply):		[]						
а	Public exhibition	d		hange progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						ose in Pa	art XIII.	
5	During the year, did the organization solicit o						Г	Yes	
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran					the subscript of the su			
rai	reported an amount on Form 990, Par		te il the organizatio	n answered	Tes of	1 FORT 35	u, raitin	/, iii ie 5, 0i	
10	Is the organization an agent, trustee, custod		iany for contribution	s or other as	sets no	t included			
Id	on Form 990, Part X?						Г	Yes	X No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			2020-2-2-2			
	The res, explain the analysine in a result							Amount	
с	Beginning balance					10			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line :	21, for escrow or cu	ustodial acco	ount liab	ility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XII	I			
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo					The second	
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three			years back
<b>1</b> a	Beginning of year balance	30,406,056.	31,616,056.	31,61	6,056.	32,1	127,824	. 31,	876,515.
	Contributions								
	Net investment earnings, gains, and losses	3,334,290.	-587,426.	63	6,973.	3,9	942,582	2,	950,103.
	Grants or scholarships								
е	Other expenditures for facilities		600 FR4				154 250		600 704
	and programs	3,334,290.	622,574.	0.3	6,973.	4,4	154,350	<u> </u>	698,794.
	Administrative expenses	30,406,056.	30,406,056.	31 61	6,056.	31 6	516,056	32	127,824.
-	End of year balance				0,030.	51,0	,050		127,024.
2	Provide the estimated percentage of the cur	1.49	%	a)) Heiu as.					
	Board designated or quasi-endowment ► Permanent endowment ► 78.60	%							
		9.91 %							
U	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse		tion that are held a	nd administe	ered for	the organi	zation		
ou	by:					0			Yes No
	(i) unrelated organizations		es comme a anna a	e ossentation.		0.00710-1086		3a(i)	X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the		wment funds.			AT 123 17 AND 104 A			
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	), Part X	, line 10.			
	Description of property	(a) Cost or ot		or other		ccumulat		(d) Bool	k value
		basis (investm	/	(other)	de	preciation		F 0.2	
	Land			4,552.	1	1 5 7 4	10		4,552.
	Buildings			0,930.		157,4	And the second se		3,512.
	Leasehold improvements			0,309.		047,3			2,958. 7,592.
	Equipment		1,08	9,963.		702,3	/	90	1,394.
	Other		V ooluger (D) lies	1001				35 85	3,614.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	A, Column (B), line 1	100.)					1 990) 2016
							Sougal	ע ביי אויי	. ວວບ <i>ງ 2</i> 010

Schedule D (Form 990) 2016 COMMUNITY S Part VII Investments - Other Securities.	ERVICE	SOCIET	Y OF	NEW Y	ORK	13-	-5562202	Page 3
		Dort IV line :	Ith Soal	Earm 000	Dort V	line 12		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book		(c) M	lethod of	valuatio	n: Cost or end	l-of-year market	value
(1) Financial derivatives								
(2) Closely-held equity interests								
(3) Other								
(A) BR STRATEGIC INCOME OPP								
(B) PTF INST	4,03	8,058.	END	O-OF-Y	EAR	MARKET	VALUE	
(C) BR ALLOCATION SHARES								
(D) SERIES P	1,96	2,633.	END	O-OF-J	EAR	MARKET	VALUE	
DD ALLOGAMION GUADEG								
	1.97	6,628.	END	-OF-Y	TEAR	MARKET	VALUE	
		0,0200						
		9,894.	END	-OF-3	TEAR	MARKET	VALUE	
		2,413.	LIND	01 1		III IIII I	VIIIOII	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,09	4,41J.		100 A				
Part VIII Investments - Program Related.	_			_				
Complete if the organization answered "Yes"			11c. See I	Form 990	, Part X,	line 13.	l-of-year market	voluo
(a) Description of investment	(b) Book	( value	(c) IVI	lethod of	valuatio	n: Cost or end	I-OI-year market	value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	14							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				1.	1.316		Welling and the second	12.74
Part IX Other Assets.								
Complete if the organization answered "Yes"	on Form 990.	Part IV, line	11d. See	Form 990	, Part X	line 15.		
	Description						(b) Book v	alue
(1) BENEFICIAL INTEREST IN PE		TRUST	S				36,059	,562.
			1.50					<u> </u>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)			_					
(8)			_		_			
(9)	181				_		36,059	562
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)				*****	►	30,039	, 302.
Part X Other Liabilities.								
Complete if the organization answered "Yes"	on Form 990,				m 990,	Part X, line 25	les	
1. (a) Description of liability			<b>b)</b> Book v	value				
(1) Federal income taxes					1000			
(2) POST-EMPLOYMENT BENEFITS				3,760				
(3) LINE OF CREDIT		2	5,107	7,838	•			
(4)								
(5)					5			
(6)					1000			
(7)					12.3			
(8)					122 4			
(9)					325-1			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	▶ 3	9,821	,598				
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>						al statements	that reports the	
organization's liability for uncertain tax positions unde	r FIN 48 (ASC	740), Check	here if the	e text of t	he footr	ote has been	provided in Par	
							A DESTRUCTION OF THE OWNER	

Schedule D (Form 990) 2016

Management of the local division of the loca	dule D (Form 990) 2016 COMMUNITY SERVICE SOCIETY	-		-	-5562202 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		ith Revenue per h	letur	n.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	12 000 000
1	Total revenue, gains, and other support per audited financial statements			1	43,286,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	î î		148	
а	Net unrealized gains (losses) on investments		13,646,676.	1.52	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants		1 1 0 0 0 6 1	-	
d	Other (Describe in Part XIII.)	2d	1,199,361.	-	
е	Add lines 2a through 2d			2e	14,846,037.
3	Subtract line 2e from line 1			3	28,440,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	8 1		5.3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		10.54	
С	***************************************			4c	0.
5	and the second second from 000 Double line 101			5	28,440,039.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents V		Ret	
Pa		nents V			urn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents V	Vith Expenses per	Ret	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents V	Vith Expenses per		urn.
1	The temperature of the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents V	Vith Expenses per		urn.
1 2	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	Vith Expenses per		urn.
1 2	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities	2a 2b	Vith Expenses per	1	urn.
1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Vith Expenses per	1	urn. 33,424,669.
1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Vith Expenses per 3 , 025 .	1	urn. 33,424,669. 3,025.
1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Vith Expenses per 3 , 025 .	1	urn. 33,424,669.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Vith Expenses per 3 , 025 .	1 2e	urn. 33,424,669. 3,025.
1 2 b c d e 3	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Vith Expenses per 3 , 025 .	1 2e	urn. 33,424,669. 3,025.
1 2 b c d e 3	Image: Network State       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1;	2a 2b 2c 2d	Vith Expenses per 3 , 025 .	1 2e	urn. 33,424,669. 3,025. 33,421,644.
1 2 d c 3 4 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Vith Expenses per	1 2e 3 4c	urn. 33,424,669. 3,025. 33,421,644. 0.
1 2 d e 3 4 a b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1;         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Vith Expenses per	1 2e 3	urn. 33,424,669. 3,025. 33,421,644.

12 556000

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, 2017, 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 632054 08-29-16 Schedule D (Form 990) 2016

632421 04-01-16 34	Schedule D (Form 990)
	· · · · · · · · · · · · · · · · · · ·

(c) Method of valuation:

Cost or end-of-year market value

FMV

(b) Book value

4,465,200.

Schedule D (Form 990)

Part XIII Supplemental Information (continued)

DFA INT'L REAL ESTATE SECURITIES

COMMUNITY SERVICE SOCIETY OF NEW YORK

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

(a) Description of security or category

(including name of security)

SCHEDULE G			_				1	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	ental Information Regarding	n Form	990, F	Part IV, line 17, 18, c			2016
Department of the Treasury		organization entered more than \$ Attach to Form 99	0 or Fo	rm 99	0-EZ.			pen to Public
Internal Revenue Service	Information a	bout Schedule G (Form 990 or 990-E2	Z) and its	instru	ictions is at WWW.lrs.g	ov/form990.	1.1	nspection ntification number
Name of the organization		TY SERVICE SOCIET	Y OF	NE	W YORK	13-5		
	ing Activities complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	/ered "Y	es" oi	n Form 990, Part IV,	line 17. Form 9	90-EZ	filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f Solicities f Solicities Solicities f Solicities Special Spec	ation of ation of al fundra al (inclue profess	non-g gover ising ling o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraise listed in col.	l by)	<b>(vi)</b> Amount paid to (or retained by) organization
FAIRCOM NEW YORK, WEST 27TH STREET,		DIRECT MAIL AND ONLINE APPEALS	Yes	No X	167,551.	65,	795.	167,551.
<u>.</u>						1		
<u></u>					1			
								•
Tetel				•	167,551.	65.	795.	167,551.
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solici	t contrik	ution				
NY,NJ,FL,CT								

	Schedule G (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
Pa	int	Fundraising Events. Complete if the of fundraising event contributions and gr								
-			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
						(add col. (a) through				
			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
элс			(event type)	(event type)	(total humber)					
Revenue	1	Gross receipts								
œ										
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	1									
S	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
ст ЕХ	7	Food and beverages								
Dire	1	Food and beverages								
	8	Entertainment								
	9	Other direct expenses Direct expense summary. Add lines 4 through								
	10 11									
Pa			answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	·				
		\$15,000 on Form 990-EZ, line 6a.				1				
en			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue										
ž	1	Gross revenue								
	_									
ses	2	Cash prizes								
Expenses	3	Noncash prizes		-						
Direct E	4	Rent/facility costs								
ō										
	5	Other direct expenses	Yes %	Yes %	Yes %	0				
	6	Volunteer labor	└── Yes% └── No		No 70					
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)							
_	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)							
9	En	ter the state(s) in which the organization condu	ucts gaming activities:							
a Is the organization licensed to conduct gaming activities in each of these states?										
b	lf "	No," explain:								
<b>1</b> 0a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No				
b	f ff "	If "Yes," explain:								
	_									
	-									

632082 09-12-16

Sch	edule G (Form 990 or 990-EZ) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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 L No
	Indicate the percentage of gaming activity conducted in:
	a The organization's facility 13a % An outside facility 13b %
	An outside facility <b>13b</b> // % Enter the name and address of the person who prepares the organization's gaming/special events books and records:
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name
	Address
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
k	o 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:
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided 🕨
	Director/officer Employee Independent contractor
	Mandatory distributions:
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to
ŀ	retain the state gaming license? Yes No
	organization's own exempt activities during the tax year > \$
Pa	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
	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
50	REDULE G, FARI I, DINE 2B, DISI OF TEN HIGHEST FRID FONDARISENS.
(1	) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.
<u> </u>	A NAME OF FUNDARISER. FRINCOM NEW TORK, INC.
(1	) ADDRESS OF FUNDRAISER:
12	WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001
. <u> </u>	

Schedule G	6 (Form 990 or 990-EZ)	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13-5562202	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			_				
-									
					_				
									· · · · ·
•									
,									
-									
					_	_			_
-									

SCHEDULE I (Form 990)									AB No. 1545-0047	
Name of the organizati	Information about Schedule 1 (Form 950) and its instructions is at www.is.gov/orimised.									
									-5562202	
	nformation on Grants a									
criteria used to a	award the grants or assis	stance?						X.,	Yes No	
	IV the organization's pro					nitation anoward "	(aall an Earm 000, Bar	+ IV line 21 for a		
	hat received more than \$					anization answered	es on ronn 990, rai		iy	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		se of grant sistance	
CITY LIMITS NEWS, 394 BROADWAY NEW YORK, NY 1001		27-0218689	501(C)(3)	109,350.	0.			PUBLIC INTER	EST	
NETWORK FOR GOOD 1140 CONNECTICUT WASHINGTON, DC 20		68-0480736	501(C)(3)	10,150.	0.			DIRECT SERVI	CES	
THE INNER CIRCLE ASSOCIATES - PO F YORK, NY 10003		13-3360989	501(C)(3)	10,000.	0.			DIRECT SERVI	CES	
THE NATION INSTIT ASSOCIATES - PO P YORK, NY 10003	TUTE C/O MCEVOY & BOX 5372 - NEW	13-6216903	5C1(C)(3)	6,300.	0.			DIRECT SERVI	CES	
AMERSTERDAM NEWS 276 5TH AVE #703 NEW YORK, NY 1000		13-3634817	501(C)(3)	5,000.	0.			DIRECT SERVI	CES	
3 Enter total numb	per of section 501(c)(3) a per of other organization <b>k Reduction Act Notice</b>	s listed in the line	1 table	he line 1 table				Schedule I	(Form 990) (2016)	

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

#### Schedule I (Form 990) (2016)

## COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Page 2

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	39	18,301.	0.		
TRANSPORTATION	492	32,953.	0.		
EDUCATION - TRAINING	84	17,070.	0.		
VACATION - CAMPING	16	15,893,	0.		
DENTAL & MEDICAL FEES	89	64,399	0.		
Part IV Supplemental Information. Provide the information re-			1	dditional information.	
PART I, LINE 2:					
THE AGENCY MAINTAINS FINANCIAL GU	DELINES	THAT DICTA	TE WHO		
MAY RECEIVE A GRANT AND WHAT THE A	MOUNTS O	F THOSE GR	ANTS WILL	BE. THE	
FINANCIAL GUIDELINES ALSO DICTATE	THE KIND	OF SUPPOF	TING DOCUM	IENTATION A	
POTENTIAL GRANTEE NEEDS TO PROVID	E IN ORDE	R TO BE EI	IGIBLE AND	RECEIVE	
PAYMENT FOR A GRANT. CASE MANAGERS	S WHO WOR	K DIRECTLY	WITH THE	CLIENTS	
ASSESS THEIR NEEDS AND MAINTAIN A	FILE WIT	H ALL REQU	JIRED DOCUM	IENTATION AND	
ENSURE THAT GRANT FUNDS ARE APPRO	RIATELY	USED. THE	FINANCE DE	EPARTMENT	
AUDITS REQUESTS FOR GRANTS AND VE	RIFIES TH	AT ALL DOC	CUMENTS SUE	MITTED ARE	

#### 632102 11-01-16

Schedule I (Form 990) COMMUNITY SE					13-5562202	Page
Part III Continuation of Grants and Other Assistance to Ir	ndividuals in the Unit	ed States (Schedule	e I (Form 990), Part II	l.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assista	ance
FOOD - INDIVIDUAL	7.	1,845.	0.			
UTILITIES/UTILITIES IN ARREARS	20.	3,265.	0.			
RENT/RENT ARREARS/SECURITY DEPOSIT	233.	219,784,	. 0.			
EMPLOYMENT RELATED ASSISTANCE	46.	9,120	. 0.			
RENT SUBSIDY - OTHER	6.	18,143.	. 0.			
					Sabadula I /Ea	

Schedule I (Form 990)

Schedule I	COMMU	
Part IV	Supplemental	Information

## SUBSTANTIAL AND ADHERE TO THE FINANCIAL GUIDELINES.

sc	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2016		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	_	20	IU	
Dene	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	m990.	Inspe		11
Nan	e of the organization		Employer ide			mber
-		COMMUNITY SERVICE SOCIETY OF NEW YORK	13-55	6220	2	
Pa	rt I Question	s Regarding Compensation				
				-	Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,		-0,4	
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				1.1.2
	First-class or c			1000	14	
	Travel for com					5.5
	the second se	ation and gross-up payments		1.1		2.01
	Discretionary :	spending account Personal services (such as, maid, chauffe	ur, chef)	100-1		
				11.1	4	5
b		on line 1a are checked, did the organization follow a written policy regarding payment or			37	arm?
		provision of all of the expenses described above? If "No," complete Part III to explain		, 1b	X	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		101		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
						S MT
3		ny, of the following the filing organization used to establish the compensation of the organiza			1	32.5
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to		1.1	
		ation of the CEO/Executive Director, but explain in Part III.			L A	2010
	Compensation			- 1 B	ileo n	
	the second se	compensation consultant		1.01	• II_	12.44
	Form 990 of o	ther organizations	ommittee	1. 196		13.3
					1.12	
4	During the year, dic	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1.00	21.2
	organization or a re				- E	37
а		e payment or change-of-control payment?			v	X
b		ceive payment from, a supplemental nonqualified retirement plan?			Х	v
С		ceive payment from, an equity-based compensation arrangement?		40	1.00	X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1.1.8	1.1
				1.2.1	17-21	
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			19	
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			Si k
	contingent on the r					x
						X
b		ation?		5b		
		or 5b, describe in Part III.		12 - N	14.1	
6	·	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			1
	contingent on the r					v
					_	X
b		ation?		6b		•
		or 6b, describe in Part III.			33	-
7	•	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment			v	1.17.2
		nes 5 and 6? If "Yes," describe in Part III		7	X	1.0
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to			1915	v
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in		1.94	-	
	Regulations section	1 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

## COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202

#### 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	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID R. JONES, ESQ.	(i)	481,355.	87,638.	86,554.	38,500.	48,723.	742,770.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN L. KRAUSE	(i)	338,832.	85,698.	146,859.	35,000.	48,510.	654,899.	0.
EXECUTIVE V.P./COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY F. RIZZO	(i)	177,733.	24,825.	822.	5,000.	40,890.	249,270.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELISABETH BENJAMIN	(i)	187,129.	26,735.	287.	5,000.	16,434.	235,585.	0.
VP HEALTH INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALINA MOLINA	(i)	158,415.	20,688.	822.	5,000.	19,469.	204,394.	0.
VP OF PROGRAM SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY RANKIN	(i)	174,404.	23,022.	1,583.	4,050.	1,012.	204,071.	0.
VP OF POLICY, RESEARCH AND	(ii)	0.	0 *	0.	0.	0.	0.	0.
(7) JUDITH WHITING	(i)	166,320.	21,424.	536.	5,000.	1,258.	194,538.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY MACLIN	(i)	148,899.	21,630.	536.	4,725.	25,959.	201,749.	0.
VP OF GOVERNMENT AND PUBLI	(ii)	0.	0.	0.	0.	0.		0.
(9) MELISSA KOSTOVSKI	(i)	150,899.	20,150.	187.	4,114.	17,452.	192,802.	0.
VP OF DEVELOPMENT AND PLAN	(ii)	0.	0.	0.	0.	0.		0.
(10) JANEENE FREEMAN	(i)	123,498.	15,914.	125.	4,050.	25,959.	169,546.	0.
DIRECTOR OF GOVERNMENT RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
· · · · · · · · · · · · · · · · · · ·	(i)							
	(ii)							
, Ma	(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 2016:

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

Schedule J (Form 990) 2016

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 J (Form 990) 2016

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on h (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 13-5562202 COMMUNITY SERVICE SOCIETY OF NEW YORK 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: THE BENEFITS PLUS LEARNING CENTER IS DESIGNED TO EDUCATE SOCIAL SERVICE PROFESSIONALS ON GOVERNMENT BENEFIT AND HOUSING PROGRAMS THROUGH OUR OVER 2,000 SEARCHABLE ONLINE RESOURCE MANUAL (BENEFITS PLUS ONLINE -IN FY 2017, THE LEARNING CENTER PAGES) AND OUR TRAINING WORKSHOPS. RETAINED A SOFTWARE CONSULTANT TO REDESIGN AND ADDRESS ONGOING PROBLEMS WITH THE BENEFITS PLUS ONLINE MANUAL, AS WELL AS TO CREATE A NEW WEBSITE FOR ALL OF THE LEARNING CENTER'S PRODUCTS. CENTER STAFF CREATED EIGHT NEW WORKSHOPS AND FACILITATED 58 TRAINING WORKSHOPS FOR NEARLY 1,500 SOCIAL SERVICE PROFESSIONALS. MAINTAINED AND STAFF ALSO UPDATED THE BENEFITS PLUS ONLINE MANUAL THROUGHOUT THE YEAR. THE CENTER ALSO BEGAN TO INCORPORATE SOCIAL MEDIA INTO OUR MARKETING EFFORTS, INCLUDING TWITTER, FACEBOOK AND LINKED-IN.

Schedule O (Form 990 or 990-EZ) (2016) Page 2
Name of the organization         Employer identification number           COMMUNITY SERVICE SOCIETY OF NEW YORK         13-5562202
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
VOLUNTEERS HELPED TO PREPARE, SERVE OR DISTRIBUTE 126,000 EMERGENCY
FOOD PACKAGES AND MEALS TO MEMBERS OF THEIR COMMUNITY WHO ARE HUNGRY,
HOMELESS AND IN NEED OF ASSISTANCE, INCLUDING FAMILIES WITH YOUNG
CHILDREN. RSVP DEPLOYED 65 EXTENSIVELY TRAINED VOLUNTEER BENEFITS
COUNSELORS THROUGHOUT A NETWORK OF 38 COMMUNITY PARTNERS WHERE THEY
CONDUCTED OVER 6,300 BENEFIT COUNSELING SESSIONS AND ASSISTED WITH OVER
8,000 PUBLIC BENEFIT ISSUES. ONE HUNDRED AND SIXTY-FOUR RSVP
VOLUNTEERS HELPED NURSING HOME RESIDENTS BY PROVIDING REGULAR
VISITATIONS, EXTRA SUPPORT AND OMBUDSMAN SERVICES. EIGHTY RSVP-TRAINED
MENTROS WORKED ONE-ON-ONE AND IN SMALL GROUPS WITH CHILDREN WHO HAVE AN
INCARCERATED PARENT AS WELL AS WITH ADOLESCENTS IN ALTERNATIVE TO
DETENTION/INCARCERATION PROGRAMS. OVER 200 YOUNG PEOPLE, AGES 6 TO 21,
WORKED WITH THEIR MENTORS ON ACADEMIC ENRICHMENT PROJECTS AND/OR CAREER
GOAL SETTING ACTIVITIES. A TOTAL OF 405 VOLUNTEERS SERVED IN 45
HOSPITALS THROUGHOUT THE FIVE BOROUGHS. THEY PROVIDED CRITICAL SUPPORT
SERVICES WHICH AUGMENTED THE HOSPITALS' WORK IN PATIENT AND FAMILY
HEALTHCARE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES
EXPENSES \$ 7,199,923. INCLUDING GRANTS OF \$ 458,182. REVENUE \$ 38,950.
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:

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AND SIGNED ANN	UALLY
AT THE JUNE BOARD MEETING. ALL TRUSTEES/OFFICERS/BOARD ME	MBERS HAVE ONGOING
DUTY TO DISCLOSE ANY CONFLICTS ARISING THROUGOUT THE YEAR	. THE HUMAN
RESOURCES COMMITTEE OF THE BOARD MONITORS AND REVIEWS COM	PLETED 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 AS	KED TO RESIGN OR
TAKE A LEAVE OF ABSENCE. EMPLOYEES ARE NOT REQUIRED TO SI	GN 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 COUNSULTANT 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
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:

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Page 2 Employer identification number 13-5562202
PROGRAM SERVICE EXPENSES	806,761.
MANAGEMENT AND GENERAL EXPENSES	351,845.
FUNDRAISING EXPENSES	34,830.
TOTAL EXPENSES	1,193,436.
SUBCONTRACTING EXPENSE - NAVIGATOR:	
PROGRAM SERVICE EXPENSES	4,589,949.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,589,949.
SUBCONTRACTING EXPENSE - ESTABLISHMENT:	
PROGRAM SERVICE EXPENSES	2,114,060.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,114,060.
SUBCONTRACTING EXPENSE - ABD:	
PROGRAM SERVICE EXPENSES	977,086.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	977,086.
SUBCONTRACTING EXPENSE - SOFA:	
PROGRAM SERVICE EXPENSES	75,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,000 •

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
SUBCONTRACTING EXPENSE - ICAN:	
PROGRAM SERVICE EXPENSES	2,453,072.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,453,072.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,402,603.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL	
TRUSTS	1,775,431.
PENSION ADJUSTMENT	2,623,953.
TOTAL TO FORM 990, PART XI, LINE 9	4,399,384.
FORM 990, PART XII, LINE 2C	
ANNUALLY THE AUDIT COMMITTEE MEETS WITH AUDITORS TO REVIE	W DRAFT
FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED SINCE	PRIOR YEARS.
·	

SCHEDULE F	2
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#### (Form 990)

Part I

## **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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### COMMUNITY SERVICE SOCIETY OF NEW YORK

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS OF RSVP, INC 13-3335293							
C/O CSS NY 633 THIRD AVE 10TH FLOOR	FUNDRAISING FOR RSVP						
NEW YORK, NY 10017	PROGRAM	NEW YORK	501 (C)(3)	PF	CSS	X	
INSTITUTE FOR COMMUNITY EMPOWERMENT -	PERFORM CERTAIN ELECTORAL						
13-3473143, C/O CSS NY 633 THIRD AVE 10TH	ADVOCACY, RESEARCH AND	I.					
FLOOR, NEW YORK, NY 10017	LOBBYING ACTIVITIES	NEW YORK	501 (C)(4)		CSS	X	
	-						
2	-						
	-						
	-						

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

13-5562202

## Schedule R (Form 990) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202 Page 2

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.

organizations treated as a par		an year.														
(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	n)	(î)		(j)	(k)	)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predomin	ant income	Shore	of total		are of		ortionate	Code V-UF	31	General or	Percer	
of related organization		domicile (state or	entity	(related,	unrelated,	inc	ome	end-	of-year		tions?	amount in b	ox	General or managing partner?	owner	rship
		foreign country)		sections	unrelated, om tax under 512-514)			as	sets	Yes		Code V-UE amount in b 20 of Sched K-1 (Form 10				
		country)		00010110						res	NO		,00)	resino		
												1	- 1			
	9															
														l de i		
·																
				8												
														1.11		
Part IV Identification of Related Org organizations treated as a co (a) Name, address, and E	rporation or trust duri	ng the tax	oration or Trust. C year. (b) ary activity	(c) Legal domicile	(d) Direct con	trolling	(e) Type of	) entitv	(f) Share c	) of total	Τ	(g) Share of	1	(h)	(i)	
of related organizatio	n			(state or foreign	entit	y -	(C corp, or tru	S corp,	inco	ome end-of-yea	end-of-year assets	Percentag ownership	nership	contro	olled ty?	
				country)				isi)				assels			Yes	
													1			
													-			
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													1			
													1			
							1								I I	

## Schedule R (Form 990) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK

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.							Ye	s No
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Part	s II-IV?			1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/					1a		X
b Gift, grant, or capital contribution to related organization(s)						1b		X
c Gift, grant, or capital contribution from related organization(s)		****				10		X
d Loans or loan guarantees to or for related organization(s)						1d		X
e Loans or loan guarantees by related organization(s)								X
f Dividends from related organization(s)						1f		X
g Sale of assets to related organization(s)						1g		X
h Purchase of assets from related organization(s)						1h		X
i Exchange of assets with related organization(s)						1i		X
j Lease of facilities, equipment, or other assets to related organization(s)						<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)								x
I Performance of services or membership or fundraising solicitations for related organization(s)								X
m Performance of services or membership or fundraising solicitations by related orga	inization(s)					1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)					1n		
o Sharing of paid employees with related organization(s)							X	
p Reimbursement paid to related organization(s) for expenses								X
<b>q</b> Reimbursement paid by related organization(s) for expenses							_	X
r Other transfer of cash or property to related organization(s)						1r		x
s 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 v	and the second se	WHEN STOLEN AND AND AND AND A	And Control States	Stand Hill Concern				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved					
1) FRIENDS OF RSVP, INC.	N	0.	NO	FEES WERE	CHARGED	) FY17		
2) FRIENDS OF RSVP, INC.	0	0.	NO	FEES WERE	CHARGED	) FY17		
3) INSTITUTE FOR COMMUNITY EMPOWERMENT	N	0.	NO	FEES WERE	CHARGED	) FY17		

(5)

(6)

(4) INSTITUTE FOR COMMUNITY EMPOWERMENT

0

0.NO FEES WERE CHARGED FY17

## Schedule R (Form 990) 2016 COMMUNITY SERVICE SOCIETY OF NEW YORK

#### 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)	(b)	(c)	(d)	Are partne 501 org	∍)	(f)	(g)	(1	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partne	2 201 75 Sec.	Share of	Share of	Dispr	opor-	Code V-UBI	Genera	or Percent
of entity		(state or foreign	(related, unrelated,	501	c)(3)	total	end-of-year	alloca	tions?	amount in box 20	partne	
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	
				103	NO			1105	NU	<u> </u>	1051	
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Schedule R (Form 990) 2016

990)	2016	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13-5562202	Page 5
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Part VII	Supplemental	Information.
	(Form 990) 2016	COMMU

Provide additional information for responses to questions on Schedule R. See instructions.

0070 50	IRS e-file Signa	ture Authorization		OMB No. 1545-1878
Form 8879-EO	For calendar year 2016, or fiscal year beginning JUL		o 1 7	00-0
		IRS. Keep for your records.		2016
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and	The second	79eo.	
Name of exempt organization	Information about Porm 0079-20 and	tta mat dottona la di www.sigovrenieo	Employer	identification number
COMMUNITY SER	VICE SOCIETY OF NEW YOR	ĸ	13-5	562202
Name and title of officer				
CHARLES TARAM	INA, CONTROLLER			
PRESIDENT/CEO				
THE INFORMATION OF A DESCRIPTION OF A DE	Return and Return Information (Who			
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO a a, below, and the amount on that line for the re ank (do not enter -0-). But, if you entered -0- on	turn being filed with this form was blank, t	hen leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 99	90, Part VIII, column (A), line 12)	1b	28,440,039.
2a Form 990-EZ check he	ere <b>b</b> Total revenue, if any (For	m 990-EZ, line 9)	2b	
3a Form 1120-POL check		POL, line 22)		
4a Form 990-PF check he	ere 🕨 🔲 b Tax based on investmen	t income (Form 990-PF, Part VI, line 5) 🚏 🐰	4b	
5a Form 8868 check here	<b>b Balance Due</b> (Form 8868, line	e 3c)	5b	
	ion and Signature Authorization of I declare that I am an officer of the above orga			
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a organization's consent to Officer's PIN: check one		evoke a payment, I must contact the U.S. ement) date. I also authorize the financial in rmation necessary to answer inquiries and	Treasury Institution Tresolve i	Financial Agent at s involved in the ssues related to the if applicable, the
X I authorize DO	RFMAN ABRAMS MUSIC, LLC		to enter r	
	ERO firm nam	ne		Enter five numbers, but do not enter all zeros
is being filod wit enter my PIN on As an officer of f indicated within	on the organization's tax year 2016 electronica h a state agency(ies) regulating charities as par the return's disclosure consent screen. the organization, I will enter my PIN as my signa this return that a copy of the return is being file ther my PIN on the return's disclosure consent	rt of the IRS Fed/State program, I also aut ature on the organization's tax year 2016 e ed with a state agency(ies) regulating char	norize the electronic ties as pa	aforementioned FRO to ally filed return. If I have art of the IRS Fed/State
Part III Certifica	tion and Authentication			
-	our six-digit electronic filing identification	00001070001	_	
	your five-digit self-selected PIN.	do not enter all zeros		
I certify that the above nui confirm that I am submittin <i>e-file</i> Providers for Busine	meric entry is my PIN, which is my signature or ng this return in accordance with the requirement ss Returns.	n the 2016 electronically filed return for the ents of <b>Pub. 4163,</b> Modernized e-File (MeF)	organiza Informat	tion indicated above. I ion for Authorized IRS
ERO's signature 🕨		Date 🕨		
		s Form - See Instructions ne IRS Unless Requested To Do	So	
			_	Form 8879-EO (2016)
LHA For Paperwork Rec 623051 09-26-16	luction Act Notice, see instructions.			FUTTI OOT 9-EU (2010)

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

Enter filor's identifying number

File a separate application for each return.

Information about Form 8868 and its instructions is at www.lrs.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*, 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.

				Enter me	a sidenuiyi	ig number
Type or	Name of exempt organization or other filer, see instru	ictions.		Employer	ridentification	n number (EIN) or
print			H HODK		13-556	
File by the	COMMUNITY SERVICE SOCIETY (					
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 633 THIRD AVENUE, 10TH FLOO		tions.	Social se	curity numbe	er (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10017	oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (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) CHARLES TARAMIN	06	Form 8870			12
<ul> <li>If this is</li> <li>box ▶ [</li> <li>1   reading</li> <li>for</li> </ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning _JUL 1, 2016	Group Exe and atta MA organizatio	emption Number (GEN), induction Number (GEN), induction of the names and EINs of the second se	f this is fo f all memb	r the whole g	nsion is for.
2 If th	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n	
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	0.
b if th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				042	0
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2017)



## CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED JUNE 30, 2017 AND 2016

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Consolidated Financial Statements: Statements of Financial Position Statements of Activities Statements of Cash Flows Statements of Functional Expenses Notes to Financial Statements	2 3 4 5 - 6 7 - 27



Park 80 West, Plaza Two 250 Pehle Ave., Suite 702 Saddle Brook, NJ 07663-5837 Tel: (201) 403-9750 Fax: (201) 403-9755 www.dorfman.com

#### 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, 2017 and 2016, 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, 2017 and 2016, 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 alrams music, LLC

Saddle Brook, New Jersey October 31, 2017

# CONSOLIDATED STATEMENTS OF FINANCIAL POSITION (in thousands)

## <u>ASSETS</u>

	Jun	e 30,	
	 2017		2016
Assets:			
Cash and cash equivalents	\$ 3,401	\$	5,673
Investments	167,939		158,224
Government and other receivables	10,158		7,647
Prepaid and other assets	906		611
Beneficial interest in perpetual trusts	36,060		33,738
Property and equipment, net	 35,860		37,362
Total assets	\$ 254,324	\$	243,255
LIABILITIES AND NET ASSETS			
Liabilities:			
Accounts payable and accrued expenses	\$ 7,859	\$	7,366
Accrued pension and post-retirement liability	14,714		16,128
Line of credit	 25,107		25,604
Total liabilities	 47,680		49,098
Net assets:			
Unrestricted:			
Undesignated	114,779		106,520
Board designated - general reserve	 914		1,023
Total unrestricted	 115,693	<u></u>	107,543
Temporarily restricted	25,796		23,781
Permanently restricted	65,155		62,833
Total net assets	 206,644		194,157
Total liabilities and net assets	\$ 254,324	\$	243,255

## CONSOLIDATED STATEMENTS OF ACTIVITIES (in thousands)

		Year ende	i June 30, 2017		Year ended June 30, 2016						
		Temporarily	Permanently			Temporarily	Permanently	Total			
	Unrestricted	restricted	restricted	Total	Unrestricted	restricted	restricted	Total			
Operating revenue and support: Government grants Direct contributions and federated campaigns Bequests	\$	2,128	\$	\$ 17,395 2,647 316	\$  16,726 759 987	\$ 1,838	\$	\$  16,726 2,597 987			
Program fees and other revenue Investment return used for operations, net Net assets released from restrictions	143 3,243 10,080	5,552		143 8,795	167 3,526 11,584	5,114 (11,584)		167 8,640			
Total operating revenue and support	31,696	(2,400	)	29,296	33,749	(4,632)		29,117			
Operating expenses: Program services: Direct program services Policy, research and advocacy Public interest	22,680 2,965 898			22,680 2,965 898	22,429 3,250 925			22,429 3,250 925_			
Total program services	26,543			26,543	26,604			26,604			
Supporting services: Management and general Fundraising	5,684 1,198			5,684 1,198	4,893 1,161			4,893 1,161			
Total supporting services	6,882			6,882	6,054			6,054			
Total operating expenses	33,425			33,425	32,658			32,658			
Income (deficit) of operating revenue over operating expenses	(1,729	) (2,400	)	(4,129)	1,091	(4,632)		(3,541)			
Non-operating activities: Investment return in excess (deficiency) of amount used for operations, net	7,25	4,415	2,322	13,992	(11,385)	632_	(244)	(10,997)			
Total non-operating activities	7,25	4,415	2,322	13,992	(11,385)	632	(244)	(10,997)			
Change in net assets before pension and post-retirement related charges	5,526	2,015	2,322	9,863	(10,294)	(4,000)	(244)	(14,538)			
Pension and post-retirement related charges other than net periodic pension costs	2,624	<u> </u>		2,624	(7,519)			(7,519)			
Change in total net assets	8,150	2,015	5 2,322	12,487	(17,813)	(4,000)	(244)	(22,057)			
Net assets, beginning of year	107,54	323,78^	62,833	194,157	125,356	27,781	63,077	216,214			
Net assets, end of year	<u>\$ 115,693</u>	<u>\$ 25,796</u>	<u>\$ 65,155</u>	<u>\$ 206,644</u>	<u>\$ 107,543</u>	<u>\$ 23,781</u>	<u>\$ 62,833</u>	<u>\$ 194,157</u>			

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

# CONSOLIDATED STATEMENTS OF CASH FLOWS (in thousands)

	Year ended June 30,						
		2017		2016			
Cash flows from operating activities:							
Change in net assets	\$	12,487	\$	(22,057)			
Adjustments to reconcile change in net assets to							
net cash provided (used) by operating activities:							
Depreciation		1,542		1,366			
Net realized and unrealized (gain) loss on investments		(15,922)		6,055			
(Increase) decrease in beneficial interest in perpetual trusts		(2,322)		244			
Pension and post-retirement related changes							
other than net periodic pension cost		(2,624)		7,519			
Bad debt expense		6		9			
Changes in operating assets and liabilities:							
(Increase) decrease in:							
Government and other receivables		(2,517)		1,354			
Prepaid and other assets		(295)					
Increase in:							
Accounts payable and accrued expenses		493		400			
Accrued pension and post-retirement liability		1,210		83			
Net cash used by operating activities		(7,942)		(5,027)			
Cash flows from investing activities:							
Purchases of investments		(40,807)		(57,261)			
Proceeds from sale/maturity of investments		47,014		59,832			
Distributions from The United Charities				8,012			
Purchases of property and equipment		(40)		(6,250)			
Net cash provided by investing activities		6,167		4,333			
Cash flows from financing activities:							
New borrowings - line of credit				4,300			
Principal repayments	<b></b>	(497)		(396)			
Net cash provided (used) by financing activities		(497)		3,904			
Net increase (decrease) in cash and cash equivalents		(2,272)		3,210			
Cash and cash equivalents, beginning of year		5,673		2,463			
Cash and cash equivalents, end of year	\$	3,401	\$	5,673			
Supplemental Cash Flow Informati	on						
Cash paid for interest	\$	375	\$	268			

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

# CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

#### Years Ended June 30, 2017 and 2016

	Program services expenses											
	Direct pro	gram services	Policy, researc	h and advocacy		interest	To	otal				
	2017	2016	2017	2016	2017	2016	2017	2016				
Salaries Fringe benefits and payroll taxes	\$	\$     6,534 2,669	\$	\$	\$	\$	\$      8,206 4,109	\$ 8,373 3,406				
Total salaries and related expenses	9,563	9,203	2,155	2,028	597	548	12,315	11,779				
Professional fees	10,689 55	10,688 140	422 11	811 15	104 2	160 2	11,215 68	11,659 157				
Supplies Telephone and communication	152	140 137 33	20 2	21 2	8	7	180 26	165 35				
Postage and shipping Occupancy	24 374	401	83 15	115 14	18	24	475 23	540 22				
Insurance Printing and other office expenses	8 42	8 47	25 28	28 33	6 1	11	73 197	86 213				
Transportation Conferences, conventions and meetings	168 73	180 128	28 47	35	18	13	138 401	176 402				
Direct assistance Support payments	401 73 58	402 86 52	8 14	3 11	109 5	122	190 77	211 63				
Equipment rentals and expenses Interest Bod debt expense		5	17		-		4	5				
Bad debt expense Depreciation	996		135	134	30	38	1,161	1,091				
Total operating expenses	<u>\$ 22,680</u>	<u>\$ 22,429</u>	<u>\$2,965</u>	<u>\$ 3,250</u>	<u>\$898</u>	<u>\$ 925</u>	<u>\$ 26,543</u>	<u>\$ 26,604</u>				

## CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

#### Years Ended June 30, 2017 and 2016

		Supporting services expenses												Total program and supporting			
	M	anagemer	t and	general		Fundr	aising	]			otal			services	expe		
		2017	2016		2017			2016	2017		2016			2017		2016	
Salaries Fringe benefits and payroll taxes	\$	2,013 1,503	\$	1,966 930	\$	580 297	\$	583 236	\$	2,593 1,800	\$	2,549 1,166	\$	10,799 5,909	\$	10,922 4,572	
Total salaries and related expenses		3,516		2,896		877		819		4,393		3,715		16,708		15,494	
Professional fees		519		576		102		111		621		687		11,836		12,346	
Supplies		66		79		3		4		69		83		137		240	
Telephone and communication		95		95		6		5		101		100		281		265	
Postage and shipping		11		12		22		31		33		43		59		78	
Occupancy		138		123		25		34		163		157		638		697	
Insurance		133		136						133		136		156		158	
Printing and other office expenses		20		19		85		90		105		109		178		195	
Transportation		114		137		8		7		122		144		319		357	
Conferences, conventions and meetings		171		188		8		3		179		191		317		367	
Direct assistance				100		-								401		402	
														190		211	
Support payments		190		132		15		10		205		142		282		205	
Equipment rentals and expenses		375		268		10				375		268		375		268	
Interest		2		4						2		4		6		9	
Bad debt expense				228		47		47		381		275		1,542		1,366	
Depreciation		334												.,		î	
Total operating expenses	\$	5,684	\$	4,893	<u>\$</u>	1,198	\$	1,161	\$	6,882	\$	6,054	\$	33,425	\$	32,658	

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2017 and 2016

#### 1. <u>Summary of significant accounting policies</u>

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 the years ended June 30, 2017 or 2016.

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.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2017 and 2016

### 1. <u>Summary of significant accounting policies</u> (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:

<u>Unrestricted net assets</u> - Net assets that are not subject to donor-imposed stipulations. Included in unrestricted net assets are board-designated funds of \$914 and \$1,023 as of June 30, 2017 and 2016, respectively.

<u>Temporarily restricted net assets</u> - 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.

<u>Permanently restricted net assets</u> - 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, including 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.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 1. <u>Summary of significant accounting policies</u> (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 the years ended June 30, 2017 or 2016.

#### Investment in The United Charities

The investment in The United Charities was recorded on the equity method. The Society received its final distributions from The United Charities during the year ended June 30, 2016 (see note 5).

#### 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, 2017 and 2016, 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 statements 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.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2017 and 2016

### 1. <u>Summary of significant accounting policies</u> (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, 2017, 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 2013 are closed.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 1. <u>Summary of significant accounting policies</u> (continued)

### **Reclassifications**

Certain 2016 amounts have been reclassified to conform to the 2017 presentation.

### 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:

		2016			
Government receivables: U.S. Department of Health and Human Services: New York State Establishment Exchange Grant Navigator Program Grant ABD Healthcare Program Grant	\$	1,491 3,095 413	\$	800 1,637 <u>385</u>	
Corporation for National and Community Service: RSVP Program		4,999 195		2,822 191	
New York State Department of Health: ICAN Healthcare Program Grant		3,030		1,412	
New York City DOHMH: Harlem Healthcare Program Grant		508		468	
Other government receivables		626			
Total government receivables		9,358		4,893	
Non-government receivables		800		2,754	
	\$	10,158	\$	7,647	

At both June 30, 2017 and 2016, all receivables were expected to be collected within one year.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2017 and 2016

#### 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.

**Commingled funds, structured debt fund, and 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.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 4. Fair value measurements (continued)

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

	 20	17		2016					
	 Cost	Fa	ir value		Cost	Fair value			
Cash equivalents	\$ 824	\$	824	\$	1,010	\$	1,010		
Money market funds	16,994		16,994		1,359		1,359		
Fixed income:									
U.S government and agency	14,188		14,038		15,356		15,581		
Corporate bonds	10,305		10,427		10,651		10,897		
Mutual funds:									
Equity	24,309		29,966		37,991		39,159		
Fixed income	6,065		5,984		4,296		4,313		
Alternative investment	8,171		7,978		15,647		13,911		
U.S. equity	41,598		44,379		35,100		36,166		
Non U.S. equity	25,504		28,434		30,661		29,065		
Alternative investment					6,611		6,361		
Structured debt fund					190		402		
Real estate fund	 9,245	4	8,915						
	\$ 157,203	\$	167,939	\$	158,872	\$	158,224		

The classification of the Society's investment securities at fair value are as follows at June 30, 2017 and 2016:

	2017									
	Level 1	Level 2	Level 3	Total						
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						
<b>—</b>	151,046		16,893	167,939						
Beneficial interest in										
perpetual trusts			36,060	36,060						
	\$ 151,046	\$	\$ 52.953	\$ 203,999						
	φ 151,040	φ	\$ 52,953	\$ 203,999						

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 4. Fair value measurements (continued)

	2016									
	L	evel 1	Level 2	Le	evel 3	Total				
Cash equivalents	\$	1,010	\$	\$		\$	1,010			
Money market funds		1,359					1,359			
Fixed income:										
U.S. government and agency		15,581					15,581			
Corporate bonds		10,897					10,897			
Mutual funds:										
Equity		39,159					39,159			
Fixed income		4,313					4,313			
Alternative investment					13,911		13,911			
U.S. equity		36,166					36,166			
Non U.S. equity		29,065					29,065			
Alternative investment					6,361		6,361			
Structured debt fund					402		402			
Real estate fund	<del></del>				······	<u></u>	0			
Depeticiel interest in		137,550			20,674		158,224			
Beneficial interest in perpetual trusts					33,738		33,738			
	\$	137,550	\$	\$	54,412	\$	191,962			

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2017 and 2016

#### 4 Fair value investments (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, 2017:

	JPM Structured Debt Fund	Goldman Sachs Tactical TILT Overlay Mutual Fund	Marketfield Fund	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	\$ 402	\$ 6,361	\$ 3,645	\$ 5,810	\$ 1,851	\$	\$ 1,325	\$ 1,280	\$	\$	\$ 20,674	\$ 33,738	\$ 54,412
Purchases Sales	(601)	(6,413)	(3,257)	(2,123)	(21)	1,964	(1,323)	(1,307)	4,444 (111)	4,802 (375)	11,210 (15,531)		11,210 (15,531)
Fees Interest/dividend income Unrealized gains/(losses) Realized gains/(loss)	15 184	121 (69)	(388)	133 199 19	21 112	13	3 (5)	10 17	111 5	375 (336)	789 (12) (237)	2,322	789 2,310 (237)
Net change	(402)	(6,361)	(3,645)	(1,772)	112	1,977	(1,325)	(1,280)	4,449	4,466	(3,781)	2,322	(1,459)
Balance, end of year	\$	\$	\$	\$ 4,038	\$ 1,963	<u>\$ 1,977</u>	\$	\$	\$ 4,449	\$ 4,466	\$ 16,893	\$ 36,060	<u>\$ 52,953</u>

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2016:

	JPM Structured Debt Fund	Goldman Sachs Tactical TILT Overlay Mutual Fund	Marketfield Fund	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	\$ 519	\$ 6,517	\$ 4,452	\$ 6,891	\$ 3,443	\$	\$	\$	\$	\$	\$ 21,822	\$ 33,982	\$ 55,804
Purchases Sales	(138)	400 (250)	(301)	858 (1,657)	386 (1,718)		1,353	1,353			4,350 (4,064)		4,350 (4,064)
Fees Interest/dividend income Unrealized gains/(losses) Realized gains	(50)	287 (577) (16)	(166) (340)	(185) (97)	(144) (116)		46 (74)	17 (90)			350 (1,286) (498)	(244)	350 (1,530) (498)
Net change	(117)	(156)	(807)	(1,081)	(1,592)		1,325	1,280			(1,148)	(244)	(1,392)
Balance, end of year	\$ 402	\$ 6,361	\$ 3,645	\$ 5,810	\$ 1,851	\$	\$ 1,325	\$ 1,280	\$	\$	\$ 20,674	\$ 33,738	\$ 54,412

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2017 and 2016

# 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	2017	2016
Structured Debt Funds: JPM Structured Debt Fund	Fund is winding down and distributing remaining assets as they are liquidated	None	The Fund consists of various co-op and commercial mortgages.	\$	<u>\$ 402</u>
<u>Alternative Investments:</u> Goldman Sachs Tactical TILT Overlay Mutual Fund			The Fund is an open-end Fund incorporated in USA. The Fund's objective is long-term total return. The portfolio will use investment ideas that are generally derived from short-term or medium-term market views on a variety of asset classes and instrument generated by Goldman.		6,361
<u>Mutual Funds - Alternative</u> Marketfield Fund	<u>a Investments:</u>		The Fund seeks long-term growth of capital above that of the broad equity market over a full market cycle, with volatility that is lower than that of broad equity market. Correlation between the Fund and the broad equity market may vary considerably over the course of an investment cycle. The Fund has a broad investment charter that allows it to allocate its assets among investments in equity securities, fixed-income instruments, commodities, futures, options, and other investment companies, including ETFs.		3,645
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.	4,038	5,810
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.	1,963	1,851
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.	1,977	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2017 and 2016

# 4. Fair value measurements (continued)

Fund name	Redemption period	Notice period	Description of fund	2017	2016
<u>Mutual Funds - Alternative</u> Legg Mason BW	Investments: (continued)		The Fund seeks to provide absolute return in any market environment. The Fund invests strategically across global fixed income securities: including sovereign debt, corporate bonds, mortgages, currencies and derivative instruments. Actively manages duration and uses long or short exposures to capture evolving opportunities.	\$	\$ 1,325
Wells Fargo Absolute Return Fund			The Fund is a nontraditional fund that seeks positive total returns-with an emphasis on capital preservation- through tactical allocations to equity, bond, and alternative investments.		1,280
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.	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.		
				4,466	
Total mutual funds - altern	ative investments			16,893	13,911
				\$ 16,893	\$ 20,674

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2017 and 2016

### 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.

	 2017		2016
Interest and dividend income Net realized and unrealized gain (loss) on investments Perpetual trust investment income Less investment management fees	\$ 3,343 18,244 1,775 (575)	\$	3,044 (6,299) 1,537 (639)
	\$ 22,787	\$	(2,357)

Consistent with the Society's spending policy for the years ended June 30, 2017 and 2016, \$8,795 and \$8,640 was appropriated and spent, respectively.

### 5. <u>Related party transactions</u>

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, 2017, the Corporation is in the process of dissolution.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 6. Property and equipment

Property and equipment consists of the following at June 30:

	2017	2016
Land Building and improvements Computer and office equipment	\$5,035 32,042 1,691	\$
Less accumulated depreciation	38,768	38,728 1,366
	\$ 35,860	\$ 37,362

Depreciation expense was \$1,542 and \$1,366 for the years ended June 30, 2017 and 2016, respectively.

### 7. Temporarily restricted net assets and net assets released from restrictions

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

	2017		 2016	
Direct service programs	\$	22,793	\$ 21,523	
Policy research and advocacy		642	271	
Public interest		437		
Program administration		613	676	
Unappropriated investment income from endowments		1,311	 1,311	
	\$	25,796	\$ 23,781	

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, 2017 and 2016 were as follows:

	 2017	2016		
Direct service programs Policy research and advocacy Public interest Management and general	\$ 6,097 2,688 901 394	\$	6,237 3,142 886 1,319	
	\$ 10,080	\$	11,584	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2017 and 2016

### 8. <u>Permanently restricted net assets</u>

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:

	2017			2016	
Endowment: Direct service program: Income restricted for specific purposes Income restricted for program administration Income available for general purposes	\$	4,741 455 23,899	\$	4,741 455 23,899	
Total endowment		29,095	<u></u>	29,095	
Beneficial interest in perpetual trusts - income restricted Beneficial interest in perpetual trusts - income unrestricted		14,854 21,206		13,966 19,772	
Total beneficial interest in perpetual trusts		36,060		33,738	
	\$	65,155	\$	62,833	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

### 8. 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, 2017 are as follows:

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

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2017 and 2016

## 8. Permanently restricted net assets (continued)

Changes in endowment net assets for the year ended June 30, 2016 are as follows:

	Temporarily restricted	Permanently restricted	Total	
Investment return: Interest and dividend income Realized loss Unrealized loss	\$      624 (419) (791)	\$	\$      624 (419) (791)	
Total investment return	(586)		(586)	
Appropriation of endowment assets for expenditures	(624)_		(624)	
Net change	(1,210)		(1,210)	
Endowment net assets, beginning of year	2,521	29,095	31,616	
Endowment net assets, end of year	<u>\$ 1,311</u>	\$ 29,095	\$ 30,406	

# 9. 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, 2017 and 2016 were \$25,107 and \$25,604, respectively.

Interest expense incurred under the facility amounted to \$375 and \$268 for the years ended June 30, 2017 and 2016, respectively.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2017 and 2016

### 10. Commitments and contingencies

The Society leases various equipment and automobiles under operating leases which expire through December 2018. Rent expense for these leases were \$78 and \$61 for the years ended June 30, 2017 and 2016, respectively.

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

Year ending June 30: 2018 2019	\$ 78 26
	\$ 104

### 11. 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:

	Pension benefits	2017 Other benefits	Total	
Projected benefit obligation Fair value of plan assets	\$ (48,387) 34,394	\$ (721)	\$ (49,108) 34,394	
Funded status - recognized in the statement of financial position	<u>\$ (13,993)</u>	<u>\$ (721)</u>	<u>\$ (14,714)</u>	
		2016		
	Pension benefits	2016 Other benefits	Total	
Projected benefit obligation Fair value of plan assets		Other	Total \$ (47,763) 31,635	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 11. Employee benefit plans (continued)

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

	Pension benefits		Other benefits	
	2017	2016	2017	2016
Weighted-average assumptions as of June 30: Discount rate	3.75%	3.50%	3.75%	3.50%
Expected return on plan assets Rate of compensation increase	7.25% 4.50%	7.25% 4.50%	N/A N/A	N/A N/A

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

		20	017			20	016	 
	ension enefits		ther nefits	 Total	ension enefits		other nefits	 Total
Society's contributions	\$ 900	\$	173	\$ 1,073	\$ 900	\$	161	\$ 1,061
Employee's contributions	\$	\$	2	\$ 2	\$	\$	2	\$ 2
Benefits paid	\$ 1,640	\$	175	\$ 1,815	\$ 1,231	\$	163	\$ 1,394

The accumulated benefit obligation for the defined benefit pension plan was \$42,738 and \$41,691 at June 30, 2017 and 2016, respectively.

Mortality table: RP2000 Annuitant and Non-Annuitant table used for both pension and other benefits.

For 2017 and 2016, an assumed long-term rate of return of 7.25% and 7.8% 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 6.9% and 7.8% health care cost trend rate was assumed for 2017 and 2016, respectively.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2017 and 2016

# 11. 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, 2017:

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

Amounts recognized as changes in unrestricted net assets, but not yet included in net periodic benefit cost, consist of following at June 30, 2016:

	Pension benefits	Other benefits	Total
Beginning balance of cumulative pension related changes other than net periodic pension cost	<u>\$ (8,883)</u>	\$ (44)	\$ (8,927)
Changes: Amortization Asset loss	584 (7,966)	(19) (118)_	466 (7,985)
Net change	(7,382)	(137)	(7,519)
Ending balance of cumulative pension related changes other than net periodic pension cost	<u>\$ (16,265)</u>	<u>\$ (181)</u>	<u>\$ (16,446)</u>

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2017 and 2016

# 11. 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:

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

	2016					
	Pension benefits		Other benefits		Total	
Service costs Interest cost Expected return on assets Net amortization and deferral Amortization of prior service cost	\$	1,167 1,680 (2,305) 581 3	\$	40 13 (33)	\$	1,167 1,720 (2,305) 594 (30)
Net cost	\$	1,126	\$	20	\$	1,146

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

	Pension benefits	Other benefits	Total	
2018 2019 2020 2021 2022 2023 - 2027	\$ 1,65 1,910 2,06 2,12 2,23 12,650	5         101           1         93           2         84           5         72	\$ 1,774 2,017 2,154 2,206 2,307 12,898	
	\$ 22,64	9 \$ 707	\$ 23,356	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2017 and 2016

## 11. Employee benefit plans (continued)

## <u>403(b) Plan</u>

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 \$10,000 are not matched. The Society's contributions to the plan were \$160 and \$167 respectively, during the year ended June 30, 2017 and 2016.

## 12. 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.

## 13. Significant source of support

The Society received approximately 77% and 73% of its operating revenue and support, excluding investment returns, for the years ended June 30, 2017 and 2016, respectively, from New York State agencies. Amounts due the Society from these agencies were \$9,358 and \$4,369 at June 30, 2017 and 2016, respectively. Contracts with the funding agencies were renewed at comparable amounts for the upcoming fiscal year.

## 14. 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 for the years ended June 30, 2017 and 2016 were \$666 and \$530, respectively.

## 15. Subsequent events

Subsequent events have been evaluated through October 31, 2017, which is the date the consolidated financial statements were available to be issued. All subsequent events requiring recognition or disclosure as of June 30, 2017, have been incorporated into these consolidated financial statements.